

**MEMORANDUM**

**TO:** Board of Trustees

**THROUGH:** Bobby Magee  
District General Manager

**FROM:** Craig Bronzan  
Special Advisor, Baker Tilly

**SUBJECT:** Review and approve the Incline Village/Crystal Bay Veteran’s Club being a co-sponsor with EnviroSports of the 2024 Sharkfest to be held at Sand Harbor on August 18, 2024

**DATE:** June 26, 2024

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**I. RECOMMENDATION**

That the Board of Trustees consider approving the collaboration with the Incline Village/Crystal Bay Veteran's Club being a co-sponsor with EnviroSports of the 2024 Sharkfest to be held at Sand Harbor August 18, 2024.

**II. BACKGROUND**

The Board of Trustees of the Incline Village General Improvement District approved collaboration with the Incline Village Crystal Bay Veterans Club and EnviroSports on June 14, 2023 for the August 13, 2023 SharkFest at Sand Harbor. The Incline Village/Crystal Bay Veterans Club’s involvement would be the same as in 2023 and would include:

1. Processing the permit application for nonprofit use of Sand Harbor and the event venue through Incline Village General Improvement District (IVGID)
2. Provide insurance naming Sand Harbor an additionally insured in the amount of \$1,000,000/\$2,000,000 aggregate (approved by Pool Pact)
3. Pay the \$25 event permit fee from a donor directed club donation
4. Provide club volunteers for the Sharkfest Swim event
5. Receive a minimum donation of \$6 per applicant to be used as support for Club Mission areas which endeavor:
  - To aid, assist, and promote the welfare of the veterans and their families in the Incline Village Area,
  - To aid and assist youth groups who have an interest in the traditions of the United States

- To aid and assist the Instructors and Cadets of the Incline High School JROTC Highlander Battalion
- To work with and coordinate activities with other veterans groups at the local, state, and national levels

### **IV/CB Vets Club**

Operating under the auspices of IVGID's Senior Programs, the Incline/Crystal Bay Veteran's Club was formed in October 2007 and is open to all veterans, friends and families of veterans, who are residents of Incline Village/Crystal Bay. Local vets, as well as visitors are welcome, regardless of rank or branch of military service. The mission of the club is to support and promote the welfare of all veterans and those currently in service by visiting the VA Hospital in Reno, providing the most current veterans news and information, by promoting participation in veteran and patriotic events in Northern Nevada and foremost encouraging camaraderie among the vets of Incline Village/Crystal Bay.

### **EnviroSports**

Owned and operated by Dave H, EnviroSports was established in 1990, out of a passion for nature and the outdoors. Sharing wilderness trails with hundreds outdoor enthusiasts through sporting events comes with the responsibility to respect and preserve the environment.

### **Supporting Documents**

- Nevada State Parks application
- Operations Plan
- Event Entry Form and Waiver
- Event Safety Plan
- Race Course Map
- Insurance Certificate

### **III. FINANCIAL IMPACT AND BUDGET**

There is no financial impact.

### **IV. ALTERNATIVE**

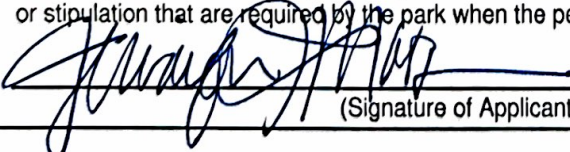
Not approve collaboration between the IV/CB Vets Club and EnviroSports for Sharkfest 2024.

### **V. BUSINESS IMPACT**

This item is not a "rule" within the meaning of Nevada Revised Statutes, Chapter 237, and does not require a Business Impact Statement.

# Nevada State Parks Special/Commercial Use Permit Application

*Instructions: Please type or print clearly. Complete the form below, incorporate all requested information and return it to the appropriate park. The application will be reviewed and a permit issued if approved.*

1. <input checked="" type="checkbox"/> New Application <input type="checkbox"/> Renewal of Existing Permit	2. Name of Business or Organization <b>IVGID and EnviroSports Productions, INC</b>
3. Your Name (person to contact) <b>Jennifer Moore</b>	4. Email Address: <b>jlm@ivgid.org</b>
5. Address <b>IVGID - Senior Programs          980 Incline Way Incline Village, NV 89451</b>	6. Phone No. (include area code) <b>775-420-1676</b> 7. Fax No. (include area code)
8. Applicant is: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Non-Profit Organization	
9. Application is for (check all that apply): <input type="checkbox"/> Commercial <input type="checkbox"/> Organization Group <input type="checkbox"/> Vending <input type="checkbox"/> Individual <input type="checkbox"/> Fundraiser <input checked="" type="checkbox"/> Other: <u>Partnership with EnviroSports for fundraising Veterans Club</u>	
10. Proposed park and location within the park where event/activity will take place: <b>Sand Harbor State Park</b>	11. Proposed Date(s) for the event/activity: Beginning: <b>8/18/2024</b> Ending: <b>8/18/2024</b>
12. Description of the event/activity and the estimated gross revenue ( <i>include hours of operation, the number of anticipated participants and spectators</i> ). <b>Lake Tahoe Sharkfest Swim: Amateur swim race from the boat launch area around the point and into the main beach. 6:00-11:00am (swim 8:30-10:00am); 120 swimmers, 40 spectators; estimated gross revenue, \$7200 (@\$60 each)</b>	
13. Describe facilities including water and sanitation facilities you intend to provide or use within the part ( <i>additional information may be attached with this form</i> ). <b>Beach at boat launch area and Main Beach</b>	
14. Have you had a PERMIT with State Parks before? The Boys Scouts previously submitted the application from 2013 -2021	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, where?
15. Have you ever been denied or had a PERMIT revoked?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain.
16. Are there any pending investigations against you?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain.
17. Have you been convicted of violations regarding natural resources, cultural resources or any activity related to your proposed permit?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain.
18. Do you have the necessary license(s) required for this event/activity? If yes, please list:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If no, explain. <b>Waiting for USCG permit</b>
19. Do you have a valid Nevada State Business License (LLC, Non-Title 7 Business, or Non-Profit)? <b>REQUIRED</b> - See back of Application If yes, please provide a copy of license or the license number:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, explain. <b>88-760004-K</b>
20. Attach the following documents with this application: operations plan, maps and non-refundable \$25.00 processing fee.	
21. To receive a permit you <u>must</u> have a valid state business license and Acord Proof of Insurance with attached endoresment. All business names on license, insurance and permit <u>must</u> be the same.	
22. Certification of Information: I CERTIFY the information in this application is true, complete and correct to the best of my knowledge and belief and is given in good faith. I acknowledge that I (we) am (are) required to comply with any conditions or stipulation that are required by the park when the permit is issued.	
 _____ (Signature of Applicant)	<b>13 Jan 2024</b> _____ (Date)
<input type="checkbox"/> Recommend <input type="checkbox"/> Not Recommended	_____ - Park Supervisor Print _____ Park Phone #    Park Supervisor Signature    Date
<input type="checkbox"/> Recommend <input type="checkbox"/> Not Recommended	_____ _____ Regional Manager    Date



DEPARTMENT OF ADMINISTRATION  
209 E. Musser Street, Room 200  
Carson City, Nevada 89701-4298  
(775) 684-0222  
Fax (775) 684-0260  
<http://www.budget.state.nv.us/>  
**ALL AGENCY MEMORANDUM #1020-14**

March 16, 2010

**TO:** All Agencies  
**FROM:** Andrew K. Clinger, Director  
Department of Administration  
**SUBJECT:** Contractors Doing Business in the State of Nevada

Please be advised that at the March 9, 2010 Board of Examiners' Meeting all contracts were conditionally approved. Approval if the contracts is contingent upon the contracting state agencies verifying with the Secretary of State's Office (SoS) that their contractors have a current Nevada Business License (SBL), and if they are a Nevada corporation, LLC, LP, LLP or LLLP, or non-profit corporation, that their corporation is active status and in good standing.

Some businesses may qualify for an exemption from the business license if they meet certain requirements specified in statute, however, they must file a notice of exemption which will be on record with the Secretary of State's office. Non-profit corporations are also exempt from the business license requirement, but they do not need to file a notice of exemption.

This information and further details regarding these requirements can be found on the Secretary of State's website at [www.nvsos.gov](http://www.nvsos.gov) under the Business Center tab. You may also verify an entity's status by checking the Nevada Business Search on the SoS homepage. Please note that due to processing delays, some business entity information may not be current and you will need to verify with the business that the filings have been submitted. If the filings have been submitted, but not yet processed, you may email [sosmail@sos.nv.gov](mailto:sosmail@sos.nv.gov).

Agencies shall ensure that all future contracts submitted to the Budget office have been verified as having a Nevada Business License and be in good standing in all areas of the Secretary of State's business requirements.

Clicks the links below to see samples of different types of entity information produced by verifying the status of a business using the Secretary of State's Nevada Business Search function:

**Sole Proprietor**

<http://www.nvsos.gov/sosentitysearch/CorpDetails.aspx?lx8nvq=aiJlq6PvMAPT6btq4VcMgg%253d%253d&nt7=1>

**Sole Proprietor with notice of BL exemption**

<http://www.nvsos.gov/sosentitysearch/CorpDetails.aspx?lx8nvq=3ZO5Z3sbsqsajWPh4kirbA%253d%253d&nt7=1>

**Domestic Corporation in good standing but State Business License not yet issued by SoS so check with Taxation**

<http://www.nvsos.gov/sosentitysearch/CorpDetails.aspx?lx8nvq=wbCMmy6XL4k1%252bIAR206kzw%253d%253d&nt7=0>

**Foreign LLC in good standing but State Business License not yet issued by SoS, so check with Taxation**

<http://www.nvsos.gov/sosentitysearch/CorpDetails.aspx?lx8nvq=UnitzVDwRI4VpcJrUVbzFg%253d%253d&nt7=0>

**Default Corporation**

<http://www.nvsos.gov/sosentitysearch/CorpDetails.aspx?lx8nvq=5qAHZr2dWyKzOPYbEPClhA%253d%253d&nt7=0>

**Corporation in good standing with notice of BL exemption**

<http://www.nvsos.gov/sosentitysearch/CorpDetails.aspx?lx8nvq=1tQcdDF%252bKmfzh0ENzHRcsQ%253d%253d&nt7=0>

**Corporation in good standing with SoS Business License**

<http://www.nvsos.gov/sosentitysearch/CorpDetails.aspx?lx8nvq=f7VHkWTzxCH4JHeZm0MBag%253d%253d&nt7=0>

LAKE TAHOE SHARKFEST SWIM  
August 18, 2024

**OPERATIONS PLAN**

**Event Description:** This event will involve a swim of approximately 1 mile from the small beach just south of the boat ramp around the point to finish at the Main Beach. The course would be marked with buoys and there would be adequate safety boats for the safe conduct of the swim. We anticipate participation of approximately 150 swimmers of varying ages and abilities to participate in this event. This would not be an event for novice swimmers and all swimmers will be required to fill out an entry form and state that they have adequately trained and are prepared to complete this swim.

**Event timelines:** Event set-up would begin at 6:00 a.m. (no set up would take place the day before). Athlete check-in will be from 7:00 a.m. to 8:00 a.m. The swim will start at 8:30 a.m. and the first swimmers should complete the swim in a little over 20 minutes and the last swimmers would take approximately 50 minutes from the start of the last wave. All swimmers will be out of the water by 9:20 a.m. At 9:45 a.m. there will be an awards ceremony at the Main Beach. This ceremony would last about 30 minutes. Most swimmers will depart the park by 10:30 although some may stay for part of the day. Event clean-up will be completed by 11:00 a.m.

**Location Details:** We will hold athlete check-in in the parking lot adjacent to the main beach. Additional canopies will be set up near the rest rooms at the Main Beach for post-race snacks and t-shirt distribution. Our staff would be responsible for the conduct of the event and we would leave the park facilities in the same condition as we found them at the beginning of the day. Swim start will take place on the beach south of the boat ramp and the swim finish will be on the main beach.

**Food / Beverage:** Gatorade, water, and assorted snack foods will be served to the athletes at the swim finish area. We will supply our own trash bags and be responsible for trash pick-up and removal.

**Medical Plan:** An event safety plan will be in place for this event (see attached). We have yet to contract with North Lake Tahoe Fire Department, but once a contract is in place, we will forward the information to you directly. EMT's will be on the water and on the shore at the finish area.

**Parking & Traffic Control:** Athlete parking will be in the south parking lot. Staff and kayak parking will be in the south lot adjacent to the Main Beach. Spectators will be allowed to park at Sand Harbor and pay their own park entry fees. We anticipate the total number of cars to be approximately 75-100. The majority of these cars would leave the park after the conclusion of the event 10:30 am. All cars will pay their own admission to the park.

**Water safety:** A water safety plan will be in place for this event with kayaks and rescue boats on location in sufficient numbers for the safe conduct of the event. Coast Guard auxiliary will be notified to help facilitate a security zone around the swim course to insure a safe swim. (Kayak and safety boat instructions are attached).

PAID  CC  Cash  Check  
 RESEARCH /  CC or  Check  
 MAIL PYMT / AMT DUE \$ \_\_\_\_\_

LAKE TAHOE SHARKFEST – AUG 18, 2024  
**ENTRY FORM**  
**(BOLD FIELDS REQUIRED)**

**RACE #**  
 (switched from: \_\_\_\_\_)

RACE CATEGORY (circle one) **FEE: \$100 ADULT; \$40 UNDER 18 YEARS OF AGE**

Wetsuit      Non-Wetsuit      Physically Challenged

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

GENDER (circle one)    M      F      DATE OF BIRTH (mm/dd/yyyy) \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ TELEPHONE (daytime) \_\_\_\_\_

TELEPHONE (evening) \_\_\_\_\_ TELEPHONE (mobile) \_\_\_\_\_

EMERGENCY CONTACT NAME \_\_\_\_\_

EMERGENCY CONTACT RELATIONSHIP (circle one)

Parent    Spouse    Boy/Girlfriend    Friend    Sibling    Son/Daughter    Other Relative

EMERGENCY CONTACT TELEPHONE \_\_\_\_\_

ALTERNATE EMERGENCY CONTACT TELEPHONE \_\_\_\_\_

WHAT IS YOUR T-SHIRT SIZE? (circle one)    Small    Medium    Large    Extra Large    XXL

**ACCIDENT WAIVER AND RELEASE OF LIABILITY**

I acknowledge that this athletic event is an extreme test of a person's physical and mental limits and carries with it the potential for death, serious injury and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of athletes, equipment, vehicular traffic, actions of other people including, but not limited to, participants, volunteers, spectators, coaches, event officials, and event monitors, and/or producers of the event, and lack of hydration. These risks are not only inherent to athletics, but are also present for volunteers.

I hereby assume all of the risks of participating &/or volunteering in this event. I realize that liability may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained or controlled by them or because of their possible liability without fault.

I certify that I am physically fit, have sufficiently trained for participation in the event and have not been advised otherwise by a qualified medical person. I acknowledge that this Accident Waiver and Release of Liability (AWRL) form will be used by the event holders, sponsors and organizers, in which I may participate and that it will govern my actions and responsibilities at said events.

In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (A) Waive, Release and Discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me including my traveling to and from this event, THE FOLLOWING ENTITIES OR PERSONS: ENVIRO-SPORTS PRODUCTIONS INC, US COAST GUARD, LAKE TAHOE NEVADA STATE PARK, NEVADA DEPT OF WILDLIFE, INCLINE VILLAGE GENERAL IMPROVEMENT DISTRICT (IVGID) & THE VETERANS CLUB OF INCLINE VILLAGE & CRYSTAL BAY, their directors, officers, employees, volunteers, representatives, and agents, the event holders, event sponsors, event directors, event volunteers; (B) Indemnify and Hold Harmless the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this event, whether caused by the negligence of releasees or otherwise.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident or illness during this event. I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers and or assigns. I agree to have my name and finishing time(s) appear in the published results from this event.

This AWRL shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. I understand that entry fees are NON-REFUNDABLE and NON-TRANSFERABLE, and I have read and agree to the cancellation policies.

Enviro-Sports, IVGID, and The Veteran's Club of Incline Village & Crystal Bay are not responsible for lost items.

ENVIRO-SPORTS PRODUCTIONS, INC. RESERVES THE RIGHT TO CANCEL THE EVENT OR CHANGE THE COURSE.

I hereby certify that I have read this document; and, I understand its content.

SIGNATURE (or Guardian Signature if under 18) \_\_\_\_\_ DATE \_\_\_\_\_

LAKE TAHOE SHARKFEST SWIM  
August 18, 2024

**EVENT SAFETY PLAN**

**EVENT TIMELINE**

6:00 a.m. to 11:00 a.m. (swim portion 8:30 a.m. to 9:30 a.m.)

**WATER SAFETY**

- We will have a fleet of kayaks and paddleboards (5-6) that will support the swimmers. The paddlers will all be briefed prior to the race (see attached instructions).
- We will also have 2 power boats for safety escort
- 5 jet skis (one from Nevada St Pks with a lifeguard) will back up the safety boats, kayaks, and paddleboards for water rescue.
- 2 Nevada State Park lifeguards will be on location on paddle boards.
- Marine band radio communications on Marine channel 6 will be established between safety boats and the ALS ambulance on shore.

**MEDICAL**

- North Lake Tahoe Fire Protection District will be contracted to provide an emergency medical response team.
  - An ALS ambulance will be located on shore in addition to 2 jet skis supporting the swimmers

# TAHOE SHARKFEST SWIM





# SPECIAL EVENT LIABILITY GROUP INSURANCE TRUST CERTIFICATE OF INSURANCE ENDORSEMENT

DATE

12/20/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE ENDORSEMENT DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

<b>PRODUCER:</b>  HUB International Insurance Services Inc.  3000 Executive Parkway, #300  San Ramon, CA 94583  CA License #0757776	<b>CONTACT NAME:</b> JOY CUMMINGS  <table style="width: 100%; border: none;"> <tr> <td style="border: none;"><b>PHONE</b></td> <td style="border: none;">925 609 6500</td> <td style="border: none;"><b>FAX</b></td> <td style="border: none;">925 609 6550</td> </tr> <tr> <td style="border: none;"><b>EMAIL</b></td> <td colspan="3" style="border: none;">specialevent@hubinternational.com</td> </tr> </table> <table style="width: 100%; border: none;"> <tr> <td style="border: none; text-align: center;"><b>INSURER(S) AFFORDING COVERAGE</b></td> <td style="border: none; text-align: center;"><b>NAIC #</b></td> </tr> <tr> <td style="border: none;"><b>INSURER A:</b> Colony Insurance Company</td> <td style="border: none;">39993</td> </tr> </table>	<b>PHONE</b>	925 609 6500	<b>FAX</b>	925 609 6550	<b>EMAIL</b>	specialevent@hubinternational.com			<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>	<b>INSURER A:</b> Colony Insurance Company	39993
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<b>INSURER A:</b> Colony Insurance Company	39993												
<b>NAMED INSURED:</b>  Enviro-Sports Productions, Inc.  PO Box 1040  Stinson Beach, CA 94970													

**COVERAGES**

This is to certify that the policies of insurance listed below have been issued to the insured named above for the event date(s) indicated below. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions and conditions of such policies.

INSR LTR	TYPE OF INSURANCE	INSURED MEMBER ENDORSEMENT NUMBER	COVERAGE EFFECTIVE / EXPIRATION DATE	LIMITS														
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCURRENCE	31175	8/18/2024	<table style="width: 100%; border: none;"> <tr> <td style="border: none;">EACH OCCURRENCE</td> <td style="border: none; text-align: right;">\$1,000,000</td> </tr> <tr> <td style="border: none;">DAMAGE TO RENTED PREMISES (Ea occurrence)</td> <td style="border: none; text-align: right;">\$1,000,000</td> </tr> <tr> <td style="border: none;">MED EXP (Any one person)</td> <td style="border: none; text-align: right;">\$5,000</td> </tr> <tr> <td style="border: none;">PERSONAL &amp; ADV INJURY</td> <td style="border: none; text-align: right;">\$1,000,000</td> </tr> <tr> <td style="border: none;">GENERAL AGGREGATE</td> <td style="border: none; text-align: right;">\$2,000,000</td> </tr> <tr> <td style="border: none;">PRODUCTS-COMP/OP AGG</td> <td style="border: none; text-align: right;">\$2,000,000</td> </tr> <tr> <td style="border: none;">LIQUOR LIABILITY PER OCCURRENCE (AGGREGATE INCLUDED IN GENERAL LIABILITY AGGREGATE)</td> <td style="border: none; text-align: right;">\$0</td> </tr> </table>	EACH OCCURRENCE	\$1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000	MED EXP (Any one person)	\$5,000	PERSONAL & ADV INJURY	\$1,000,000	GENERAL AGGREGATE	\$2,000,000	PRODUCTS-COMP/OP AGG	\$2,000,000	LIQUOR LIABILITY PER OCCURRENCE (AGGREGATE INCLUDED IN GENERAL LIABILITY AGGREGATE)	\$0
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GENERAL AGGREGATE	\$2,000,000																	
PRODUCTS-COMP/OP AGG	\$2,000,000																	
LIQUOR LIABILITY PER OCCURRENCE (AGGREGATE INCLUDED IN GENERAL LIABILITY AGGREGATE)	\$0																	

**MASTER POLICY #103 GL 0021111 - EFFECTIVE DATE 1/1/2024, EXPIRATION DATE 1/1/2025**

**DESCRIPTION OF OPERATIONS / LOCATIONS**

Lake Tahoe Nevada State Park, PO Box 6116, Incline Village, NV 89450; The State of Nevada, Division of State Parks, Department of Conservation and Natural Resources, its officers, employees and agents

is/are included as an additional insured(s) per attached endorsement T5409-0118. Policy is Primary and Non-contributing per attached endorsement T1095-0108; Waiver of Subrogation applies per attached endorsement CG 24 04 05 09.

**Event Type:** LAKE TAHOE SHARKFEST SWIM  
**Event date(s):** 8/18/2024

<b>CERTIFICATE HOLDER</b>  Lake Tahoe Nevada State Park, PO Box 6116, Incline Village, NV 89450	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  <b>AUTHORIZED REPRESENTATIVE</b>  
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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

### ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

#### SCHEDULE

Named of Additional Insured Person(s) or Organization(s)

Lake Tahoe Nevada State Park, PO Box 6116, Incline Village, NV 89450

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Section II - Who Is An Insured is amended to include as additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- A. In the performance of your ongoing operations; or
- B. In connection with your premises owned by or rented to you.

ALL OTHER TERMS AND CONDITIONS OF THE POLICY REMAIN UNCHANGED

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## PRIMARY AND NON-CONTRIBUTING INSURANCE (Third-Party)

This endorsement modifies insurance under the following:

### COMMERCIAL GENERAL LIABILITY COVERAGE PART

A. SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS, 4. Other Insurance, and all subparts thereof, as contained in the policy is deleted in its entirety and replaced with the following condition as respects the Third Party shown below:

#### 4. Other Insurance

a. With respect to the Third Party shown below, the insurance provided by this policy shall be primary and non-contributing insurance. Any and all other valid and collectible insurance available to such Third Party in respect of operations performed by you under written contractual agreements with said Third party for a loss covered by this policy, shall in no instance be considered as primary, co-insurance, or contributing insurance. Rather, any such other insurance shall be considered excess over and above the insurance provided by this policy.

Third Party to whom this endorsement applies is:

Lake Tahoe Nevada State Park, PO Box 6116, Incline Village, NV,  
89450

Absence of a specifically named Third Party above means that the provisions of this endorsement apply as required by written contractual agreement with any Third Party for whom you are performing operations.

ALL OTHER TERMS AND CONDITIONS OF THE POLICY REMAIN UNCHANGED.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART  
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

### SCHEDULE

**Name of Person or Organization:**

Any person or organization to whom or to which you are obligated by virtue of a written contract to waive your right of recovery.

The following is added to Paragraph 8. **Transfer of Rights of Recovery Against Others to Us of Section IV – Conditions:**

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or “your work” done under a contract with that person or organization and included in the “products-completed operations hazard”. This waiver applies only to the person or organization shown in the Schedule above.

ALL OTHER TERMS AND CONDITIONS OF THE POLICY REMAIN UNCHANGED.

# SPECIAL EVENT LIABILITY GROUP INSURANCE TRUST CERTIFICATE OF INSURANCE ENDORSEMENT

DATE

12/20/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE ENDORSEMENT DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

<b>PRODUCER:</b>  HUB International Insurance Services Inc.  3000 Executive Parkway, #300  San Ramon, CA 94583  CA License #0757776	<b>CONTACT NAME:</b> JOY CUMMINGS  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><b>PHONE</b> 925 609 6500</td> <td style="width: 50%;"><b>FAX</b> 925 609 6550</td> </tr> <tr> <td colspan="2"><b>EMAIL</b> <a href="mailto:specialevent@hubinternational.com">specialevent@hubinternational.com</a></td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> <tr> <td><b>INSURER A:</b> Colony Insurance Company</td> <td>39993</td> </tr> </table>	<b>PHONE</b> 925 609 6500	<b>FAX</b> 925 609 6550	<b>EMAIL</b> <a href="mailto:specialevent@hubinternational.com">specialevent@hubinternational.com</a>		INSURER(S) AFFORDING COVERAGE	NAIC #	<b>INSURER A:</b> Colony Insurance Company	39993
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INSURER(S) AFFORDING COVERAGE	NAIC #								
<b>INSURER A:</b> Colony Insurance Company	39993								
<b>NAMED INSURED:</b>  Enviro-Sports Productions, Inc.  PO Box 1040  Stinson Beach, CA 94970									

**COVERAGES**  
This is to certify that the policies of insurance listed below have been issued to the insured named above for the event date(s) indicated below. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions and conditions of such policies.

INSR LTR	TYPE OF INSURANCE	INSURED MEMBER ENDORSEMENT NUMBER	COVERAGE EFFECTIVE / EXPIRATION DATE	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCURRENCE	31175	8/18/2024	EACH OCCURRENCE	\$1,000,000
				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000
				MED EXP (Any one person)	\$5,000
				PERSONAL & ADV INJURY	\$1,000,000
				GENERAL AGGREGATE	\$2,000,000
				PRODUCTS-COMP/OP AGG	\$2,000,000
				LIQUOR LIABILITY PER OCCURRENCE (AGGREGATE INCLUDED IN GENERAL LIABILITY AGGREGATE)	\$0

**MASTER POLICY #103 GL 0021111 - EFFECTIVE DATE 1/1/2024, EXPIRATION DATE 1/1/2025**

**DESCRIPTION OF OPERATIONS / LOCATIONS**  
  
 US Coast Guard, USCG Group SF, Yerba Buena Island, San Francisco, CA 94130  
  
 is/are included as an additional insured(s) per attached endorsement T5409-0118. Policy is Primary and Non-contributing per attached endorsement T1095-0108; Waiver of Subrogation applies per attached endorsement CG 24 04 05 09.  
  
**Event Type:** LAKE TAHOE SHARKFEST SWIM  
**Event date(s):** 8/18/2024

<b>CERTIFICATE HOLDER</b>  US Coast Guard, USCG Group SF, Yerba Buena Island, San Francisco, CA 94130	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  <b>AUTHORIZED REPRESENTATIVE</b>  
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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

### SCHEDULE

Named of Additional Insured Person(s) or Organization(s)

US Coast Guard, USCG Group SF, Yerba Buena Island, San Francisco, CA 94130

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

**Section II - Who Is An Insured** is amended to include as additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- A. In the performance of your ongoing operations; or
- B. In connection with your premises owned by or rented to you.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## PRIMARY AND NON-CONTRIBUTING INSURANCE (Third-Party)

This endorsement modifies insurance under the following:

### COMMERCIAL GENERAL LIABILITY COVERAGE PART

A. SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS, 4. **Other Insurance**, and all subparts thereof, as contained in the policy is deleted in its entirety and replaced with the following condition as respects the Third Party shown below:

#### 4. **Other Insurance**

a. With respect to the Third Party shown below, the insurance provided by this policy shall be primary and non-contributing insurance. Any and all other valid and collectible insurance available to such Third Party in respect of operations performed by you under written contractual agreements with said Third party for a loss covered by this policy, shall in no instance be considered as primary, co-insurance, or contributing insurance. Rather, any such other insurance shall be considered excess over and above the insurance provided by this policy.

Third Party to whom this endorsement applies is:

US Coast Guard, USCG Group SF, Yerba Buena Island, San Francisco, CA 94130

Absence of a specifically named Third Party above means that the provisions of this endorsement apply as required by written contractual agreement with any Third Party for whom you are performing operations.

ALL OTHER TERMS AND CONDITIONS OF THE POLICY REMAIN UNCHANGED.

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## WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART  
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

### SCHEDULE

**Name of Person or Organization:**

Any person or organization to whom or to which you are obligated by virtue of a written contract to waive your right of recovery.

The following is added to Paragraph 8. **Transfer of Rights of Recovery Against Others to Us of Section IV – Conditions:**

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or “your work” done under a contract with that person or organization and included in the “products-completed operations hazard”. This waiver applies only to the person or organization shown in the Schedule above.

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COMMERCIAL GENERAL LIABILITY COVERAGE PART

### **SCHEDULE**

**Named of Additional Insured Person(s) or Organization(s)**

IVGID  
893 Southwood Blvd.  
Incline Village, NV 89451

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

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