



**CITY OF CRETE**  
**APPLICATION FOR PROHIBITED ANIMAL EXCEPTION**  
 Crete City Code §6-102 and §6-104 (attached)

Date of Event 7/15/2025 - 7/20/2025  
 Start Time of Event 8:00 am 7/15  
 Finish Time of Event 4:00 pm 7/20  
 Event Location Tuxedo Park  
(Fairgrounds)

Description of Event Including List of Animals – Include Number and Type Saline County Fair  
animals will be housed in designated buildings:  
beef, sheep, goat, swine, horse, poultry, and rabbit  
 Special Equipment \_\_\_\_\_

Organization Nebraska Extension - Saline County  
 Responsible Party Riana Grotelueschen, Saline County 4-H Assistant  
 Address 306 W 3rd St, PO Box 978, Wilber, NE 68465  
 Phone Office: (402)821.2151 Cell: (402)649.4212

Riana Grotelueschen  
 Signature of Responsible Party

5/5/2025  
 Date

DO NOT WRITE IN THIS SPACE

Application # PA25-02  
 City Admin. Review   
 Emergency Services Review \_\_\_\_\_  
 Parks & Recreation Review \_\_\_\_\_  
 Council Meeting Date  
5-20-2025  
 Approved \_\_\_\_\_  
 Denied \_\_\_\_\_  
 Bond Required \_\_\_\_\_  
 Bond Amount \_\_\_\_\_  
 Insurance Certificate Required \_\_\_\_\_  
 Bond/Cert Received \_\_\_\_\_

**ATTACHMENTS:**

- Copy of current vaccinations
- Copy of Insurance
- Required Permits, as Applicable



## LIABILITY PACKAGE COVERAGE AGREEMENT Common Coverage Agreement Declarations

Date Issued: 6/18/2024

Coverage Agreement No. N-2425-22S

1. **NAMED POOL MEMBER AND ADDRESS:** Saline County Ag Society  
1600 Tuxedo Park Road  
Crete, Nebraska 68333
2. **COVERAGE AGREEMENT PERIOD:** From: 7/1/2024 To: 7/1/2025  
12:01 A.M. Standard Time at Your Mailing Address Shown Above.
3. **THIS COVERAGE AGREEMENT IS ISSUED BY:**  
Nebraska Intergovernmental Risk Management Association  
A Risk Management Pool, 8040 Eiger Drive, Lincoln, Nebraska 68516
4. **FORM OF BUSINESS:** Public Entity
5. **BUSINESS DESCRIPTION:** Agricultural Society
6. **COVERAGE PARTS:**  
In return for the payment of contribution and subject to all the terms of this coverage agreement, we agree to provide the coverage as stated in this coverage document. This coverage agreement consists of the following coverage parts.
  - A. Commercial General Liability
  - B. Business Automobile Liability - Nonowned/Hired Only
  - C. Law Enforcement Liability - NA
  - D. Public Officials Liability
  - E. Privacy/Security Event Liability and Expense
7. **FORMS AND ENDORSEMENTS APPLICABLE TO ALL COVERAGE PARTS:**  
LP DEC 0723, LP TBL 0721, LP 0723, LP 04 0721
8. **TOTAL ADVANCE CONTRIBUTION:**  
\$7,610

The amount of the contribution for this Coverage Agreement will be determined in accordance with NIRMA's Bylaws and Intergovernmental Agreement. Minimum Earned Contribution in the Event of Cancellation by the Named Pool Member: 100%.

Countersigned by:

  
Authorized Representative

## SUPPLEMENTAL DECLARATIONS

Saline County Ag Society

Coverage Part	Limits of Liability	Deductible	Contribution
<b>A. Commercial General Liability</b>			<b>\$6,765</b>
Each Occurrence (Any Person)*	\$1,000,000	NIL	
Each Occurrence (Any Person) Unacceptable Contract/Agreement	\$1,000,000 \$50,000	NIL NIL	
Each Occurrence (All Claims) Unacceptable Contract/Agreement	\$1,000,000 \$250,000	NIL NIL	
Medical Expense (Any One Person)	\$5,000	NIL	
<b>B. Business Automobile Liability - Nonowned/Hired Only</b>			<b>\$470</b>
Each Accident (Any Person)*	\$1,000,000	NIL	
Each Accident (Any Person) Unacceptable Contract/Agreement	\$1,000,000 NA	NIL NIL	
Each Accident (All Claims) Unacceptable Contract/Agreement	\$1,000,000 NA	NIL NIL	
Medical Payments (Any One Person)	\$5,000	NIL	
<b>C. Law Enforcement Liability</b>			<b>NA</b>
<b>D. Public Officials Liability</b>			<b>\$250</b>
Each Wrongful Act	\$1,000,000	\$5,000	
Unacceptable Contract/Agreement	\$50,000	\$5,000	
Annual Aggregate	\$2,000,000	NIL	
Unacceptable Contract/Agreement	\$250,000	NIL	
Retroactive Date (POL)	3/17/2020		
Retroactive Date (EPL)	NA		
Retroactive Date (EBL)	NA		

\* Applicable to State of Nebraska Political Subdivision Tort Claims Act claims only

<b>Coverage Part</b>	<b>Limits of Liability</b>	<b>Deductible</b>	<b>Contribution</b>
<b>E. Privacy/Security Event Liability and Expense</b>			<b>\$125</b>
Per Event	\$1,000,000	\$5,000	
Coverage Period Aggregate	\$1,000,000		
Retroactive Dates			
3/17/2020			
Coverage Period Pool Aggregate	\$10,000,000		
Sublimits Per Event:			
Privacy or Security Event Liability	Included		
Privacy Response Expenses	\$1,000,000		
Coverage Period Aggregate	\$1,000,000		
Regulatory Proceedings & Penalties	Included		
PCI-DSS Assessments	Included		
Electronic Equipment, Electronic Data, and Network Interruption Costs	\$250,000		
Coverage Period Aggregate	\$250,000		
Waiting Hours Period	12 hours		
Cyber Extortion Expenses & Monies	\$50,000		
Coverage Period Aggregate	\$50,000		