



May 16, 2016

Chief Greg Spradlin
University Park Police Department
3800 University Blvd
University Park, TX 75205

Dear Chief Spradlin:

This letter is to serve as notification that the Susan G. Komen 3-Day® will be passing through your jurisdiction.

The Susan G. Komen 3-Day® is an incredibly special event. Hundreds of women and men will unite for three days, November 4th – 6th, and walk 60 miles in a bold display of courage and commitment. It's a weekend of hope, as we honor lives lost, celebrate survivors, and help bring us closer to a world without breast cancer. Seventy-five percent of the net proceeds raised by the 3-Day helps fund national research and large public health outreach programs. The remaining 25 percent helps fund local community and Komen Affiliate support and outreach programs.

In its 30 years, Komen has funded more breast cancer research than any other non-profit, non-government organization while funding screenings, treatment assistance and social and financial support to women and families facing the disease. But, there is still much more work to be done. Breast cancer continues to be the leading cancer in women, with 1.6 million women expected to be diagnosed globally this year alone. The 3-Day helps drive leading-edge treatments that are saving lives, and a community that supports women and men facing the disease.

On Sunday, November 6th approximately 1000 women and men will pass through your jurisdiction between 7:30 AM – 10:45 AM. I have enclosed a portion of our route map to detail the areas where participants will be walking. You will find that the majority of the event takes place on sidewalks, shoulders and in bike lanes.

Safety is the number one priority of the 3-Day. All of our walkers, volunteer crew members and paid staff receive safety education before the event begins. Participants are required to follow all safety rules and regulations of the event.

Enclosed is our Event Notification Form for your signature. We carry this with us at all times during the 3-Day. In the unlikely event of an emergency during our time within your jurisdiction, we will contact you, or your representative (or designee), immediately.

Thank you for your support,

Kiki Setterlund
Event Production Manager
Phone: 773-247-5360 ext. 907
Fax: (888) 453-1731
Email: ksetterlund@event360.com



NOTIFICATION / APPROVAL OF EVENT

Our jurisdiction has been notified, in writing, that the Susan G. Komen 3-Day® will be taking place November 4th – 6th. We are aware that approximately 1000 walkers will be participating in the event and will be passing through our area on November 6th from approximately 7:30AM – 10:45AM.

Name & Title: Chief Greg Spradlin

Department: University Park Police Department

Address: 3800 University Blvd., Dallas, TX 75205

Phone: (214) 987-5355

Fax: (214) 987-5350

Email: gspradlin@uptexas.org

Signature: _____

CONTACT NAME & NUMBER (ON-DUTY INDIVIDUAL TO BE CONTACTED DURING THE ACTUAL EVENT)

Name: _____

Mobile: _____

Office: _____ (24 Hour Contact Number)

Home: _____ (24 Hour Contact Number)

PLEASE SIGN AND RETURN VIA MAIL OR FAX TO:

Kiki Setterlund
2046 Safari Heights Trail
Eagan, MN 55122
Phone: 773-247-5360 ext. 907
Fax: 888-453-1731



CITY OF UNIVERSITY PARK EVENT TIMELINE

SATURDAY, NOVEMBER 5, 2016

Morning/Afternoon Route is marked with 16" diameter coroplast black arrow signs

SUNDAY, NOVEMBER 6, 2016

7:30 AM	Walkers begin to depart Walnut Hill Recreation Center (Dallas, TX)
8:15 AM	Walkers begin to enter University Park at W Northwest Hwy & Thackery St.
8:30 AM	Walkers begin to arrive at Curtis Park
8:40 AM	Walkers begin to arrive at Goar Park
10:15 AM	Clean up begins at Goar Park
10:45 AM	Walkers out of University Park city limits Route signage crew begins removing arrows
2:00 PM	All supplies and portable toilets are picked up

Note: Times are subject to change



Presented by
Bank of America

Sunday, November 6, 2016

Susan G. Komen 3-Day
DALLAS/FORT WORTH

Day 3 - Route

University Park

Mile Marker: 3.0 – 5.5

8:15 AM – 10:50 AM

Map 1 of 1

Key

Route Line

Mile Marker

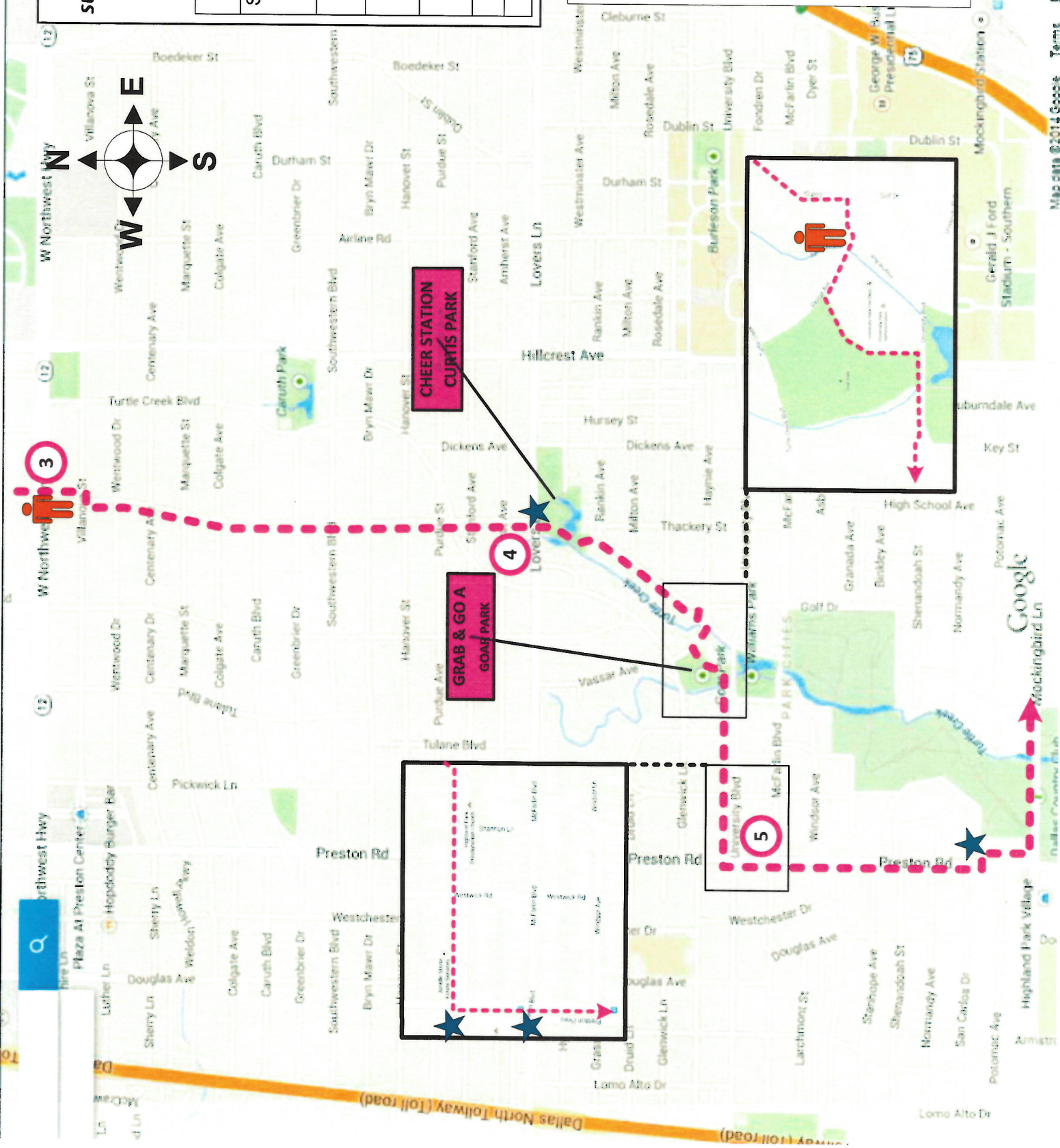
Sweep Access Point

Route Safety

Police Support

Site Type

Cones



2015 Dallas/Fort Worth 3-Day Police Support Schedule

Day One	University Park Location	Officers	Reason	Mile Marker	Start Time	End Time
Friday Nov. 6, 2015	No Support Requested					

Day Two	University Park	Officers	Reason	Mile Marker	Start Time	End Time
Saturday, Nov. 7, 2015	No Support Requested					

	University Park					
	Location	Officers	Reason	Mile Marker	Start Time	End Time
Day Three Sunday, Nov. 8, 2015	Lovers Lane & Thackery Street	1	Assist with crossing	4.0	8:30 AM	10:00 AM
	Preston Road & University Blvd.	1	Assist with crossing	5.0	8:45 AM	10:45 AM
	Preston Road & McFarlin Blvd.	1	Assist with crossing	5.1	8:45 AM	10:45 AM
	Preston Road & St Andrews Dr	1	Assist with crossing	5.4	8:50 AM	10:50 AM
	Contact: Bill Mathes (214) 987-5352 office / (467) 487-6183 cell					



Global Headquarters

5005 LBJ Freeway, Suite 250 Dallas, Texas 75244

1-877 GO KOMEN

www.komen.org

Subject: Susan G. Komen 3-Day® Walks

The purpose of this letter is to introduce Event 360, Inc. to you. Event 360 has been contracted by Susan G. Komen® to provide event production services for the Susan G. Komen 3-Day event, which is a series of charitable fundraising walks that will be held in communities like yours throughout the United States.

The goal of the 3-Day event is to raise funds for the continuing fight against breast cancer and to foster awareness about this deadly disease in communities nationwide. The thousands of participants in the 3-Day for the Cure event walk 60 miles over the course of three days, each raising \$2,300 or more to fight breast cancer. Seventy-five percent of the net proceeds raised by the Susan G. Komen 3-Day help support Komen's national research grant portfolio and large public health outreach programs for women and men facing breast cancer. The remaining 25 percent helps fund local community financial, treatment and support programs.

Since its inception in 1982, Komen has funded more breast cancer research than any other non-profit organization while providing funding for screening, treatment assistance and social and financial support to women, men and families facing the disease. But there is still much more work to be done. Breast cancer continues to be the leading cancer in women, with nearly 1.7 million cases of breast cancer expected to be diagnosed globally this year alone. For further information about Komen, breast health or breast cancer, please visit komen.org or call 1.877 GO KOMEN. For more information about the 3-Day, please visit The3Day.org.


I am writing on behalf of Komen to ask for your support as Event 360 works to develop a walking route in your community for the 3-Day. Komen and Event 360 are committed to operating a safe and successful event that will reflect positively on your community, while raising funds and awareness for this worthy cause.

If you would like further information or have questions, please contact Komen's 3-Day Project Manager, Chrissy Mathews, at 972-701-2196 or cmathews@komen.org.

Thank you for your support and cooperation.


Sincerely,

Ellen Willmott
Corporate Secretary

 **IRS** Department of the Treasury
Internal Revenue Service
P.O. Box 2508
Cincinnati OH 45201

This letter is evidence of organization's tax exempt status only.
For more information, call 800-996-3DAY (800-996-3329).

In reply refer to: 0248364799
Jan. 23, 2013 LTR 4168C E0
75-1835298 000000 00
00013676
BODC: TE


SUSAN G KOMEN BREAST CANCER
FOUNDATION
SUSAN G KOMEN FOR THE CURE
5005 LBJ FREEWAY 250
DALLAS TX 75244-6125

000928

Employer Identification Number: 75-1835298
Person to Contact: Mrs. K Hopton
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Jan. 11, 2013, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in June 1992.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section 509(a)(2).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

0248364799
Jan. 23, 2013 LTR 4168C E0
75-1835298 000000 00
00013677

SUSAN G KOMEN BREAST CANCER
FOUNDATION
SUSAN G KOMEN FOR THE CURE
5005 LBJ FREEWAY 250
DALLAS TX 75244-6125

If you have any questions, please call us at the telephone number
shown in the heading of this letter.

Sincerely yours,

Richard McKee
Richard McKee, Department Manager
Accounts Management Operations



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/1/2016

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

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Commercial Lines - (800)-332-9256 Wells Fargo Insurance Services USA, Inc. 90 S. Cascade Ave, 2nd Floor Colorado Springs, CO 80903	CONTACT NAME: Diana Banks PHONE (A/C, No, Ext): 303-863-6718 FAX (A/C, No): 855-669-8729 E-MAIL ADDRESS: Diana.Banks@wellsfargo.com														
INSURED The Susan G. Komen Breast Cancer Foundation, Inc. 5005 LBJ Freeway Suite 250 Dallas TX 75244-6125	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A: Great Divide Insurance Company</td> <td>25224</td> </tr> <tr> <td>INSURER B: Nautilus Insurance Company</td> <td>17370</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Great Divide Insurance Company	25224	INSURER B: Nautilus Insurance Company	17370	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURER D:															
INSURER E:															
INSURER F:															

COVERAGES**CERTIFICATE NUMBER:** 10733678**REVISION NUMBER:** See below

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			CPA 1004002-18(AOS)	7/1/2016	7/1/2017	EACH OCCURRENCE \$ 1,000,000
B	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			CPA 1004003-18(AZ)	7/1/2016	7/1/2017	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000
							MED EXP (Any one person) \$ 5,000(LBJ Off)
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
							Medical Exp \$ Excluded
	GEN'L AGGREGATE LIMIT APPLIES PER:						
	<input checked="" type="checkbox"/> POLICY	<input type="checkbox"/> PRO-JECT	<input type="checkbox"/> LOC				
	<input checked="" type="checkbox"/> OTHER: Other than LBJ Office						
A	AUTOMOBILE LIABILITY			CAA102462018	7/1/2016	7/1/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY	<input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident) \$
							\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB			CUA2012024-11	7/1/2016	7/1/2017	EACH OCCURRENCE \$ 10,000,000
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE \$ 10,000,000
	<input type="checkbox"/> DED	<input type="checkbox"/> RETENTION \$					\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WCA 1004005-18(AOS)	7/1/2016	7/1/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
B	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y / <input checked="" type="checkbox"/> N	N/A	WCA 1004004-18(AZ)	7/1/2016	7/1/2017	E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

The Susan G. Komen Breast Cancer Foundation, Inc.
 5005 LBJ Freeway Suite 250
 Dallas, TX 75244-6125

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

The ACORD name and logo are registered marks of ACORD © 1988-2015 ACORD CORPORATION. All rights reserved.

ACORD 25 (2016/03)

(This certificate replaces certificate# 10733675 issued on 8/1/2016)

POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY
CG 20 15 04 13

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – VENDORS

This endorsement modifies insurance provided under the following:

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

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s) (Vendor)	Your Products
All persons or organizations when required by written contract	All products of the Insured
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Section II – Who Is An Insured is amended to include as an additional insured any person(s) or organization(s) (referred to throughout this endorsement as vendor) shown in the Schedule, but only with respect to "bodily injury" or "property damage" arising out of "your products" shown in the Schedule which are distributed or sold in the regular course of the vendor's business.

However:

1. The insurance afforded to such vendor only applies to the extent permitted by law; and
2. If coverage provided to the vendor is required by a contract or agreement, the insurance afforded to such vendor will not be broader than that which you are required by the contract or agreement to provide for such vendor.

B. With respect to the insurance afforded to these vendors, the following additional exclusions apply:

1. The insurance afforded the vendor does not apply to:

- a. "Bodily injury" or "property damage" for which the vendor is obligated to pay damages by reason of the assumption of liability in a contract or agreement. This exclusion does not apply to liability for damages that the vendor would have in the absence of the contract or agreement;
- b. Any express warranty unauthorized by you;
- c. Any physical or chemical change in the product made intentionally by the vendor;
- d. Repackaging, except when unpacked solely for the purpose of inspection, demonstration, testing, or the substitution of parts under instructions from the manufacturer, and then repackaged in the original container;

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – STATE OR POLITICAL SUBDIVISIONS – PERMITS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE

SCHEDULE

Where required by written contract or agreement

Who is an "Insured" is amended to include as an Insured any state or political subdivision shown in the Schedule only with respect to operations performed by you or on your behalf for which the state or political subdivision has issued a permit. The coverage afforded to the Additional Insured is solely limited to liability caused by "your work" which is imputed to the Additional Insured.

Where no coverage shall apply herein for the Named Insured, no coverage or defense shall be afforded to the Additional Insured.

With respect to the coverage afforded to the Additional Insured, the following exclusions apply:

This coverage does not apply to:

1. "Bodily injury", "property damage" or "personal or advertising injury" arising out of operations performed for the state or municipality;
2. "Bodily injury" or "property damage" included within the "products-completed operations hazard";
3. "Bodily injury", "property damage" or "personal and advertising injury" arising out of the sole negligence of the Additional Insured;
4. "Bodily injury", "property damage" or "personal and advertising injury" arising out of the claimed negligence of the Additional Insured other than that directly caused by "your work" which shall be imputed to the Additional Insured; or
5. "Bodily injury", "property damage" or "personal and advertising injury" to any employee of the Named Insured or to any obligation of the Additional Insured to indemnify another because of damages arising out of such injury.

ALL OTHER TERMS AND CONDITIONS OF THE POLICY REMAIN UNCHANGED.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

SCHEDULE

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

- This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.