

**CITY OF FORT LAUDERDALE
OUTDOOR EVENT AGREEMENT**

THIS AGREEMENT is made by and between:

CITY OF FORT LAUDERDALE, a Florida municipal corporation, with its principal address located at 101 NE 3rd Avenue, Suite 2100, Fort Lauderdale, Florida 33301 (hereinafter referred to as "City"),

and

AIDS HEALTHCARE FOUNDATION, INC., a California Not For Profit Corporation authorized to transact business in the State of Florida, with its principal address located at 700 SE Third Avenue, 4th Floor, Fort Lauderdale, Florida 33316 (hereinafter referred to as "Applicant" or "Sponsor").

WHEREAS, the Applicant wishes to hold an outdoor event and has submitted a Special Event Application with an Anti-Human Trafficking Affidavit, which are incorporated into this Agreement and identified as "Composite Exhibit A" in compliance with the requirements of Section 15-182 of the Code of Ordinances of the City of Fort Lauderdale, Florida, and Section 787.06, Florida Statutes (2025), as may be amended or revised; and

WHEREAS, the Applicant is willing to obtain the requisite insurance and indemnify and hold harmless the City of Fort Lauderdale for any damage to persons or property that might occur during or as a result of the outdoor event; and

WHEREAS, on June 16, 2026, by Motion, the City Commission of the City of Fort Lauderdale authorized the proper City Officials to execute this Agreement;

NOW, THEREFORE, in consideration of the mutual promises made herein, the parties agree as follows:

1. Recitals and Effective Date.

Parties agree the foregoing recitals are true and correct and incorporated herein by this reference. The Effective Date of this Agreement is the date upon which City Commission approval is granted.

2. Outdoor Event.

The Applicant is permitted to operate or sponsor the outdoor event titled, "**WE THE PEOPLE**" (hereinafter referred to as the "Event"), only on the date(s), time(s), and with any approved road closure(s) and music exemption(s), as set forth in the attached

Schedule 1 ("Exhibit B"), and at the location particularly described in the attached Event Location Map ("Exhibit C") and Event Site Plan ("Exhibit D") (if applicable), which are attached hereto and made a part of this Agreement.

3. General Requirements.

- (a) If the Event includes use of fireworks, in advance of the Event, the Applicant shall obtain a fireworks permit from the City's Fire Department. The Applicant shall comply with all applicable state and local laws regarding the use of fireworks.
- (b) The Applicant shall provide sanitary facilities of the type and in a sufficient number specified by the requirements established by the City's Development Services Department.
- (c) The Applicant shall coordinate with the City's Development Services Department to schedule appropriate City staff to conduct electrical inspections of all electrical facilities, whether power is supplied by local utilities or is self-provided by generator systems. Prior to the Event, the Applicant shall permit the City staff to conduct electrical inspections of all electrical facilities.
- (d) Prior to the Event, the Applicant shall coordinate with the City's Department of Transportation and Mobility who shall review the Event application and determine necessary parking requirements.
- (e) If the Event includes the sale or distribution of any food or beverages, prior to the Event, the Applicant shall comply with all applicable State, County and City health code requirements. This shall be evidenced by a permit by the appropriate entity.
- (f) If the Event includes use of tents, awnings or canopies, in advance of the Event, the Applicant shall submit current flameproof certificates to the City's Fire Department. The Applicant shall not hold or sponsor the Event until the Fire Department has provided written approval of the use of any tents, awnings, or canopies.
- (g) The Applicant shall pay for the expense of all City services provided as a result of the Event identified by City staff prior to the Event. In advance of the Event, the Applicant shall submit a written plan to the City Police Department that regards crowd control and traffic direction. The Applicant shall not hold or sponsor the Event until the Police Department has provided written approval of the Applicant's plan. The Applicant shall bear the cost of staff necessary to implement the crowd control and traffic direction plan. Police costs shall be exempt from prior notice requirements.

- (h) In advance of the Event, the Applicant shall submit a written plan to the City's Fire Department that regards Fire safety and EMS. The Applicant shall not hold or sponsor the Event until the Fire Department has provided written approval of the Applicant's plan. The Applicant shall bear the cost of staff necessary to implement the fire safety and EMS plans. Fire and EMS costs shall be exempt from prior notice requirements.
- (i) In advance of the Event, the Applicant shall submit a written plan to the City Manager's Office that indicates the proposed location of any temporary structure, such as a barricade, fence, tent, concession stand, ticket booth, and grandstand. The written plan shall include information about the planned removal of any temporary structure after the Event. The Applicant shall not hold or sponsor the Event or erect any temporary structure until the City Manager's Office has provided written approval of the Applicant's temporary structure plan. The Applicant shall bear the cost necessary to implement the temporary structure plan.
- (j) Pursuant to Section 16-154(1)(b) of the Code of Ordinances of the City of Fort Lauderdale, special event permittees are prohibited from using polystyrene products, or utilizing polystyrene food and beverage packaging while serving or preparing food or beverages, or providing polystyrene products to anyone while operating or located on City facilities or City property. The City may revoke the special event permit immediately if this section is violated. This subsection shall not apply to expanded polystyrene food and beverage packaging that was packaged outside of the City and sealed prior to receipt by the special event permittee.

4. Outdoor Event Site.

The City does not warrant that the Event site will be available during the approved Event period. Further, no such warranty is granted as to the suitability of the Event site for the particular event activity. Any and all event sites may be subject to change and/or relocation upon the written direction of the City Manager or his/her designee.

5. Insurance.

As a condition precedent to the effectiveness of this Agreement, during the term of this Agreement and during any renewal or extension term of this Agreement, Applicant shall, at its sole expense, provide insurance of such types and with such terms and limits as noted below. Providing proof of and maintaining adequate insurance coverage are material obligations of Applicant. Applicant shall provide the City a certificate of insurance evidencing such coverage. Applicant's insurance coverage shall be primary insurance for all applicable policies, in respect to the City's interests for this Agreement. The limits of coverage under each policy maintained by Applicant shall not be interpreted as limiting Applicant's liability and obligations under this Agreement. All insurance policies shall be

through insurers authorized or eligible to write policies in the State of Florida and possess an A.M. Best rating of A-, VII or better, subject to approval by the City's Risk Manager.

The coverages, limits, and/or endorsements required herein protect the interests of the City, and these coverages, limits, and/or endorsements shall in no way be relied upon by Applicant for assessing the extent or determining appropriate types and limits of coverage to protect Applicant against any loss exposures, whether as a result of this Agreement or otherwise. The requirements contained herein, as well as the City's review or acknowledgement, are not intended to and shall not in any manner limit or qualify the liabilities and obligations assumed by Applicant under this Agreement.

The following insurance policies and coverages are required:

(Send these requirements to your insurance agent to be sure you can meet the expectations of the Agreement. The City must receive a thorough and accurate Certificate of Insurance upon execution of the Agreement.)

Commercial General Liability

Coverage must be afforded under a Commercial General Liability policy with limits not less than:

- \$1,000,000 each occurrence and \$2,000,000 aggregate for Bodily Injury, Property Damage, and Personal and Advertising Injury
- \$1,000,000 each occurrence and \$2,000,000 aggregate for Products and Completed Operations

Policy must include coverage for contractual liability and independent contractors.

The City, a Florida municipality, its officials, employees, and volunteers are to be included as an additional insured with a CG 20 26 04 13 Additional Insured – Designated Person or Organization Endorsement or similar endorsement providing equal or broader Additional Insured Coverage with respect to liability arising out of activities performed by or on behalf of Applicant. The coverage shall contain no special limitation on the scope of protection afforded to the City, its officials, employees, and volunteers.

Insurance Certificate Requirements

- a. Applicant shall provide the City with valid Certificates of Insurance (binders are unacceptable) no later than ten (10) days prior to the start of work contemplated in this Agreement.
- b. Applicant shall provide to the City a Certificate of Insurance having a thirty (30) day notice of cancellation; ten (10) days' notice if cancellation is for nonpayment of premium.
- c. In the event that the insurer is unable to accommodate the cancellation notice requirement, it shall be the responsibility of Applicant to provide the proper notice. Such notification will be in writing by registered mail, return receipt requested, and addressed to the certificate holder.

- d. In the event the Agreement term or any surviving obligation of Applicant following expiration or early termination of the Agreement goes beyond the expiration date of the insurance policy, Applicant shall provide the City with an updated Certificate of Insurance no later than ten (10) days prior to the expiration of the insurance currently in effect. The City reserves the right to suspend the Agreement until this requirement is met.
- e. The Certificate of Insurance shall indicate whether coverage is provided under a claims-made or occurrence form. If any coverage is provided on a claims-made form, the Certificate of Insurance must show a retroactive date, which shall be the effective date of the initial contract or prior.
- f. The City shall be included as an Additional Insured on all liability policies.
- g. The title of the Agreement, event dates, or other identifying reference must be listed on the Certificate of Insurance.

The Certificate Holder should read as follows:

City of Fort Lauderdale
Attn: Parks and Recreation
401 SE 21st Street
Fort Lauderdale, FL 33316

Applicant has the sole responsibility for all insurance premiums and shall be fully and solely responsible for any costs or expenses as a result of a coverage deductible, co-insurance penalty, or self-insured retention; including any loss not covered because of the application of such deductible, co-insurance penalty, self-insured retention, or coverage exclusion or limitation. Any costs for including the City as an Additional Insured shall be at Applicant's expense.

If Applicant's primary insurance policy/policies do not meet the minimum requirements as set forth in this Agreement, Applicant may provide evidence of an Umbrella/Excess insurance policy to comply with this requirement.

Applicant's insurance coverage shall be primary insurance in respect to the City's interests for this Agreement, its officials, employees, and volunteers. Any insurance or self-insurance maintained by the City shall be non-contributory.

Any exclusion or provision in any insurance policy maintained by Applicant that excludes coverage required in this Agreement shall be deemed unacceptable and shall be considered breach of contract.

All required insurance policies must be maintained until the Agreement work has been accepted by the City, or until this Agreement is terminated, whichever is later. Any lapse in coverage may be considered breach of contract. In addition, Applicant must provide to the City confirmation of coverage renewal via an updated certificate of insurance should any policies expire prior to the expiration of this Agreement. The City reserves the right to review, at any time, coverage forms and limits of Applicant's insurance policies.

Applicant shall provide notice of any and all claims, accidents, and any other occurrences associated with this Agreement to Applicant's insurance company or companies and the City's Risk Management office as soon as practical.

It is Applicant's responsibility to ensure that any and all of Applicant's independent contractors and subcontractors comply with these insurance requirements. All coverages for independent contractors and subcontractors shall be subject to all of the applicable requirements stated herein. Any and all deficiencies are the responsibility of Applicant. The City reserves the right to adjust insurance limits from time to time at its discretion with notice to Applicant.

6. Restoration of public property.

If the Event includes use of public property, the Applicant shall be responsible for, and shall maintain, all areas of the public property used. Maintenance means the prompt and complete removal of Event-generated trash or debris and the repair or restoration of any public property that was damaged as a result of the Event. Public property means real and personal property that is not privately owned and includes, but is not limited to, any sidewalk or paved surface, any tree, plant, shrub, bench, light fixture, traffic signal, parking meter, trash barrel or sign.

The City shall inspect the Event site location(s) for damage within twenty-four hours of the conclusion of the Event and the City shall provide the Applicant with a written report of any damage found on public property. The report shall state the cost of repair(s) necessary to restore the public property. Within fourteen days of the Applicant's receipt of this report the Applicant shall pay the cost of repair or challenge the City's report by a writing addressed to the City Manager or his/her designee. Resolution of any such challenge shall be made by the City Manager; the Applicant agrees to abide by the City Manager's decision.

7. Reimbursement of expenses.

Should the City incur expenses as a result of the Event, the City shall provide the Applicant with an invoice of expenses. Within fourteen days (14) of the Applicant's receipt of any invoice, the Applicant shall pay the invoice or challenge the City's invoice by a writing addressed to the City Manager or his/her designee. Resolution of any such challenge shall be made by the City Manager and the Applicant agrees to abide by the City Manager's decision.

8. Public Records.

This agreement and any other documents pertinent to this Agreement is subject to the public records disclosure as prescribed in Chapter 119, Florida Statutes (2025), and as may be amended or revised, or as otherwise provided by law.

IF THE APPLICANT HAS QUESTIONS REGARDING THE APPLICATION OF CHAPTER 119, FLORIDA STATUTES (2025), TO APPLICANT'S DUTY TO PROVIDE PUBLIC RECORDS RELATING TO THIS AGREEMENT, CONTACT THE CUSTODIAN OF PUBLIC RECORDS AT CITY CLERK'S OFFICE, ONE EAST BROWARD BLVD., SUITE 444, FORT LAUDERDALE, FLORIDA 33301, PHONE: 954-828-5002, EMAIL: PRRCONTRACT@FORTLAUDERDALE.GOV.

9. Notices.

- (a) Whenever it is provided herein that notice of default, demand, request or other communication shall or may be given to, or served upon, either of the parties by the other, or either of the parties shall desire to give or serve upon the other any notice of default, demand, request or other communication with respect hereto or with respect to any matter set forth in this Agreement or any Assumption Agreement, each such notice of default, demand, request or other communication shall be in writing and any law or statute to the contrary notwithstanding shall not be effective for any purpose unless the same shall be given by hand delivery, or by a nationally recognized overnight courier, or by mailing the same by registered or certified mail, postage prepaid, return receipt requested, addressed to the party at the address set forth below, or at such other address or addresses and to such other person or firm as Applicant may from time to time designate by notice as herein provided.
- (b) All notices of default, demands, requests or other communications hereunder shall be deemed to have been given or served for all purposes hereunder upon receipt if by hand delivery, or upon one (1) business day after deposit with such overnight courier as required above, or upon two (2) business days after deposit with the United States mail, postage prepaid, in the manner aforesaid, provided, however, that for any distance in excess of five hundred (500) miles, air mail service or Federal Express or similar carrier shall be utilized, if available.

AS TO CITY: Rickelle Williams
City Manager
City Fort Lauderdale
101 NE 3rd Ave, Suite 2100
Fort Lauderdale, FL 33301

With a copy to: Shari L. McCartney
City Attorney
City of Fort Lauderdale
1 East Broward Blvd., Suite 1320
Fort Lauderdale, Florida 33301

AS TO APPLICANT: AIDS Healthcare Foundation, Inc.
Attn: Michael Weinstein
6255 W. Sunset Blvd., 21st Floor
Los Angeles, CA 90028

10. Authority of the City of Fort Lauderdale City Manager.

The City of Fort Lauderdale City Manager or his/her designee, shall have the authority to suspend all or any part of the Event when the City Manager or his/her designee determines that the Event, or its attendees, or its spectators, pose(s) a threat to the public health, safety, or welfare. The City Manager also reserves the right to immediately revoke permission, suspend, modify or terminate the Event or any portion thereof upon his/her written determination or to the extent any term or condition of this Agreement is violated.

11. Compliance with laws.

- (a) The Applicant shall at all times comply with all federal and state laws or statutes, and with the rules, regulations, and ordinances of City and any other governmental agency having jurisdiction including, but not limited to, those relating to noise, building, zoning, gambling, fire protection, liquor regulation, and hours of operation. The Applicant shall further take all precautions and use extreme care to conduct its operations in a safe and prudent manner with respect to its agents, employees and visitors to its Event.
- (b) The Applicant shall comply with the applicable sections of the Americans with Disabilities Act of 1990 (42 U.S.C. 126), which prohibits discrimination of handicapped individuals by denying them the right to participate in or benefit from the services provided at the Event. The Applicant understands that it is responsible for compliance with this Act. The Applicant guarantees that individuals with disabilities will be able to attend, enter, and use all the facilities at the Event.
- (c) The Applicant agrees to secure and pay for all licenses and permits required by any governmental agency having jurisdiction, including City. If the Event includes the use of any item that is or that may be protected from infringement, such as but not limited to copyrights, patents and trademarks, the Applicant shall, in advance of the Event, provide City with documentation that shows that the Applicant has obtained the applicable license, permit or permission and that all associated all fees have been paid in full. The provisions of this paragraph apply specifically, but not exclusively, to ASCAP, BMI, SESAC, and any other similar organization that may require written permission and payment of a fee for use of protected material.

12. Indemnification.

Applicant shall protect and defend at Applicant's expense, counsel being subject to the City's approval, and indemnify and hold harmless the City and the City's officers, employees, volunteers, and agents from and against any and all losses, penalties, fines, damages, settlements, judgments, claims, costs, charges, expenses, or liabilities, including any award of attorney fees and any award of costs, in connection with this Event or arising directly or indirectly out of any act or omission by the Applicant or by any officer, employee, agent, invitee, subcontractor, or sublicensee of the Applicant. The provisions and obligations of this section shall survive the expiration or earlier termination of this Agreement.

13. Limitation of Liability.

- (a) The City desires to enter into this Agreement only if in so doing the City can place a limit on the City's liability for any cause of action for money damages due to an alleged breach by the City of this Agreement, so that its liability for any such breach never exceeds the sum of \$100.00. Applicant hereby expresses its willingness to enter into this Agreement with Applicant's recovery from the City for any damage action for breach of contract or for any action or claim arising from this Agreement to be limited to a maximum amount of \$100.00.
- (b) Accordingly, and notwithstanding any other term or condition of this Agreement, Applicant hereby agrees that the City shall not be liable to Applicant for damages in an amount in excess of \$100.00, for any action for breach of contract or for any action or claim arising out of this Agreement. Nothing contained in this paragraph or elsewhere in this Agreement is in any way intended to be a waiver of the limitation placed upon City's liability as set forth in Section 768.28, Florida Statutes (2025).

14. Transfer of Rights.

To the extent this Agreement creates rights that vest in the Applicant, the Applicant shall not transfer any rights to any other individual or entity.

15. Venue.

This Agreement shall be interpreted and construed in accordance with the laws of the State of Florida and shall inure to and be binding upon the parties, their successors and assigns. Venue for any action brought in state court shall be in Broward County, Florida. Venue for any action brought in Federal Court shall be in the Southern District of Florida, Fort Lauderdale Division. The parties consent to the personal jurisdiction of the aforementioned courts and irrevocably waive any objections to said jurisdiction.

16. Incorporation.

This Outdoor Event Agreement, together with the attached Schedule One and Site Map (if applicable), constitute the whole of the Agreement between the parties. The written approvals issued by the various City departments or staff members and the various documents submitted by the Applicant, including the application, are supplemental to this Agreement. In the event of a conflict, the terms of this Agreement control.

17. Anti-Human Trafficking.

As a condition precedent to the effectiveness of this Agreement, the Applicant shall provide the City with an affidavit on a form approved by the City and signed by an officer or a representative of the Applicant under penalty or perjury attesting that the Applicant does not use coercion for labor or services as defined in Section 787.06, Florida Statutes (2025), as may be amended or revised.

[REMAINDER OF THIS PAGE INTENTIONALLY LEFT BLANK]

IN WITNESS WHEREOF, the parties hereto have set their hands and seals as of the date first above written.

ATTEST:

CITY OF FORT LAUDERDALE,
a Florida municipal corporation.

DAVID R. SOLOMAN
City Clerk

RICKELLE WILLIAMS
City Manager

Approved as to form and correctness:
SHARI L. McCARTNEY, City Attorney

GABRIELLE BUSH
Assistant City Attorney

APPLICANT/SPONSOR

WITNESSES:

AIDS HEALTHCARE FOUNDATION, INC., a California Not For Profit Corporation.

Robin G. Childress
Witness Signature

By: *[Signature]*
MICHAEL WEINSTEIN
President

Robin G. Childress
Print Name

Jonathan M. Eisenberg
Witness Signature

JONATHAN M. EISENBERG
Print Name

[CORPORATE SEAL]

STATE OF _____ :
COUNTY OF _____ :

See attached California Acknowledgement

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this _____ day of _____, 2026, by **MICHAEL WEINSTEIN**, as **PRESIDENT** for **AIDS HEALTHCARE FOUNDATION, INC.**, a California Not For Profit Corporation authorized to transact business in the State of Florida.

[NOTARY SEAL]

(Signature of Notary Public- State of _____)

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally known _____ OR Produced Identification _____
Type of Identification Produced _____

ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

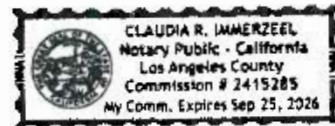
State of California
County of Los Angeles)

On June 10, 2026 before me, Claudia R. Immerzeel, Notary Public,
(insert name and title of the officer)

personally appeared Michael Weinstein, Robin Childress and Jonathan M. Eisenberg
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Signature Claudia R Immerzeel (Seal)

COMPOSITE EXHIBIT A

CITY OF FORT LAUDERDALE SPECIAL EVENT APPLICATION

Part 1: Event Request

Event Name: We The People

Purpose of event (check one): Fundraiser Awareness Recreation Other

Expected maximum attendance: 2,500 Expected sustained attendance: 1,000

Has this event been held in the past? Yes No

If Yes, please list past dates, locations and attendance: We The People - July 3rd, 2023 - Esplanade Park - 2,500 participants

Detailed Description: A gathering at the park with live performances and speeches, along with a peaceful march. Site opens at 5:30 PM for people to gather, proceeding to the doing the march at 6:45 PM, coming back to the park at 7:45 PM ending with live music at the park until 8:30 PM.

Location: Esplanade Park

Address: 400 SW 2nd St, Fort Lauderdale, FL, 33312, USA

Is your event located directly on the beach? Yes No

*\$500/day fee including setup and breakdown days.

Setup:

Date:	Time Setup will start:	Time Setup will end:	Setup Duration (Hours):	Set Up Attendance:
Friday July 3, 2026	08:00 AM	5:30 PM	9.5	50

Total Setup Duration (Hours): 9.5

Event Days:

Date:	Time Event will start:	Time Event will end:	Event Duration (Hours):	Event Attendance:
Friday July 3, 2026	5:30 PM	9:00 PM	3.5	2,500

Total Event Duration (Hours): 3.5

Breakdown

Date:	Time Breakdown will start:	Time Breakdown will end:	Breakdown Duration (Hours):	Breakdown Attendance:
Friday July 3, 2026	9:00 PM	11:59 PM	3	50

Total Breakdown Duration (Hours): 3

Location Map



Part 2: Applicant Information

Organization

Organization Name:	Aids Healthcare Foundation, Inc.
Organization Type:	Non-Profit
Name of Authorized Signatory:	Michael Weinstein 700 SE THIRD AVENUE, 4TH FL, FT LAUDERDALE, FL 33316
Address:	6255 W Sunset Blvd, Los Angeles, CA, 90028, USA
Date of registration:	September 2, 1997 03/04/1999
State registered in:	California
Federal ID #:	95-4112121
Email Address:	max.alvarez@ahf.org
Phone #:	(310)871-3707

Two Authorizing Officials for the Organization

First Official Title:	<input checked="" type="checkbox"/> President <input type="checkbox"/> Vice-President <input type="checkbox"/> CEO <input type="checkbox"/> COO <input type="checkbox"/> Other
First Official Name:	Michael Weinstein
First Official Phone #:	(310)871-3707
First Official Email:	max.alvarez@ahf.org
Second Official Title:	<input type="checkbox"/> President <input type="checkbox"/> Vice-President <input type="checkbox"/> CEO <input type="checkbox"/> COO <input checked="" type="checkbox"/> Other Secretary
Second Official Name:	Condessa M. Curley
Second Official Phone #:	(310)871-3707
Second Official Email:	max.alvarez@ahf.org

Event Coordinator

Name:	Max Alvarez
Will Event Coordinator be on-site?	Yes
Title:	Sr Director of Events
Event Coordinator Phone #:	(310)871-3707
Event Coordinator Cell Phone #:	(310)871-3707
Event Coordinator E-mail Address:	max.alvarez@ahf.org
Do you want to provide additional contact?	Yes
Name:	Javier Ribadeneira
Will contact be on-site?	No
Title:	Sr Events Manager
Additional Contact Phone #:	(323)371-2341
Additional Contact Cell Phone #:	(323)371-2341
Additional Contact E-mail Address:	javier.ribadeneira@ahf.org

Event Production Company

Same as Applicant?	Yes
Company name:	
Address:	
Contact name:	Max Alvarez
Title:	
Contact Phone # (Day):	N/A
Contact Phone # (Night):	N/A
Contact Cell Phone #:	
Contact E-mail Address:	

Part 3: Event Information

Admission/Registration

<i>Admission/Registration?</i>	<i>How much?</i>
No	N/A

Advertising/Promotion

<i>Advertising/Promotion?</i>	<i>How?</i>
Yes	Social Media, Email Blasts, WOM

Alcohol

<i>Alcohol for sale?</i>	<i>If Yes, how will the beverages be controlled and served? (Draft truck, bar tender, beer tub, etc.)</i>
No	N/A
<i>Alcohol for free?</i>	<i>If Yes, how will the beverages be controlled and served? (Draft truck, bar tender, beer tub, etc.)</i>
No	N/A

*Provide State of Florida alcohol licenses and \$500,000 of Liquor Liability Insurance 30 days before event.

Amusement Rides

<i>Amusement Rides?</i>	<i>Name and contact of company:</i>	<i>What type of rides are you planning?</i>
No	N/A	N/A

*Florida Bureau of Fair Rides, Ron Jacobs (850) 921-1530 must be contacted 30 days before the event to schedule inspections and final approval of all vendors and rides prior to use.

Bounce House

Bounce House?

Yes No

Electricity

Electricity?	Company:	License #:	Name of electrician:	Phone #:
Yes	TBD Megawattage, LLC	TBD EC13012482	TBD	(323)371-2344 954-328-0232

* Events requiring electricity must be permitted. eventpower@fortlauderdale.gov

Generators

Generators?	What size(s)?
No	N/A

*Generators above a certain size must be permitted.

Entertainment

Entertainment?	What type of entertainment will be there? Any notable performers?
Yes	TBD

5 speakers and possibly a local band/DJ; one of the speakers to perform two songs

Fencing or Barricades

Fencing or Barricades?	Name & Contact of Company
Yes	Road Safe Traffic

* Include proposed fences in your Site Plan & Narrative

Fireworks & Flame Effects

Fireworks & Flame Effects?	Name & Contact of Company conducting the show:
No	N/A

*A permit and Fire Watch is required for all pyrotechnics displays. firemarshal@fortlauderdale.gov

Food

Food Vendors?	Food Trucks?	Cooking on Site?
No	Yes	No

* State Health Dept. Tara Palmer at (954) 397-9366 must be notified 10 days prior to event. All Food Vendors must be inspected by the Fire Rescue Department, Capt. Bruce Strandhagen at (954) 828-5080 to ensure compliance prior to serving food. A fire extinguisher is required for each food booth. If a propane tank is used for a fuel

source, it must be secured on the outside of the booth. Inspections during non-working hours cost will cost \$75 per hour.

Music

<i>Music?</i>	<i>What music format(s) will be used? (amplified, acoustic, recorded, live, MC, DJ, etc.):</i>	<i>List the type of equipment you will use (speakers, amplifier, drums, etc):</i>
Yes	Amplified, live, DJ, MC	speakers, amplifier, dj equipment, microphones

List date/s with start and end times Music will be played:

Date:	Time music will start:	Time music will end:	Music Duration (Hours):
Friday July 3, 2026	5:30 PM	9:00 PM	3.5

Total Music Duration:
3.5

How close is the event to the nearest residence?

Aprox 1/4 mile

Soundproofing equipment?

No

Parking Impact

<i>Parking Impact?</i>	<i>Lot location(s)?</i>
Yes	Esplanade Park

List date/s and start and end times of Parking Closures:

Date:	Time parking closure will start:	Time parking closure will end:	Parking Closure Duration (Hours):
Friday July 3, 2026	12:00 PM	11:00 PM	11

Parking Closure Total Duration:

11

*All Parking Spaces that are impacted by an event will be billed to the event organizer through the Transportation & Mobility Dept. and must be paid in full before the event. If you have any parking questions, call 954-828-3771.

Road Closings

Road Closings?	Define closure(s):
Yes	<p>EVENT SITE: July 3, 2026 (5:00pm - 9:00pm) SW 2nd Street (from SW 5th Ave to SW 4th Ave)</p> <p>MARCH ROUTE: July 3, 2026 (6:30pm - 7:30pm) (Start) at Esplanade Park, East on SW 2 St, South on SE 1 Ave, West on East Las Olas Boulevard, North on SW 1 Ave, West on SW 2 Street, (End) at Esplanade Park.</p>

List date/s with start and end times of Road Closures:

Date:	Time Road Closure will start:	Time Road Closure will end:	Road Closure Duration (Hours):
Friday July 3, 2026	<p>EVENT SITE: July 3, 2026 (5:00pm - 9:00pm) MARCH ROUTE: July 3, 2026 (6:30pm - 7:30pm)</p>		

Total Road Closure Duration (Hours):

3.5

Company Name:	Contact:	Contact Phone #:
Road Safe Traffic	Theodore Howard	(305)633-3883

*Closing roads requires submitting an approved Maintenance of Traffic plan to the Special Events Director for each agency affected BEFORE the Commission will vote on it. To expedite the process you may want to select a preapproved MOT plan.

Bridge Closings

<i>Bridge Closings?</i>	<i>Bridge location(s):</i>
No	N/A

List date/s with start and end times of Bridge Closings:

Total Duration of Bridge Closure (Hours):
N/A

*Closing a bridge requires submitting the United States Coast Guard issued Bridge Closure Approval Letter with the application to the Special Events Director for each agency affected BEFORE the Commission will vote on it.

Sanitation & Waste

<i>Company Name:</i>	<i>Contact Name:</i>	<i>Phone #: 773-914-6049</i>
TDD Kleen Team	TDD George Stavrakas	(323)374-2344

*All grounds must be cleaned up immediately after completion of event or you will be subject to fees. You are responsible for securing recycling services.

Security/Police

<i>Police?</i>	<i>Who is your Police contact for officers and security planning?</i>	<i>Phone #:</i>
No	N/A	N/A

<i>Security?</i>	<i>Security Company:</i>	<i>Contact Name:</i>	<i>Phone #:</i>
Yes	Ditch Day Enterprises	Darren Elliott	(323)378-7769

*Security companies and their plans must be approved and you may still be required to hire City Police.

Tents or Canopies

Tents or Canopies?

Yes

*No penetration of ground spike is allowed. All structures must be water-weighted.

<i>Quantity and size of each?</i>	<i>Company Name:</i>	<i>Contact Name:</i>	<i>Phone #:</i>
6 - 10x10	AHF	Max Alvarez	(310)871-3707

*A detailed Site Plan showing the locations and size of each canopy or tent is required. A permit and final inspection is required if there are multiple canopies, if they are going to be used for cooking or if there are Tents (with walls).

Toilets

Toilets?

No

*All toilets must be removed within 24 hours. Portable Toilets are regulated by Broward County. Please contact the Environmental Manager at 954-467-4700 ext 4223.

Transportation Plan

Transportation Plan Required?

No

Any events larger than 5,000 people must have an approved Transportation Plan. Call 954-828-3771 if you have a question.

Part 4: Security and Emergency Services

Your Event may require Security and Emergency Services which will be determined using this application, your Site Plan and Narrative, MOT, transportation plan and any additional information requested during your Special Events meeting. The hourly rate and costs for services will be quoted on the "Cost Estimate" worksheet developed at the meeting and provided to the organizer. The cost may change after the meeting.

If Fire Rescue or Police staff are scheduled for the event then a minimum of four (4) hours for each Fire Rescue staff and a minimum of three (3) hours for each Police staff will be charged. Fire Rescue also charges 45 minutes to set up and 45 minutes to break down for each event. If the event is canceled then an event representative must call each department at least 24 hours before the event is expected to begin or the organization will be charged.

Fire Prevention and Emergency Medical Services

Fire Rescue may need to inspect your event or provide services based on your Building Permit, expected attendance and other risk factors such as alcohol, time, day, location, event type or weather. When you complete your Building Permit Form with Department of Sustainable Development (DSD) indicate all the permits and inspections you need and immediately pay DSD directly. All other payments for services will be invoiced to the event coordinator and must be paid within thirty (30) days. For questions call the Fire Marshal at (954) 828-6370.

On-site Contact Name:

TBD

Phone #:

(323)371-2341

Part 5: Riverwalk District Outdoor Events

Riverwalk Fort Lauderdale, Inc. will oversee all outdoor events held within the Riverwalk District. This includes use of Esplanade Park, Huizenga Park, Peter Feldman Park, Hardy Park, Sistrunk Park, Stranahan Park, Smoker Park and Laura Ward Plaza. The Riverwalk District is outlined below.

After your application submission, please contact the Riverwalk Director of Operations at 954-468-1541 x205.

Part 6: Submission of Plans

All Events - Event Site Plan & Narrative*

We The People 2026.pdf

Sunblz Document

Anti-human trafficking affidavit*

After you submit the application with your fee you will be contacted to meet with the Special Events team to review:

1. Facility/Location requested
2. Compliance with City ordinances
3. Special permits required
4. Other Charges for City Services
5. Security requirements
6. Environmental issues/effects on surrounding areas
7. Maintenance of Traffic Plan

\$200 (non-refundable) Fee must accompany completed application. Late applications must be approved by City Manager or designee and pay \$1,000 fee (Less than 90 days from event).

Mail application fee (payable to City of Fort Lauderdale) to:

Brittany Henry, Special Events Coordinator

701 S. Andrews Fort Lauderdale, FL 33316

Part 7: Applicant's Acceptance

The information I have provided on this application is true and complete to the best of my knowledge.

If I have not submitted my application with the necessary plans, within the deadline and according to the rules outlined in the Special Events Manual it may be denied.

Before receiving final approval from the City Commission, I understand that I (and the production company, if applicable) must furnish an original certificate of General Liability insurance naming the City of Fort Lauderdale as additionally insured in the amount of at least one million dollars (\$1,000,000) or greater as deemed satisfactory by the City Risk Manager, and an original certificate of liquor liability insurance in the amount of one million dollars (\$1,000,000) if alcohol is being served. Other liability insurance and fees may also be required up to thirty (30) days in advance of the event.

I understand that City of Fort Lauderdale Parks and Recreation sponsored activities have precedence over the event requested above and I will be notified if any conflicts arise.

I understand that the City of Fort Lauderdale Police department will determine all security requirements and that the City of Fort Lauderdale Fire Rescue department will determine all fire and Emergency Medical Services requirements.

I understand that any cancelations for City scheduled services must be made by phone to each department representative at least 24 hours before the scheduled event time or the organizer will be liable for any associated fees.

I understand that I may be required to provide a deposit based on historical performance or lack thereof.

I understand that the City has a noise ordinance that my event must follow. I agree to abide by all provisions of the noise control ordinance and understand that my failure to do so may result in a civil citation, a physical arrest, or the shutting down of the event. If at any time during the event it is determined by law enforcement personnel, code enforcement personnel, parks and recreation personnel, or any other city representative that the entertainment or music is causing a noise disturbance, I will be directed to lower the volume to an acceptable level as determined by City staff. If a second noise disturbance arises during the event, I may be directed to shut down the music or entertainment for the remainder of the event.

Acknowledgement

I hereby acknowledge that I have read and understand this policy.

Event coordinators signature:



Submission Date: May 5, 2026



CITY OF FORT LAUDERDALE - PARKS AND RECREATION DEPARTMENT

ANTI-HUMAN TRAFFICKING AFFIDAVIT

Rev Date: 12/31/2025

The undersigned, on behalf of AIDS HEALTHCARE FOUNDATION, INC. a California nongovernmental entity ("Nongovernmental Entity"), under penalty of perjury, hereby deposes and says:

- 1. My name is Michael Weinstein
2. I am an X officer or authorized representative of the Nongovernmental Entity. My title is: President
3. I attest that the Nongovernmental Entity does not use coercion for labor or services as defined in Section 787.06, Florida Statutes (2025), as may be amended or revised.

Under penalties of perjury, I declare that I have read the foregoing Anti-Human Trafficking Affidavit and that the facts stated in it are true.

Signature of Officer or Representative: [Handwritten Signature]
Office Address: 700 SE THIRD AVENUE, 4TH FLOOR, FORT LAUDERDALE, FL 33316
Email Address: max.alvarez@ahf.org
Main Phone Number: 310-871-3707 FEIN No.: 95-4112121

STATE OF [blank] COUNTY OF [blank] see attached California jurat

Sworn to and subscribed before me by means of [] physical presence or [] online notarization, this ___ day of ___, 2026, by []

(Signature of Notary Public - State of [])

(NOTARY SEAL)

Print, Type or Stamp Commissioned Name of Notary Public)

Personally Known OR Produced Identification
Type of Identification Produced

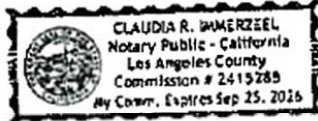


A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Los Angeles

Subscribed and sworn to (or affirmed) before me on this 22nd
day of May, 2026, by Michael Weinstein

proved to me on the basis of satisfactory evidence to be the
person(s) who appeared before me.



(Seal)

Signature *Claudia R. Immerzeel*

EXHIBIT B
Schedule – 1

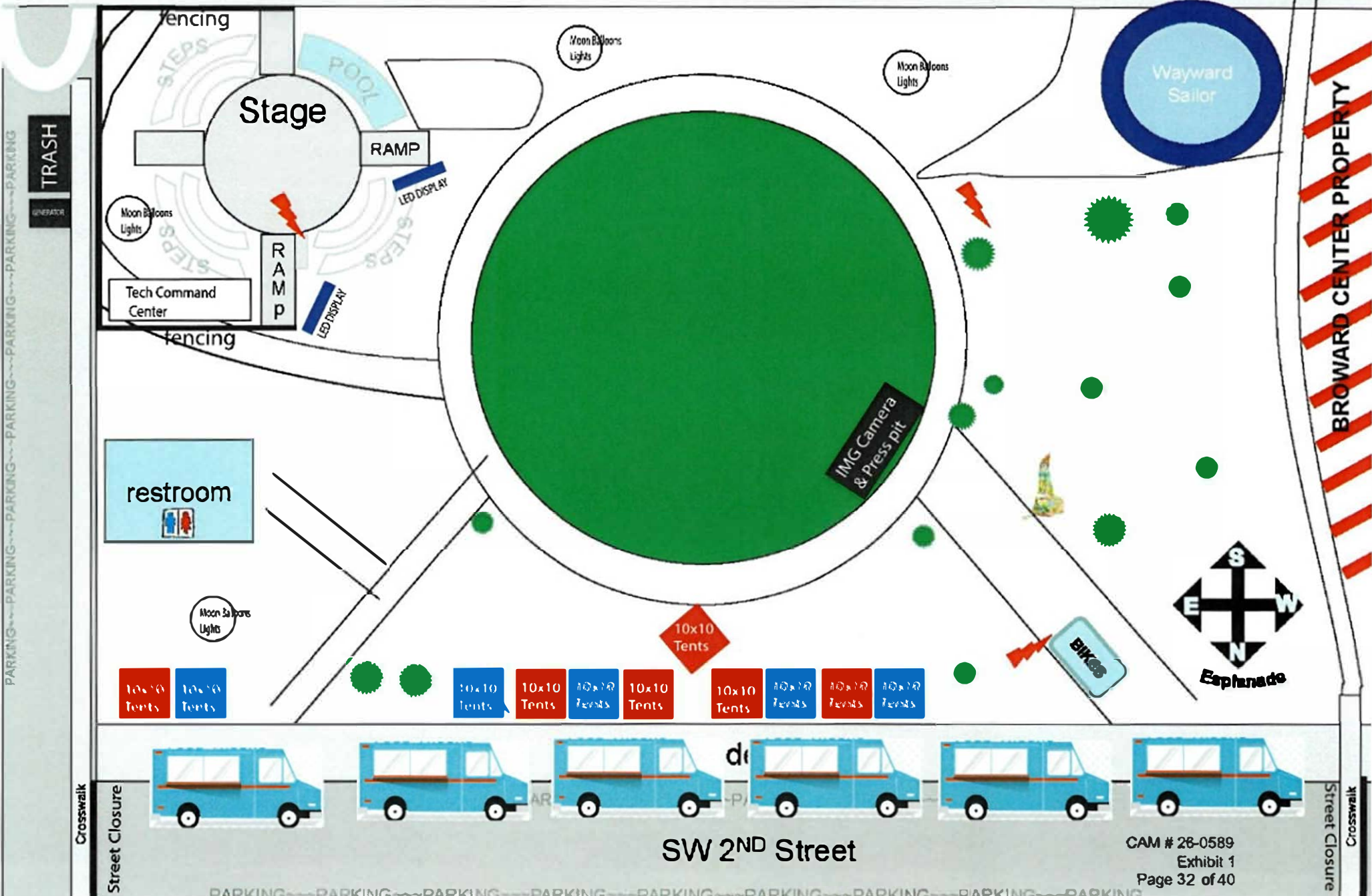
Applicant:	AIDS Healthcare Foundation, Inc.
Event Name:	We The People
Date/Time:	Friday July 3, 2026 (5:30 pm – 9:00 pm)
Location:	Esplanade Park 400 SW 2nd St, Fort Lauderdale, FL, 33312
Set Up Date/Time:	Friday July 3, 2026 (8:00 am – 5:30 pm)
Breakdown Date/Time:	Friday July 3, 2026 (9:00 pm – 11:59 pm)
Road Closing:	<p><u>EVENT SITE</u></p> <ul style="list-style-type: none"> • Friday, July 3, 2026 (5:00 pm - 9:00 pm) • SW 2nd Street (from SW 5th Ave to SW 4th Ave) <p><u>MARCH ROUTE:</u></p> <ul style="list-style-type: none"> • Friday, July 3, 2026 (6:30 pm - 7:30 pm) • Walk route: (Start) at Esplanade Park, East on SW 2 St, South on SE 1 Ave, West on East Las Olas Boulevard, North on SW 1 Ave, West on SW 2 Street, (End) at Esplanade Park.
Alcohol:	No
Amplified Music:	Friday July 3, 2026 (5:30 pm – 9:00 pm)
Special Permission:	No
Insurance Required:	Yes
Banners:	No
Pending Code Violations:	No

Application Fee:	\$ 1,000.00
Beach Fee:	N/A

Waterway

EXHIBIT D: We the People

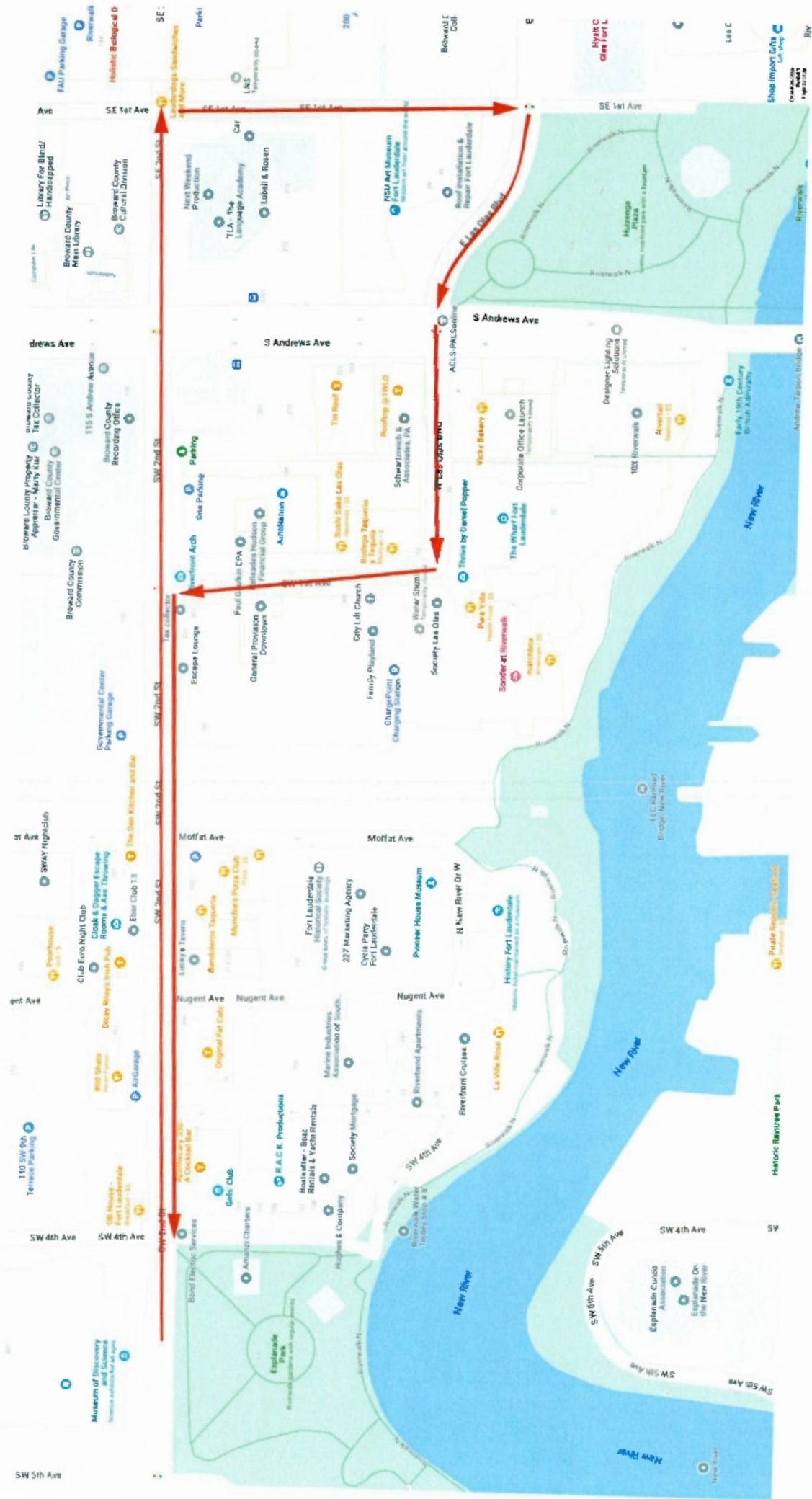
Riverwalk



BROWARD CENTER PROPERTY

SW 2ND Street

CAM # 28-0589
Exhibit 1
Page 32 of 40





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/02/2026

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 United Agencies, Inc. (Burbank) 100 N. 1st Street, Ste. 301 Burbank, CA 91502		CONTACT NAME: Luke Gelineau PHONE (A/C No. Ext.): (818) 295-2266 E-MAIL: lgelineau@unitedagencies.com ADDRESS:		FAX (A/C No.): (877) 901-5522	
Phone No. (800) 800-5880 Fax No. (877) 901-5522		INSURER(S) AFFORDING COVERAGE		NAIC #	
INSURED AIDS Healthcare Foundation, Inc. 6255 W. Sunset Blvd., 21st Floor Los Angeles, CA 90028		INSURER A: AGL - American Guarantee and Liability Insurance Company		26247	
Phone No. (323) 308-1821 Fax No.		INSURER B: BLH - Berkley Life & Health Insurance Company		64890	
		INSURER C: ZAI - Zurich American Insurance Company		16535	
		INSURER D:			
		INSURER E:			
		INSURER F:			

COVERAGES **CERTIFICATE NUMBER: 1257530** **REVISION NUMBER:**

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	ADJ. SUBR (RND) (WGT)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
ZAI	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Host Liquor GEN. AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO. JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER	X X	FLM5038590-00	07/02/2026	07/05/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMM/OP AGG \$ 1,000,000 \$
ZAI	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	X	FLM5038590-00	07/02/2026	07/05/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ Included BODILY INJURY (Per accident) \$ Included PROPERTY DAMAGE (Per accident) \$ Excluded \$ Excluded
AGL	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		SXS2291515-00	07/02/2026	07/05/2026	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 \$ <input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
ZAI BLH	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A	FLM5038590-00 PAI-L0400001707-01	07/02/2026 07/02/2026	07/05/2026 07/05/2026	See Attached See Attached

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES Coverage Location: United States & Canada
Event: We The People

Certificate holder is named as additional insured and loss payee as their interest may appear. Coverage is primary and non-contributory. All coverages expire at 12:01 a.m. Standard Time.

* The actual event dates may be limited. Please review the Scheduled Events form attached to this certificate.

CERTIFICATE HOLDER **CANCELLATION**

City of Fort Lauderdale ATTN: Parks and Recreation 401 SE 21 Street Fort Lauderdale, FL 33316 United States Of America Phone No. Fax No.	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 
---	--

ADDITIONAL COVERAGE DETAILS

DATE (MM/DD/YY)

06/02/2026

INSURED **AIDS Healthcare Foundation, Inc.**

The following is attached to and made part of certificate number 1257530.

Policy Details	Coverage	Limit	Deductible
Inland Marine			
Company:	Zurich American Insurance Company		
Policy Number:	FLM5038590-00		
*Period:	07/02/2026 - 07/05/2026: 3 Day(s)		
	Equipment, props, sets, wardrobe (rented)	Excluded	
	Equipment, Props, Sets, Wardrobe (owned)	Excluded	
	Rented Furs, Jewelry, Art & Antiques Coverage	Excluded	
	Extra Expense	Excluded	
	Third Party Property Damage	10,000	1,500
	Hired/Non-Owned Physical Damage-Aggregate	Excluded	
	Hired/Non-Owned Physical Damage-Per Vehicle	Excluded	
	Rental Cost Reimbursement	Excluded	
	Waiver of Subrogation	Excluded	
	Coverage Extension Endorsement		
	Coverage Extension Endorsement	Excluded	
	Terrorism	Included	
General Liability			
Company:	Zurich American Insurance Company		
Policy Number:	FLM5038590-00		
*Period:	07/02/2026 - 07/05/2026: 3 Day(s)		
	General Aggregate	2,000,000	
	Products / Completed Operations	1,000,000	
	Personal / Advertising Injury	1,000,000	
	Each Occurrence	1,000,000	
	Fire Legal	100,000	
	Medical Payments	5,000	
	Blanket Additional Insureds (other than city/special certs & waivers)	Included	
	City / Other Special Certificates	Included	
	Waiver of Subrogation	Included	
	Host Liquor	Included	
	Liquor Liability-Aggregate	Excluded	
	Liquor Liability-Each Common Cause Limit	Excluded	
	Abuse & Molestation-Aggregate	Excluded	
	Abuse & Molestation-Each Claim	Excluded	
	Abusive Act Alleged Participant Supplemental Coverage - Aggregate	Excluded	
	Abusive Act Alleged Participant Supplemental Coverage - Occurrence	Excluded	
	Participant Legal Liability - Aggregate Limit	Excluded	
	Participant Legal Liability - Occurrence Limit - Bodily Injury	Excluded	
	Participant Legal Liability - Occurrence Limit - Property Damage	Excluded	
	Terrorism	Included	
Spectators & Participants Medical			

Policy Details	Coverage	Limit	Deductible
Company:	Berkley Life & Health Insurance Company		
Policy Number:	PAI-L0400001707-01		
*Period:	07/02/2026 - 07/05/2026: 3 Day(s)		
	Aggregate Limit of Indemnity	250,000	
	Accidental Death	25,000	
	Accidental Dismemberment	25,000	
	Accident Medical Expenses	25,000	250
	Dental (per tooth per accident)	250	
	Coverage for Participants	Included	
	Coverage for Spectators	Excluded	

*All coverages expire at 12:01 a.m. Standard Time.

Scheduled Events

Certificate Number: 1257530

Event Type	Venue	Dates	Attendees
We The People Pop Music Concert	Esplanade Park 400 SW 2nd St. Fort Lauderdale, FL 33312	07/02/2026 - 07/03/2026 at 12:01 am (Setup) 07/03/2026 - 07/04/2026 at 12:01 am 07/04/2026 - 07/05/2026 at 12:01 am (Tear Down)	3,000 Participants

SCHEDULE OF FORMS

06/02/2026

Insured: AIDS Healthcare Foundation, Inc.

This Schedule of Forms is attached to and made part of certificate number 1257530, as of 06/02/2026 at 01:02 PM PT, and lists the forms included in the policy(s) and subsequent endorsement (s) at the time this certificate was issued.

Form #	Ed.	Name
Special Event Package		
Notices		
UGU319G	0126	Important Notice - In Witness Clause
IJ-GU-874-BCW	0223	Notice of Disclosure for Agent and Broker Compensation
UGU873ACW	0611	Disclosure Statement
U-GI-1197-A CW	0104	Asbestos Exclusion Endorsement
U-GU-1191-ACW	0315	Sanctions Exclusion Endorsement
Common		
UGU727ACW	0806	Commercial Insurance Policy
UGU1292ACW	0422	Notice Of Important Provisions
UGUD310A	0193	Common Policy Declarations
UGU819ACW	1002	Schedule of Forms and Endorsements
UGU621ACW	1002	Schedule Of Named Insured(s)
UGU618ACW	1002	Schedule Of Locations
IL0017	1158	Common Policy Conditions
U-GU-1223-B CA	0916	Revised Definition Of Spouse Endorsement
UAB1100ACW	3117	Schedule Of Productions
UAB1101ACW	0117	Definition Of Employee
UAB100ACW	0117	Minimum Earned Premium Endorsement
IL0270	0720	California Changes - Cancellation and Nonrenewal Endorsement
IL0003	0908	Calculation of Premium
U-GU-630-ECW	0120	Disclosure of Important Information Relating to Terrorism Risk Insurance Act
Inland Marine		
UABMD104ACW	0117	Commercial Inland Marine Declarations Entertainment Program
UGU619ACW	1002	Schedule of Forms and Endorsements
CM0001	0904	Commercial Inland Marine Conditions
UABM133ACW	0117	Common Conditions, Exclusions And Definitions
UABM109ACW	0117	Third Party Property Damage Coverage Form
UABM103ACW	0117	Loss Payable Endorsement
UABM128ACW	0117	Excluded Property Endorsement
UABM114ACW	0117	Unscheduled Production, Presentation Or Event Exclusion
UABM106ACW	0117	Stunt, Animal Exposure And Pyrotechnic Exclusion
U-GU-767-BCW	0115	Cap on Losses From Certified Acts of Terrorism
General Liability		
UABLD100BCW	0119	Commercial General Liability Coverage Part: Declarations
UGU619ACW	1002	Schedule of Forms and Endorsements
UAB110ACW	1020	Schedule of Events
CG0001	0413	Commercial General Liability Coverage Form
CG2011	1219	Additional Insured - Managers of Lessors of Premises
CG2012	1219	Additional Insured - State or Governmental Agency or Subdivision or Political Subdivision - Permits or Authorizations
CG2026	3219	Additional Insured - Designated Person or Organization
CG2404	1219	Waiver of Transfer of Rights of Recovery Against Others to Us
CG2028	1219	Additional Insured - Lessor of leased equipment
U-GL-1327-BCW	0413	Other Insurance Amendment - Primary And Non-Contributory
UABL128ACW	0117	Additional Insured - Owners Or Lessees Scheduled Person Or Organization Primary and Noncontributory Coverage
UABL121ACW	0117	Limited Stationary Aircraft Coverage
CG2106	0514	Exclusion - Access or Disclosure of Confidential or Personal Information and Data-Related Liability - With Limited Bodily Injury Exception
U-GL-1171-B-CW	0719	Fungi Bacteria Exclusion
U-GL-1178-A-CW	0703	Asbestos Exclusion
CG2147	1207	Employment Related Practices Exclusion
U-GL-1517-BCW	0413	Collection or Distribution of Material or Information in Violation of Law Exclusion
UABL131ACW	0117	Non-Performing Animal Exclusion
UABL102ACW	0117	Property Damage To Rented Premises Exclusion
UABL129ACW	0117	Assault And Battery Exclusion
UGL1250ACW	0905	Abuse Act Liability Exclusion
UABL122ACW	0117	Newly Acquired Or Formed Entity Exclusion
UABL107ACW	0117	Exclusion - Insureds Conducting Media, Entertainment, Or Internet Type Operations
UAB1.130ACW	0117	Informational Content Exclusion
UABL135ACW	0117	Media Content Exclusion
UABL137ACW	0117	Cross Suits Exclusion
UABL138ACW	0117	Personal And Advertising Injury - Exclusion Of False Arrest, Detention, Imprisonment, Libel, Slander, Right Of Privacy, Advertising Idea, And Copyright, Trademark Or Trade Secret
UABL106ACW	0117	Unscheduled Production, Presentation Or Event Exclusion
UABL103ACW	0117	Stunt, Pyrotechnic And Animal Exposure Exclusion
UABL144ACW	1019	Event Conditional Exclusion
CG2132	0508	Communicable Disease Exclusion
UABL146ACW	1019	Unscheduled Products Exclusion
UABL145ACW	1019	Hazardous Activities, Pyrotechnic Activities and Animal Exposure Exclusion
UABL147ACW	1019	Loss Arising Out of Participation in a Sports or Athletic Event, Competition, Contest or Exhibition Exclusion
UABL143ACW	1019	Moshing Exclusion
UABL150ACW	1019	Camping Conditional Exclusion
IL0021	0908	Nuclear Energy Liability Exclusion Endorsement (Broad Form)
UABL105ACW	0117	Commercial General Liability Changes

SCHEDULE OF FORMS

06/02/2026

Insured: AIDS Healthcare Foundation, Inc.

This Schedule of Forms is attached to and made part of certificate number 1257530, as of 06/02/2026 at 01:02 PM PT, and lists the forms included in the policy(s) and subsequent endorsement (s) at the time this certificate was issued.

Form #	Ed.	Name
U-GU-767-BCW	0115	Cap on Losses From Certified Acts of Terrorism
Automobile		
U-CA-531-B	0208	Notice Regarding Terrorism Premium (for Commercial Automobile Ins)
UCAD600DCW	1021	Business Auto Declarations
UGU619ACW	1002	Schedule of Forms and Endorsements
UASA100ACW	0117	Extended coverage For Scheduled Events, Presentations and Productions
CA0001	1:20	Business Auto Coverage Form
UABA120ACW	0117	Additional Insured - Owners Or Lossees Scheduled Person Or Organization
UABA106ACW	0117	Unscheduled Production, Presentation Or Event Exclusion
UABA125ACW	0117	Production Stunt Or Pyrotechnic Exclusion
CAD143	0517	California Changes
IL0021	0908	Nuclear Energy Liability Exclusion Endorsement (Broad Form)
CA2048	1013	Designated Insured
UABA104ACW	0117	Business Auto Change#

Excess Liability Policy**Excess Liability****Notices**

U-GU-1191-ACW	0315	Sanctions Exclusion Endorsement
U-GU-874-BCW	0223	Notice of Disclosure for Agent and Broker Compensation

Forms

U-SXS-104-ACW	0911	Straight Excess Liability Policy (Jacket)
UGU621ACW	1002	Schedule Of Named Insured(s)
U-SXS-D-100-ACW	0911	Straight Excess Liability Policy Declarations
U-SXS-101-ACW	0911	Schedule of Underlying Insurance
U-SXS-103-ACW	0911	Schedule of Forms & Endorsements
U-GU-630-ECW	0120	Disclosure of Important Information Relating to Terrorism Risk Insurance Act
U-SXS-100-ACW	0911	Straight Excess Liability Policy
U-GU-767-BCW	0115	Cap on Losses From Certified Acts of Terrorism
U-SXS-117-BCW	0514	Professional Liability Limitation Endorsement
U-EXS-115-CCW	04:1	Communicable Disease Exclusion
UEXS319CCW	0514	Liquor Law Liability And Alcohol Consumption: Health Hazards Exclusion
U-GU-1223-B CA	0916	Revised Definition Of Spouse Endorsement
UEXS101BCW	0411	Abuse Or Molestation Exclusion
UEXS107ACW	0499	Athletic Participants Exclusion
U-EXS-312-FCW	0514	Exclusion - Recording and Distribution of Material or Information in Violation of Law
U-EXS-178-BCA	0411	California Cancellation and Nonrenewal
U-SXS-120-A CW	09:1	Total Pollution Exclusion with Hostile Fire Exception

Accident Medical Policy**Spectators & Participants****Medical**

PRVCYBLH	0206	Barkley Life and Health Privacy Notice
CAFRDBLH	0123	California Fraud Notice Endorsement
CAGUARBLH	1018	California Guaranty Notice
AH51051CW6LH	1217	Blanket Accident Policy
AH51055CWEVSCBLH	1217	Administrative Change Rider (Schedule of Events)
AH51055CWRATESBLH	1217	Administrative Change Rider (Rates)
AH51057CABLH	1217	California Rider

Disclaimers

This Certificate of Liability Insurance includes the Type of Insurance, Limits, and Schedule of Forms in effect as of 06/02/2026 at 01:02 PM PT. It does not affirmatively or negatively amend, extend, or alter the coverage afforded by the insurance policy nor confer any rights upon the certificate holder. You may be required to request an updated certificate in the event of subsequent policy modifications.

The information included in this certificate that has been provided by Integrated Specialty Coverages, LLC is for your information only, and does not create a contract or agency relationship between the certificate holder or any insured and Integrated Specialty Coverages, LLC. By accepting this certificate the certificate holder acknowledges that Integrated Specialty Coverages, LLC is not the agent of the certificate holder or any insured, but is solely the agent of the listed carrier(s). Integrated Specialty Coverages, LLC makes no representation whether the coverages listed herein are appropriate for the certificate holder or any insured. Please review the listed coverages carefully and direct any questions to your broker. For a complete listing of coverages, terms, conditions and exclusions, please view the referenced Policy(s).

Certificate Verification

Date (MM/DD/YYYY)

06/02/2026

Insured: AIDS Healthcare Foundation, Inc.

Abacus provides an efficient website lookup tool for certificate holders to verify the authenticity of certificates of insurance.

1. Navigate to the website and input the verification code OR Scan the QR code.
2. The actual certificate issued through the Abacus Platform will download.
3. Compare the details of the downloaded certificate to the certificate presented by the client.

Website	Verification Code
www.abacus.net/verify-certificate	0007QNY2BE



About Certificates Issued through the Abacus.net Platform

- Abacus requires that all certificates be issued through the Abacus Platform. Certificates issued outside of the Abacus Platform are invalid.
- Certificates may be issued through the Abacus Platform by either the named insured (if registered through the Abacus Platform) or their Abacus registered Insurance broker.
- Certificates with any stray marks, cross outs or alterations of any sort are invalid.
- Each certificate is numbered and correlates to the document issued through the Abacus Platform.