



Special Events  
Permit Application

City of Senolia  
P.O. Box 310  
Senolia, GA 30276  
770.599.3679

**SUMMARY OF EVENT**

**EVENT TITLE** Stalwart Productions, LLC.

**DATES REQUESTED:** start 11/18/2021 time: 7 AM end 11/18/2021 time: 9 PM

Host Affiliation: Stalwart Productions, LLC. The Walking Dead  
**Name of Chief Officer of Org:** \_\_\_\_\_  
 Applicant/Contact: Afton White, 818-935-0290  
 Address: 600 Chestlehurst Rd Senolia, GA 30276  
 \_\_\_\_\_  
 Phone: (1) 818-935-0290 (2) 678-723-0230  
 Email: locationsaftonwhite@gmail.com

**EVENT TYPE:**

<input type="checkbox"/> Athletic/Tournament	<input type="checkbox"/> Exhibit/Special Attraction
<input type="checkbox"/> Festival/Wedding	<input type="checkbox"/> Parade/Procession/March
<input type="checkbox"/> Concert/Performance	<input type="checkbox"/> Farmer/Outdoor Market
<input type="checkbox"/> Run/Walk/Bike	<input type="checkbox"/> Fundraiser
x Other: <u>TV Show</u>	

**ACTIVITY DESCRIPTION:** We plan to start filming at 348 Seavy St, move to film in the alley between Bistro Hilary and 15 Barnes, and end the day filming inside 30 Barnes St Apt 2A. On film day (11/18), we would like to request control over some of the areas that we've previously used as well as some additional areas due to the alley scene. Please see the attached overheads with breakdowns of which areas we would like to request from the city in regards to parking, lane, road, and sidewalk closures as well as timing.

Number of  
Participants  
and Spectators:  
150

**MARK ALL THAT APPLY:**

<input type="checkbox"/> Alcohol	<input type="checkbox"/> Signage/Banners	<input type="checkbox"/> Amplified Sound/Music
<input type="checkbox"/> Tents/Canopies	<input type="checkbox"/> Carnival Rides	<input type="checkbox"/> Fireworks/lasers
<input type="checkbox"/> Pond/Lake	<input type="checkbox"/> Portable Restrooms	<input checked="" type="checkbox"/> Generators/Electricity
<input type="checkbox"/> Trash/Recycling	<input checked="" type="checkbox"/> ITC Road/ Closing/Crossing	<input checked="" type="checkbox"/> Transportation Shuttle
<input checked="" type="checkbox"/> Police	<input type="checkbox"/> Cones/Barrels/Barricades	<input type="checkbox"/> Vendors/Concessions
<input type="checkbox"/> Fire/Ems	<input type="checkbox"/> Inflatable Recreation	<input type="checkbox"/> Crowd Control

**\*\*All proposed road closings shall be approved by the Mayor and Council at least two months prior to the event. If**

<b>LOCATION TYPE:</b>	<b>CITY FACILITY:</b>
<input checked="" type="checkbox"/> City Facility (select from right)	<input type="checkbox"/> Marimac Lakes Park
<input checked="" type="checkbox"/> Residential	<input checked="" type="checkbox"/> Public Streets/Right of Way
<input checked="" type="checkbox"/> Commercial/Industrial	<input type="checkbox"/> City Hall/Parking Lot
	<input type="checkbox"/> Seavy Street Park
	<input type="checkbox"/> Multi-Use Trails
	<input type="checkbox"/> Barnes St. Parking

**ADMISSION:**  Public (no cost)  Tickets/Entry Fees  Registration (Pre and at event)  Private

## SIGNAGE

Temporary signs are permitted for approved special events. Signs cannot be placed in the medians or right-of-ways within the City. A detailed sign plan, including the size and proposed locations of the signs should be provided as an attachment to the site plan.

**It is not permitted to mark the roadway in any way or for any purpose.**

## ENTERTAINMENT AND RELATED ACTIVITIES

Check all that apply:

- |  |  |
|--|--|
| <input type="checkbox"/> Music                             | <input type="checkbox"/> Amplification         |
| <input type="checkbox"/> Electricity (describe Amps below) | <input type="checkbox"/> Inflatable Recreation |
| <input type="checkbox"/> Live Animals                      | <input type="checkbox"/> Amusement Rides       |
| <input type="checkbox"/> Tents/Canopies                    | <input checked="" type="checkbox"/> Other      |

Provide a Complete Description: Filming for a TV Series.

## TENTS AND CANOPIES

Setup: Date \_\_\_\_\_ Time: \_\_\_\_\_ Pickup: Date \_\_\_\_\_ Time \_\_\_\_\_

Tent Company: Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Phone Number \_\_\_\_\_

Tent/Canopies shall be shown on your proposed site plan

## PORTABLE RESTROOMS

You are required to provide portable restroom facilities at your event unless you can substantiate the sufficient availability of facilities in the immediate area of the event that will accommodate the size of spectators and participants.

Number of regular portable toilets: 1 Number of ADA portable Toilets: \_\_\_\_\_

Sanitation Company: Name: Zio AKA Crew Thrones

Address: \_\_\_\_\_

City: \_\_\_\_\_

Phone: \_\_\_\_\_

Portable restrooms shall be shown on your proposed site plan.

## SANITATION

- Yes  No Will the organization provide trash cans?  
 Yes  No Will the organization empty all public trash cans at the end of the event?  
 Yes  No Will the organization provide a dumpster for the event?

Sanitation Company: Name: Junkit GA  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

Please describe your clean up and removal of waste, recycling and garbage during and after the event:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sanitation plan shall be displayed on your site plan.

## PARKING AND SHUTTLE PLAN

Number of parking spaces needed: \_\_\_\_\_  
Amount of parking at the facility: \_\_\_\_\_  
Parking needed outside facility: \_\_\_\_\_

Describe parking plan: Truck staging will be in westbound lane on Seavy St between Bridge st and Park Rd Spur and within road closure on Clark St between Johnson and Seavy for our filming on Seavy. When we move to the alley and 30 Barnes, truck staging will shift to the southbound lane closure on Barnes St between Seavy and Travis St. Crew will be shuttled from our normal crew parking at 74 Andrews Pkwy.

Include parking plan in site plan.  
Include other parking arrangements and agreements.

## SITE PLAN CHECKLIST

A clear and clean copy of the site plan shall be submitted with the application. Applicant should consider:

- |   |   |
|---|---|
| <input type="checkbox"/> Name of event              | <input type="checkbox"/> Sound equipment                            |
| <input type="checkbox"/> Adjacent Streets           | <input type="checkbox"/> Communication facilities                   |
| <input type="checkbox"/> Assembly area              | <input type="checkbox"/> Lighting                                   |
| <input type="checkbox"/> Route to be traveled       | <input type="checkbox"/> Generators/electric supply                 |
| <input type="checkbox"/> Detour plan                | <input type="checkbox"/> signage                                    |
| <input type="checkbox"/> Parking                    | <input type="checkbox"/> trash receptacles/dumpsters                |
| <input type="checkbox"/> Restrooms/portable toilets | <input type="checkbox"/> Event vehicles (that remain through event) |
| <input type="checkbox"/> Tents/canopies             | <input type="checkbox"/> Barricades/cones/crowd control barriers    |
| <input type="checkbox"/> Medical treatment facility | <input type="checkbox"/> Inflatables                                |
| <input type="checkbox"/> Food Vendor/cooking area   | <input type="checkbox"/> Stage/platform                             |
| <input type="checkbox"/> Water supply               | <input type="checkbox"/> Other event components                     |

## ALCOHOL

The sale or consumption of alcoholic beverages is prohibited during the special event unless a separate alcoholic beverage special event permit is obtained.

Yes  No Does your event involve the use of alcohol?

If yes, please describe the security plan to ensure the safe sale and distribution of alcohol at the event:

---

---

---

## FOOD & CONCESSIONS

Yes  No Does the event include food concessions?

Yes  No Will food be cooked or prepared in the event area? Describe heat source.

Yes  No Will food vendors be at the event? List them.

---

---

---

## SECURITY PLAN

Please describe your security plan including crowd, vehicle, and pedestrian control, internal security. (attach a complete plan if necessary)

Officers for ITC and lane closure on Seavy St, road closure on Clark St, lane closure and ITC on Barnes St and road closure on Travis St.

Any road closings and detour plan have to be approved by the Mayor and Council. A volunteer or police officer shall be stationed at each closed intersection. Proper instructions and communications shall be provided. If it is determined that off-duty officers are necessary, please contact the Chief of Police to determine number of officers necessary. Each officer is **\$35 per hour with a minimum of 4 hours**. An additional **\$10** is payable to the City for the vehicle. Payment shall be made directly to the officer. Event shall provide evidence of workers comp insurance.

If a private security company is used, provide the following:

Company Name: RMA  
Primary Contact: Jan Du Preez Phone Number: 770-802-9569  
Event Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## PUBLIC WORKS

Public works staff can be available for extra-duty assignments. Staffing and availability is at the discretion of the Public Works Director. Please contact the Senoia Public Works Director to make nature of the duty and make arrangements. Each public works staff is **\$25 per hour with a minimum of 4 hours. Additional charges may be required for equipment and vehicles.** Payment shall be made directly to the worker(s) assigned to the event. Event shall provide evidence of workers comp insurance.

## LIFE SAFETY PLAN

Yes  No Will the event employ a first aid provider?  
 Yes  No Will the event require assistance of Coweta County EMT/Fire Department?

Please describe your medical plan including communication plan and types of medical resources at your event.

---

---

---

Please contact Coweta County Fire Department for availability of EMT/Fire Department assistance.

## INSURANCE REQUIREMENTS

Before the application can be accepted as complete, applicant/sponsor shall provide proof of commercial general liability insurance or event insurance that names, as also insured, **City of Senoia, P.O. Box 310, 80 Main Street, Senoia, GA 30276**, with a waiver of subrogation in regards to workers compensation. Insurance coverage must be maintained for the duration of the event including setup and cleanup dates.

**CLASS III INSURANCE REQUIREMENT: \$1,000,000 MINIMUM**

If alcohol is served, additional insurance may be necessary.

## VOLUNTEERS

Yes  No Does the event plan to use volunteers to work the event.  
Describe service the volunteers will provide:

---

---

---

Each person must be clearly identified as a volunteer. No volunteer shall be assigned a duty that he/she is not able to perform. Volunteers at closed intersections shall wear bright neon vests or t-shirts. Such volunteers are only to give instructions to travellers on how to safely detour around the event.

APPLICATION FEE

Must be submitted with application fee.

\$100 – less than 500 Participants

\$200 – more than 500 Participants

Amount included with Application:

\_\_\_\_\_

APPLICANT'S AFFIDAVIT

I, applicant or authorized representative, agree to indemnify, hold harmless, and defend the City of Senoia, GA against all liability and expenses, including reasonable attorney fees, arising out of claims in connection with this event.

The applicant and/or organization agrees to investigate, handle, respond to, provide and/or defend any claims, etc., at its sole expense and agrees to bear all other costs and expenses related thereto, even if it (claims, etc.) is groundless, false or fraudulent.

In any case in which such indemnification would violate any applicable legal prohibition, the foregoing provision concerning indemnification shall not be construed to indemnify the City for damage arising out of bodily injury to persons or damage to property caused by or resulting from the sole negligence of the City or its employees.

This agreement shall be terminated by either party by providing written notice of its intent to terminate said relationship.

The permit may be cancelled by the Chief of Police at any time with or without cause.

I, applicant or authorized representative, have read and understand the contents of this application. The information contained herein and attached is complete and true, current and correct to the best of my knowledge. Providing false information shall void the application and cancel the event.

  
\_\_\_\_\_  
Signature

Location Manager  
\_\_\_\_\_  
Title

11/05/21  
\_\_\_\_\_  
Date

**IF ROAD CLOSURES ARE REQUESTED OR IF BUSINESS LICENCE OR PERMITS MUST BE VERIFIED THE PERMIT MUST BE SUBMITTED A MINIMUM OF 8 WEEKS PRIOR TO THE EVENT TO ALLOW TIME FOR MAYOR AND COUNCIL APPROVAL. ALL OTHER REQUESTED MUST BE SUBMITTED 2 WEEKS PRIOR TO THE EVENT.**

The information included herein has been reviewed by the City Manager. The permit has been:

\_\_\_\_\_  
Approved \_\_\_\_\_  
City Manager Signature Date

\_\_\_\_\_  
Denied: Reason: \_\_\_\_\_

\_\_\_\_\_

STALWART PRODUCTIONS, LLC  
C/O RIVERWOOD STUDIOS – ATLANTA, GA  
600 CHESTLEHURST RD.  
SENOIA, GA 30276  
LOCATIONS OFFICE – 678.723.0230

November 11<sup>th</sup>, 2021

Dear Residents and Businesses near Seavy St & Clark St,

Stalwart Productions, LLC, with the support of the Georgia Film, Music, and Digital Entertainment Office, and City of Senoia, is planning to obtain permission to film scenes for an AMC television drama series in your area on **\*\*\* Thursday, November 18<sup>th</sup>, 2021 \*\*\* between the hours of 7 AM and 1 PM.**

Due to the complexity of the scenes, on **Thursday, November 18<sup>th</sup>**, it will be necessary for the safety of the public and the crew to perform traffic control as follows:

**Between 6:30 AM and 1 PM:**

- **Road Closure on Clark St between Johnson St and Seavy St**
- **Westbound Lane Closure on Seavy St between Bridge St and Park Rd Spur**

**Between 8 AM and 1 PM:**

- **Intermittent Traffic Control (ITC) on Seavy St between Bridge St and Park Rd Spur**

If you reside or work at properties near these areas of traffic control you will be able to access these properties, but may experience a small delay or be redirected around filming.

We will have detour signs and the assistance of off-duty City of Senoia Police Officers, to ensure the proper flow of traffic while our work is in progress.

We appreciate the opportunity to actively work in your community. In the event that you have any questions or concerns, please feel free to contact the Locations Department at 678-723-0230.

Sincerely,

Afton White  
Location Manager

Adrienne Bugbee  
Key Assistant Location Manager  
207.664.4636  
abugbee11@gmail.com

***This information is intended only for the person or entity to which it is addressed and may contain confidential and/or privileged material. Any review, re-transmission, copying, dissemination, or other use of this information by persons or entities other than the intended recipient is prohibited.***

STALWART PRODUCTIONS, LLC  
C/O RIVERWOOD STUDIOS – ATLANTA, GA  
600 CHESTLEHURST RD.  
SENOIA, GA 30276  
LOCATIONS OFFICE – 678.723.0230

November 11<sup>th</sup>, 2021

Dear Residents and Businesses near Downtown Senoia,

Stalwart Productions, LLC, with the support of the Georgia Film, Music, and Digital Entertainment Office, and City of Senoia, is planning to obtain permission to film scenes for an AMC television drama series in your area on **\*\*\* Thursday, November 18<sup>th</sup>, 2021 \*\*\* between the hours of 7 AM and 9 PM.**

Due to the complexity of the scenes, on **Thursday, November 18<sup>th</sup>**, it will be necessary for the safety of the public and the crew to perform traffic control as follows:

**Between 5 AM and 9 PM:**

- **Southbound Lane Closure on Barnes St between Seavy St and Travis St**
- **Sidewalk Closure on west side of Barnes St between Seavy St and Travis St**
- **Parking Lane and Sidewalk Closure on east side of Main St between 17 Main St and Travis St**

**Between 10 AM and 4 PM:**

- **Road Closure on Travis St between Barnes St and Bridge St**

**Between 10 AM and 9 PM:**

- **Intermittent Traffic Control (ITC) on Barnes St between Seavy St and Main St**

We are also using some City and privately managed parking. We will be reaching out to and working with those respective owners and tenants in regards to these spaces.

If you reside, work, or wish to visit properties near these areas of traffic control you will be able to access these properties, but may experience a small delay or be redirected around filming. Businesses will remain open and we will have extra signage and personnel to help with foot traffic and any questions.

As always, we will have detour signs and the assistance of off-duty City of Senoia Police Officers, to ensure the proper flow of traffic while our work is in progress.

We appreciate the opportunity to actively work in your community. In the event that you have any questions or concerns, please feel free to contact the Locations Department at 678-723-0230.

Sincerely,

Afton White  
Location Manager

Adrienne Bugbee  
Key Assistant Location Manager  
207.664.4636  
abugbee11@gmail.com

*This information is intended only for the person or entity to which it is addressed and may contain confidential and/or privileged material. Any review, re-transmission, copying, dissemination, or other use of this information by persons or entities other than the intended recipient is prohibited.*

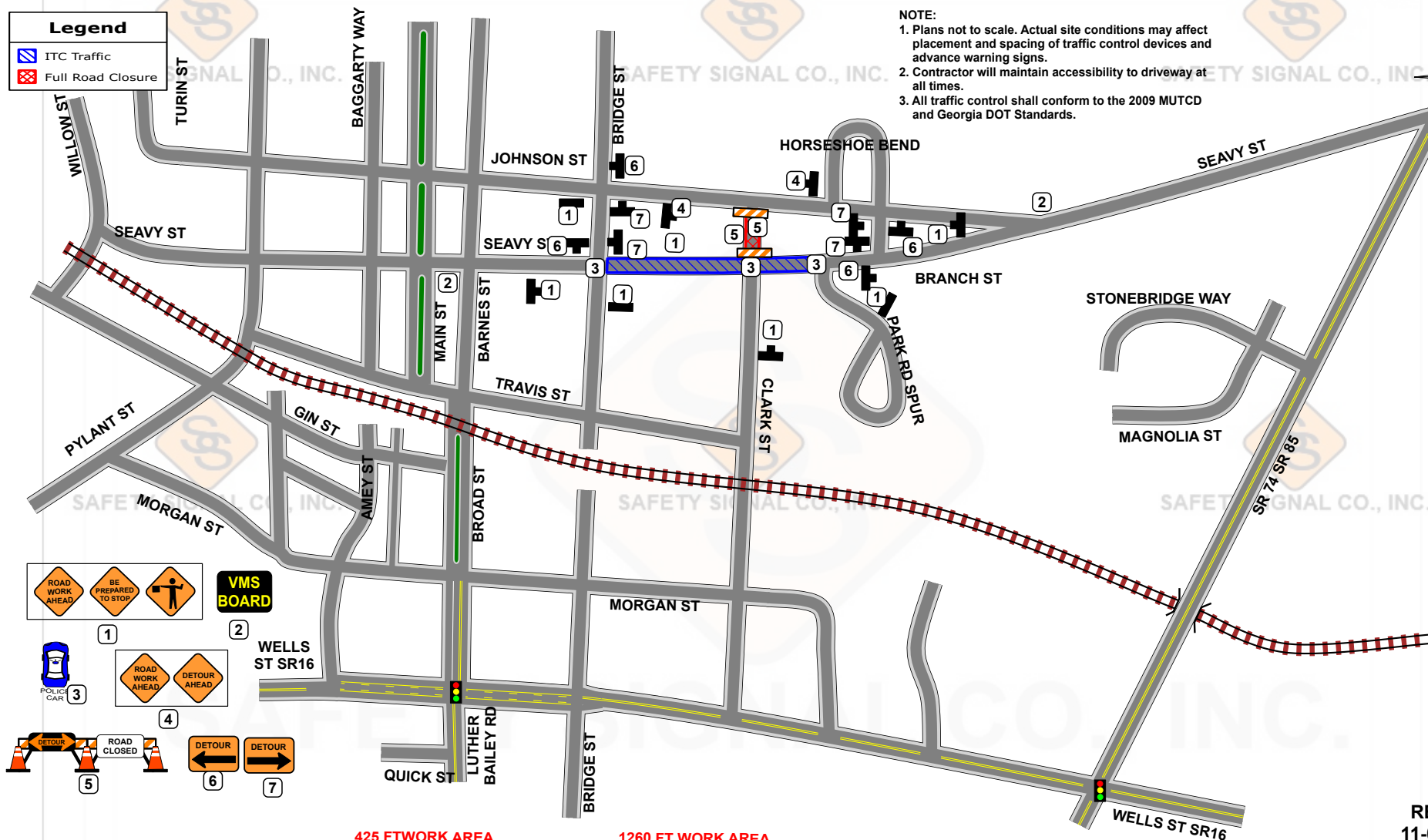


**Legend**

- ITC Traffic
- Full Road Closure

**NOTE:**

1. Plans not to scale. Actual site conditions may affect placement and spacing of traffic control devices and advance warning signs.
2. Contractor will maintain accessibility to driveway at all times.
3. All traffic control shall conform to the 2009 MUTCD and Georgia DOT Standards.



**VMS BOARD**

1

2

3

4

5

6

7

**425 FT WORK AREA**

**CLARK ST  
FULL ROAD CLOSURE  
BETWEEN JOHNSON ST  
AND SEAVY ST**

**1260 FT WORK AREA**

**SEAVY ST  
ITC TRAFFIC  
BETWEEN BRIDGE ST  
AND PARK RD SPUR**

**STALWART FILMS, LLC**  
**"THE WALKING DEAD" SEASON 11**  
 600 Chestlehurst Rd  
 Senoia, Georgia 30276  
 OFFICE: 678-723-0230 FAX: 678-723-1001

**SAFETY SIGNAL CO., INC.**  
 P.O. BOX 488  
 UNION CITY, GEORGIA 30291  
 OFFICE: 770/964-3181 FAX: 770/964-4005  
 Drawn by: CT White Date: 02-10-21

REV 2  
11-05-21

**348 Seavy St  
Ep 1118  
Thursday, Nov. 18<sup>th</sup>, 2021**

Road Closure on Clark St  
b/w Seavy St and Johnson St  
6:30 AM – 1 PM

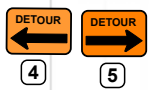
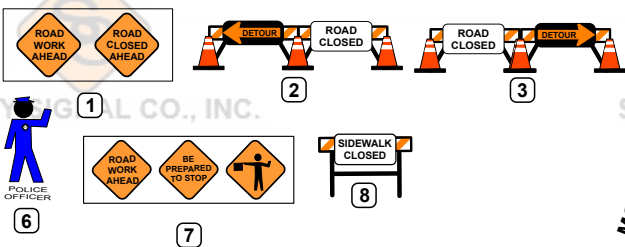
WB Lane Closure on Seavy St  
b/w Bridge St and Park Rd Spur  
6:30 AM – 1 PM

348 Seavy St,  
Senoia, GA 30076  
6 min drive  
SET 1

ITC on Seavy St  
b/w Bridge St and Park Rd Spur  
8 AM – 1 PM

Meditation Garden

Legend	
	Full Road Closure
	Sidewalk and Lane Closure
	ITC Traffic



**NOTE:**

1. Plans not to scale. Actual site conditions may affect placement and spacing of traffic control devices and advance warning signs.
2. Contractor will maintain accessibility to driveway at all times.
3. All traffic control shall conform to the 2009 MUTCD and Georgia DOT Standards.

**460 FT WORK AREA**  
 BARNES ST  
 WEST CURB LANE CLOSURE  
 BETWEEN SEAVY ST  
 AND TRAVIS ST

**460 FT WORK AREA**  
 BARNES ST  
 WEST CURB SIDEWALK CLOSURE  
 BETWEEN SEAVY ST  
 AND TRAVIS ST

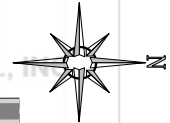
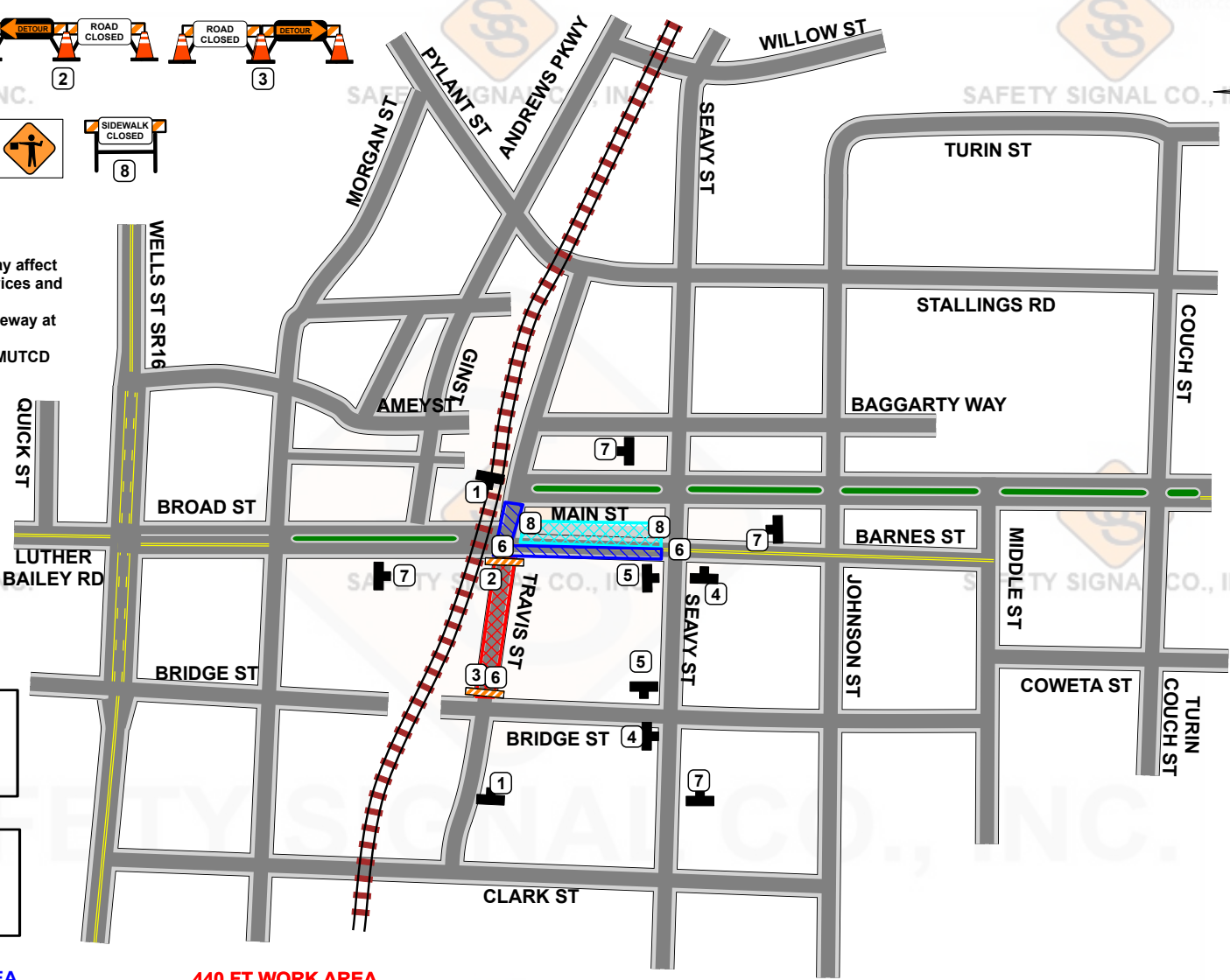
**460 FT WORK AREA**  
 BARNES ST  
 ITC TRAFFIC  
 BETWEEN SEAVY ST  
 AND TRAVIS ST

**440 FT WORK AREA**  
 TRAVIS ST  
 ITC TRAFFIC  
 BETWEEN BARNES ST  
 AND MAIN ST

**440 FT WORK AREA**  
 TRAVIS ST  
 FULL STREET CLOSURE  
 BETWEEN BARNES ST  
 AND BRIDGE ST

STALWART FILMS, LLC  
 "THE WALKING DEAD" SEASON 6  
 600 Chestlehurst Rd  
 Senoia, Georgia 30276  
 OFFICE: 678-723-0230 FAX: 678-723-1001

**SAFETY SIGNAL CO., INC.**  
 P.O. BOX 488  
 UNION CITY, GEORGIA 30291  
 OFFICE: 770/964-3181 FAX: 770/964-4005  
 Drawn by: CT White Date: 06-25-15



**Downtown Senoia**  
**Ep 1118**  
**Thursday, Nov. 18<sup>th</sup>, 2021**

SB Lane and Sidewalk  
Closure on Barnes St  
5 AM – 9 PM

ITC on Barnes  
b/w Seavy & Travis  
10 AM – 9 PM

SET 3

NB Parking Spots and  
Sidewalk Closure on  
Main St  
5 AM – 9 PM

SET 2

Parking Spaces Cleared  
10 AM – 4 PM

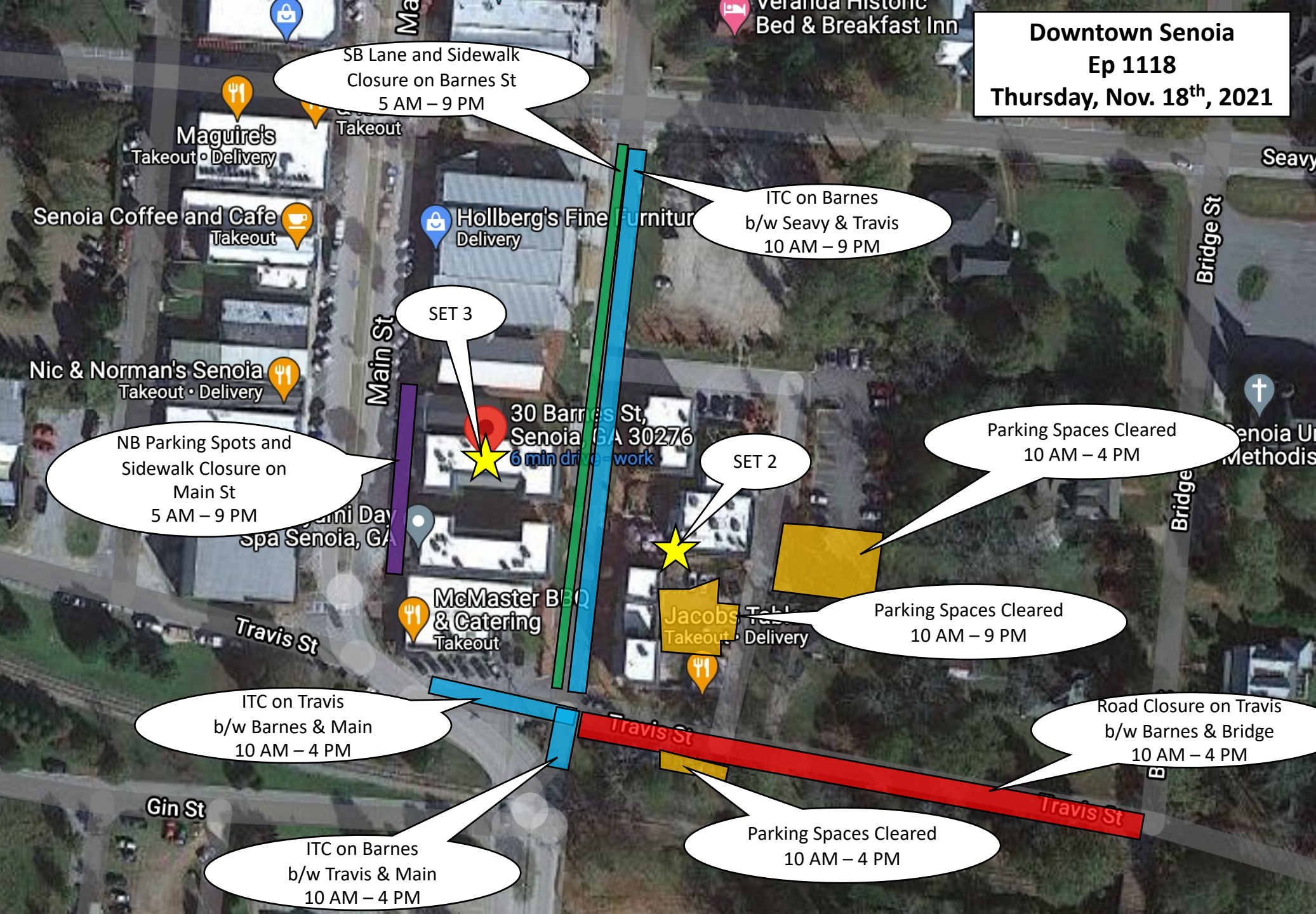
ITC on Travis  
b/w Barnes & Main  
10 AM – 4 PM

Parking Spaces Cleared  
10 AM – 9 PM

Road Closure on Travis  
b/w Barnes & Bridge  
10 AM – 4 PM

ITC on Barnes  
b/w Travis & Main  
10 AM – 4 PM

Parking Spaces Cleared  
10 AM – 4 PM



Maguire's  
Takeout • Delivery

Senoia Coffee and Cafe  
Takeout

Nic & Norman's Senoia  
Takeout • Delivery

Hollberg's Fine Furniture  
Delivery

30 Barnes St,  
Senoia, GA 30276  
6 min drive-work

McMaster BBQ  
& Catering  
Takeout

Jacobs  
Takeout • Delivery

Veranda Historic  
Bed & Breakfast Inn

Seavy

Bridge St

Senoia Ur  
Methodis

Bridge

Travis St

Travis St

Travis St

Gin St

# CERTIFICATE OF LIABILITY INSURANCE

Date (MM/DD/YYYY)  
9//10/2021

**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).**

<b>PRODUCER</b>  Aon/Albert G. Ruben Insurance Services, Inc. 15303 Ventura Blvd., Suite 1200 Sherman Oaks, CA 91403 + 1818.742.1400 License Number: 0806034	<b>Contact Name: KELLIE LOWRY</b> <b>Phone: 818-742-0763 (A/C, No. Ext):</b> <b>Fax: 847-953-2436 (A/C, No):</b> <b>Email Address: <a href="mailto:KELLIE.LOWRY@AON.COM">KELLIE.LOWRY@AON.COM</a></b>  <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 80%;">Insurers Affording Coverage</th><th style="width: 20%;">NAIC #</th></tr></thead><tbody><tr><td>INSURER A: GREAT DIVIDE INSURANCE COMPANY</td><td>25224</td></tr><tr><td>INSURER B:</td><td></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></tbody></table>	Insurers Affording Coverage	NAIC #	INSURER A: GREAT DIVIDE INSURANCE COMPANY	25224	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
Insurers Affording Coverage	NAIC #														
INSURER A: GREAT DIVIDE INSURANCE COMPANY	25224														
INSURER B:															
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															

**COVERAGES                                  CERTIFICATE NUMBER:                                  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.                                  LIMITS SHOWN ARE AS REQUESTED.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b>  CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	X		CNA7512458-11	04/10/2021	04/10/2022	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea Occurrence)	\$ 1,000,000
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 1,000,000
								\$
A	<input type="checkbox"/> <b>AUTOMOBILE LIABILITY</b>  ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	X		CNA7512458-11	04/10/2021	04/10/2022	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
A	<input checked="" type="checkbox"/> <b>Umbrella Liab</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> <b>Excess Liab</b> <input type="checkbox"/> CLAIMS-MADE  DED    RETENTION \$	X		CUA7512459-11	04/10/2021	04/10/2022	EACH OCCURRENCE	\$ 10,000,000
							AGGREGATE	\$ 10,000,000
								\$
							PER STATUTE    Other	
A	<input type="checkbox"/> <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N <input type="checkbox"/>	N/A				E.L. Each Accident	\$
							E.L. Disease - EA Employee	\$
							E.L. Disease - Policy Limit	\$
							<b>LIMITS/DEDUCTIBLES</b>	
A	<input type="checkbox"/> <b>PRODUCTION PACKAGE POLICY</b> MISC. RENTED EQUIPMENT PROPS/SETS/WARDROBE THIRD PARTY PROPERTY DAMAGE HIRED AUTO PHYSICAL DAMAGE			CNA7512458-11	04/10/2021	04/10/2022	\$5,000,000 LIMIT / \$3,500 DEDUCTIBLE PER LOSS	
							\$5,000,000 LIMIT / \$3,500 DEDUCTIBLE PER LOSS	
							\$5,000,000 LIMIT / \$2,500 DEDUCTIBLE PER LOSS	
							\$2,000,000 LIMIT / DED: 10% - \$2,500 MIN / \$7,500 MAX	

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

THE CERTIFICATE HOLDER IS INCLUDED AS ADDITIONAL INSURED WITH RESPECT TO THE GENERAL LIABILITY, AUTO LIABILITY AND UMBRELLA LIABILITY POLICIES AND A LOSS PAYEE UNDER THE PRODUCTION PACKAGE POLICY BUT ONLY AS RESPECTS THEIR AGREEMENT WITH THE NAMED INSURED FOR THE PRODUCTION ENTITLED: "THE WALKING DEAD" SEASON 11.

<b>CERTIFICATE HOLDER</b>  City of Senoia P.O. Box 310 Senoia, GA 30276	<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.  AUTHORIZED REPRESENTATIVE  Aon/Albert G. Ruben Insurance Services, Inc.
---	--