



Current Date \_\_\_\_\_

Applications are processed in the order received - preference given to long standing events.

Event Name Out of the Darkness Suicide Prevention Walk

Expected Attendance 1000

Event Coordinator Nerissa Berry

Email Address nerissa.afsp@gmail.com

Mailing Address 15208 Traditions Blvd. Suite A, Edmond, 73013

Phone 4050-408-5292 Fax \_\_\_\_\_

Event Address (Location) Oklahoma City Downtown Baseball Club

Event Start Day/Date 9/7/24 Event Start Time 08:00

Event End Day/Date 9/7/24 Event End Time 11:00

Set-up Day/Date 9/7/24 Start Time \_\_\_\_\_ End Time \_\_\_\_\_

Tear-down Day/Date 9/7/24 Start Time \_\_\_\_\_ End Time \_\_\_\_\_

**Street Closure Times (if applicable)**

Closure Day/Date 9/7/24 Time 7:00 am

Reopening Day/Date 9/7/24 Time 11:00 am

**Event description (activities, exact location, etc.). Please also submit an event site map.**

Annual Suicide Prevention Walk

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

Is this an annual event? Yes If yes, how many years? 15

How many vendors will sell items at your event (retail, food, beverages, etc.)?

☒ None ☐ 1 ☐ 2-10 ☐ 11-25 ☐ 26-50 ☐ 50+

Please note: the deadline for the food vendor list is a strict 10 business days prior to the event.



**Event includes (mark all that apply):**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Block party       | <input checked="" type="checkbox"/> Street closure      | <input type="checkbox"/> Assembly event (First Amendment) |
| <input type="checkbox"/> Beverage sales    | <input type="checkbox"/> Procession/Horse Procession    | <input type="checkbox"/> Residential area                 |
| <input type="checkbox"/> Alcohol sales     | <input type="checkbox"/> Parade                         | <input type="checkbox"/> Non-residential area             |
| <input type="checkbox"/> Food sales        | <input type="checkbox"/> Amplified sound                | <input type="checkbox"/> Parklet                          |
| <input type="checkbox"/> Merchandise sales | <input type="checkbox"/> Live entertainment             | <input type="checkbox"/> Athletic event                   |
| <input type="checkbox"/> Street activities | <input type="checkbox"/> Electrical wiring/generator(s) | <input type="checkbox"/> Filming                          |

**Number of tents** \_\_\_\_\_

**Size of tent(s)** \_\_\_\_\_

**Number of Parade Entries** \_\_\_\_\_

**Number of Horses/Animals participating** \_\_\_\_\_

**Emergency primary contacts during event:**

Name Nerissa Berry

Name \_\_\_\_\_

Mobile 405-408-5292

Mobile \_\_\_\_\_

Email nerissa.afsp@gmail.com

Email \_\_\_\_\_

**Event Coordinator Signature** \_\_\_\_\_

*(By signing this permit, the event coordinator and their organizing partners agree to abide by the applicable general rules of application listed and the applicable laws referenced under City of Oklahoma City Municipal Code Chapters 50 and 60)*

**RETURN COMPLETED FORM**

Via U.S. Postal Special Events - Public Information & Marketing 200 N. Walker, OKC, OK 73102

Via E-Mail [specialevents@okc.gov](mailto:specialevents@okc.gov) (preferred method)

Via Fax (405) 297-3124

**Questions? Call Special Events Permit Office (405)297-2890**

**SPECIAL EVENTS OFFICE USE**

Staff comments:

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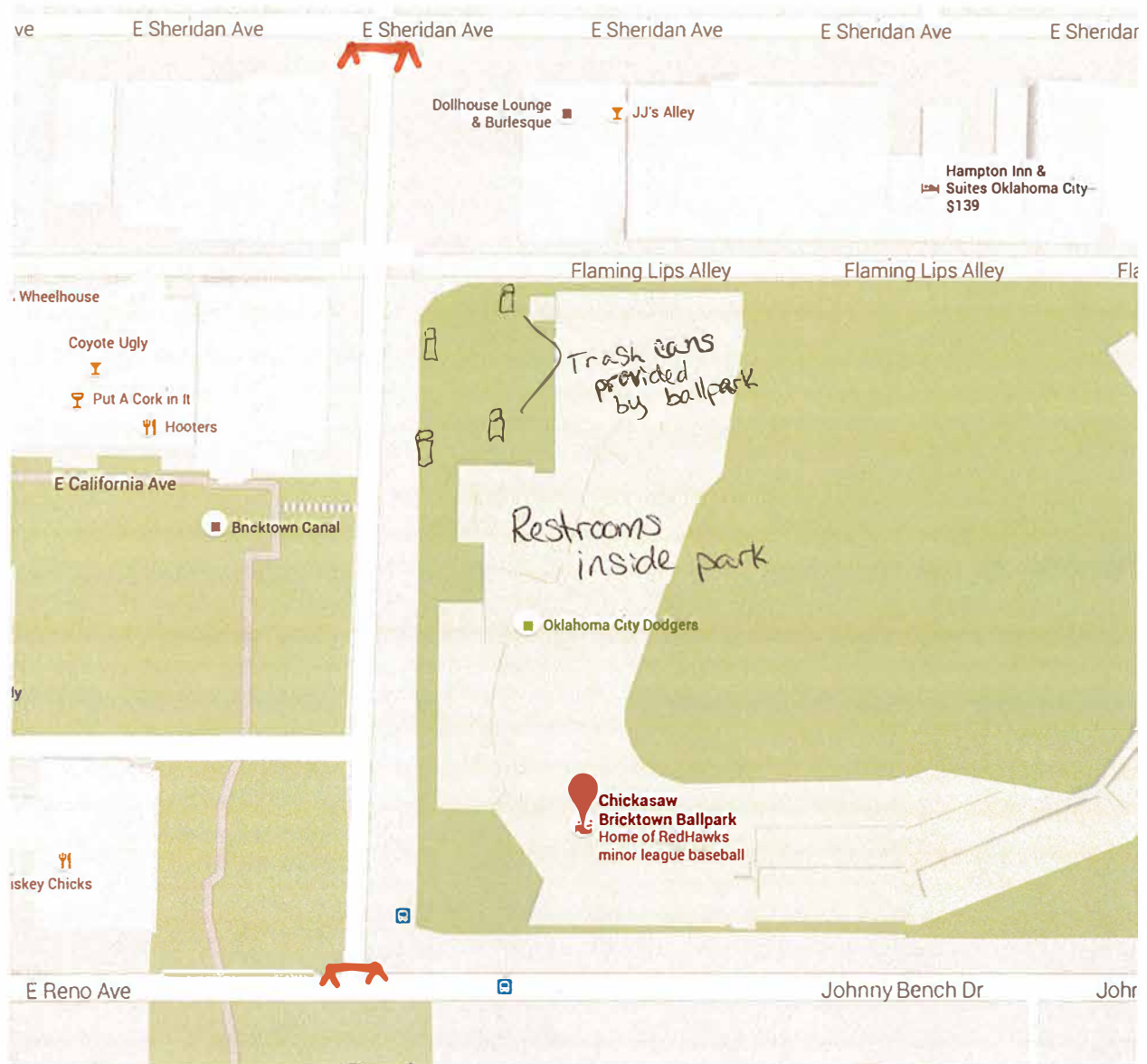
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**Special Events Office Approval** \_\_\_\_\_

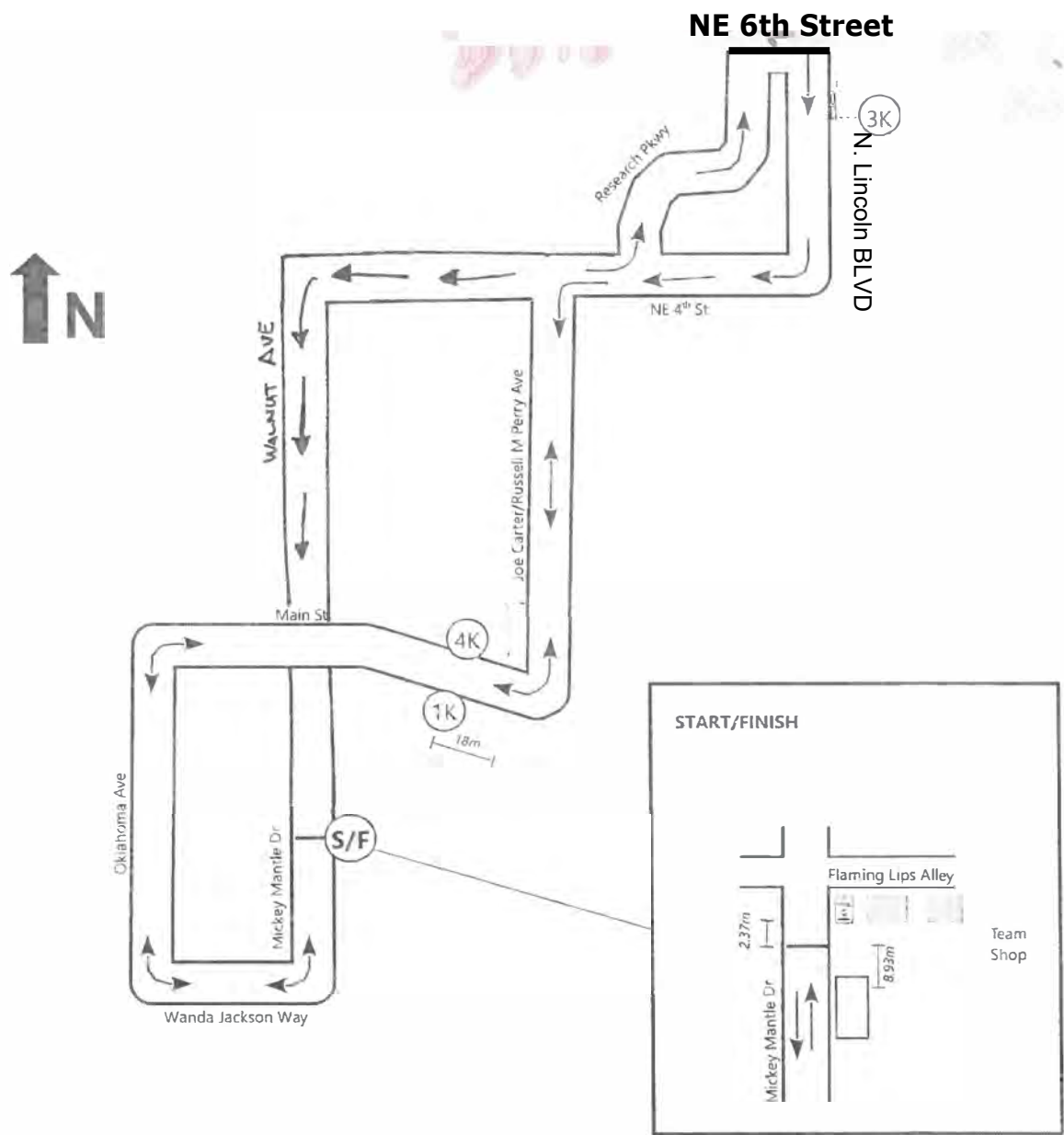
Exhibits A-1, B-1 & C



AFSP Suicide Prevention Walk -

September 7th, 2024

Oklahoma City, OK – 3 mile Walk Route

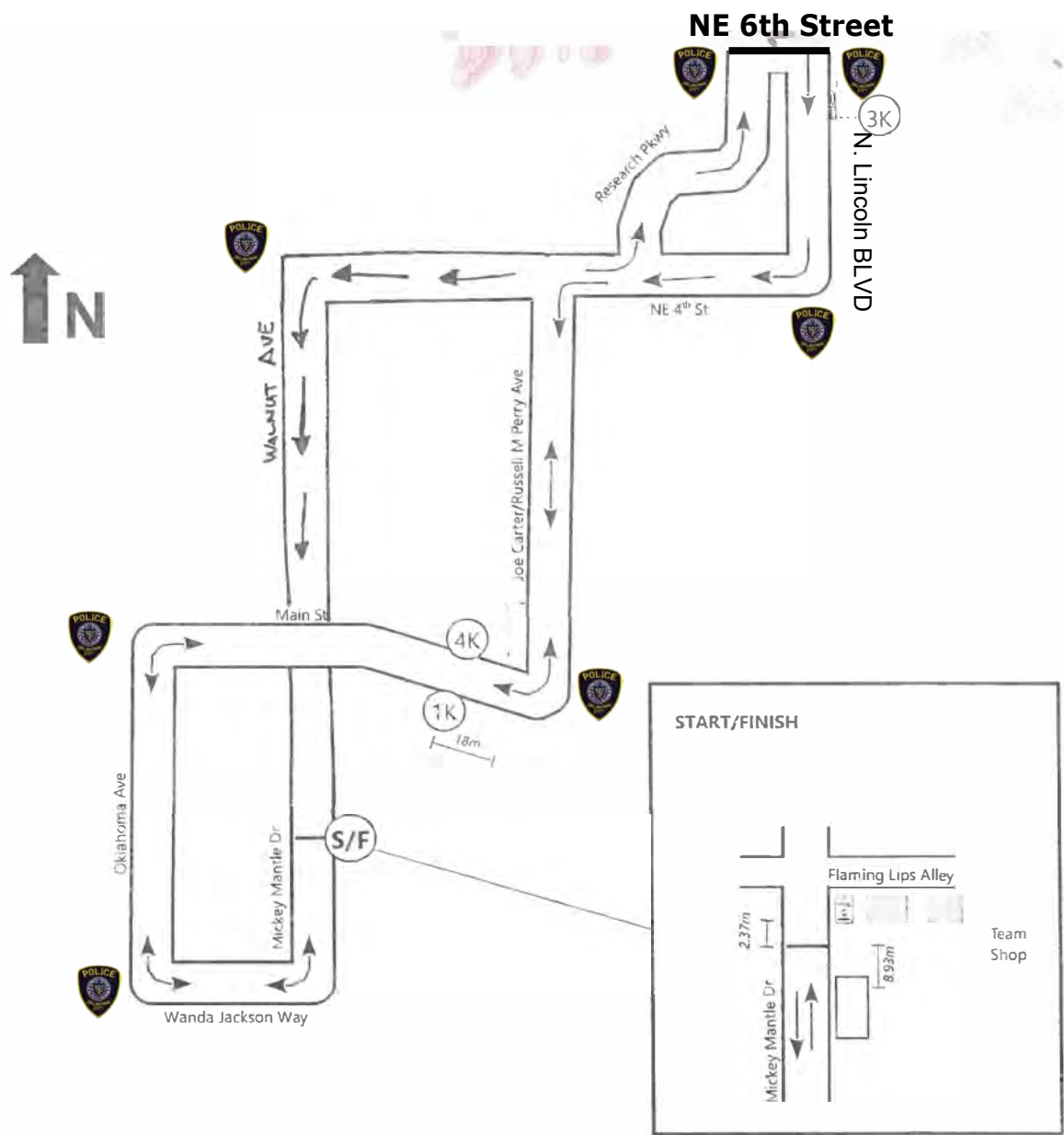


# AFSP Suicide Prevention Walk -

September 7th, 2024

Oklahoma City, OK – 3 mile Walk Route

Exhibit B-2





The City of  
**OKLAHOMA CITY**

## SPECIAL EVENTS

Written Notice Affidavit to properties abutting event.  
The written notice affidavit confirms that you have provided written notice (via postcard, letter) to property owners along running route/course.

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### AFFIDAVIT OF WRITTEN NOTICE TO PROPERTIES ABUTTING EVENT

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## AFFIDAVIT

STATE OF OKLAHOMA}

COUNTY OF OKLAHOMA}

Know all men by these presents: I, Nexissa Berry  
Name

as event coordinator of AISP Out of the darkness Walk  
Event Name

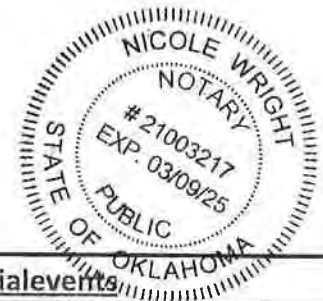
hereby certify that property owners abutting the named event have been notified in writing that the right-of-way will be closed (date(s)) 9/7/2024

Nexissa Berry 8/19/2024  
Signature Date

Subscribed and sworn before me this 19 day of Aug, 24.

Nicole Wright  
Notary Public

My commission expires 3/9/25



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Find additional info and forms @ [www.okc.gov/specialevents](http://www.okc.gov/specialevents)

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The City of  
**OKLAHOMA CITY**

## SPECIAL EVENTS

Consent Affidavit confirms that you have received street closure approvals from property owners for the street closure. Signed petition form, emails or letters are accepted forms of consent.

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### AFFIDAVIT OF CONSENT FROM, AND NOTICE TO, PROPERTIES ABUTTING EVENT

---

## AFFIDAVIT

STATE OF OKLAHOMA}

COUNTY OF OKLAHOMA}

Know all men by these presents: I, \_\_\_\_\_

Nerissa Berry

Name

as event coordinator of the \_\_\_\_\_

ATSP Out of the darkness Walk

Event Name

hereby certify that all required property owners abutting the street closure for the named event **have**  
**been notified in writing and have provided consent** that the right-of-way be closed \_\_\_\_\_

9/9/2024  
date(s)

[Signature]  
Signature

9/19/2024  
Date



Subscribed and sworn before me this 19 day of Aug, 24.

[Signature]

Notary Public

My commission expires 3/9/25

Approvals for street closures can be received either by signing this petition or via letters or e-mails.

# STREET CLOSURE PETITION

**EXAMPLE:**

Agree	Disagree	Signature of property owner or lessee	Street address & business name (if applicable)
x		<i>John Smith</i>	1234 Street Name, OKC
x		Mary Joseph	letter attached 3456 Street Name, OKC
x		Jane Doe	e-mail attached - 91011 Street Name, OKC
x		<i>Peter Paul</i>	Pizza Palace - 5678 Street Name, OKC

We, the undersigned, have been notified of street closures associated with the event noted and agree or disagree with the closure. I understand that if I have concerns about the proposed closure, I can contact the event organizer or contact Oklahoma City's Special Events Office at (405) 297-2890

Event Name OKC AFSP Out of Darkness Walk

Event Date(s) September 7th, 2024      Event Time(s) 6:00 - 11:00 AM

Event Contact Name Nerissa Berry

[illegible]





Approvals for street closures can be received either by signing this petition or via letters or e-mails.

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Event Name OKC AFSP Out of Darkness Walk

Event Date(s) September 7th, 2024 Event Time(s) 6:00 - 11:00 AM

Event Contact Name Nerissa Berry

Agree	Disagree	Signature of property owner or lessee	Street address & business name (if applicable)
x		<i>Nerissa Berry</i>	101 S Mickey Mantle Dr

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## Page 1

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Event Contact Name Nerissa Berry

[illegible]

Find additional info and forms @ [www.okc.gov/specialevents](http://www.okc.gov/specialevents)



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/21/2024

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> Marsh & McLennan Agency LLC 250 Pehle Avenue, Suite 400 Saddle Brook NJ 07663	<b>CONTACT NAME:</b> Sheree Eames-Tucker <b>PHONE (A/C, No, Ext):</b> 732-941-3164 <b>E-MAIL ADDRESS:</b> Sheree.Tucker@MarshMMA.com <b>FAX (A/C, No):</b> 866 795 0921												
<b>INSURED</b> American Foundation for Suicide Prevention 199 Water St. New York NY 10038	<b>INSURER(S) AFFORDING COVERAGE</b> <table><tr><td><b>INSURER A:</b> HDI Global Specialty SE</td><td><b>NAIC #</b> 55555</td></tr><tr><td><b>INSURER B:</b> Allianz Global Corporate &amp; Specialty SE</td><td>55555</td></tr><tr><td><b>INSURER C:</b> Hartford Insurance Company of Southeast</td><td>38261</td></tr><tr><td><b>INSURER D:</b> Lloyd's Syndicate 2623</td><td>55555</td></tr><tr><td><b>INSURER E:</b> National Union Fire Ins Co PittsburghPA</td><td>19445</td></tr><tr><td><b>INSURER F:</b></td><td></td></tr></table>	<b>INSURER A:</b> HDI Global Specialty SE	<b>NAIC #</b> 55555	<b>INSURER B:</b> Allianz Global Corporate & Specialty SE	55555	<b>INSURER C:</b> Hartford Insurance Company of Southeast	38261	<b>INSURER D:</b> Lloyd's Syndicate 2623	55555	<b>INSURER E:</b> National Union Fire Ins Co PittsburghPA	19445	<b>INSURER F:</b>	
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<b>INSURER F:</b>													

**COVERAGES****CERTIFICATE NUMBER:** 2009288178**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	ADDL INSD	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> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	Y		18LB6360	1/28/2024	1/28/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ Excluded 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> <input type="checkbox"/> 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			18LB6360	1/28/2024	1/28/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE  DED <input type="checkbox"/> RETENTION \$			23ABEX0258	1/28/2024	1/28/2025	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
C	<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	13WBBC1THR	1/28/2024	1/28/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D E	Cyber Liability Blink Accident			W2F0CC240401 SRG0009477455	6/1/2024 1/28/2024	6/1/2025 1/28/2025	1,000,000 Acc Death & Dismember 25,000 Acc Medical Exp 25,000

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

All of the above are subject to the terms, conditions and exclusions of the policy/policies.  
AFSP Oklahoma City Out of the Darkness Walk - Sep. 7, 2024 at Bricktown Ballpark

**CERTIFICATE HOLDER****CANCELLATION**

City of Oklahoma City  
200 N Walker  
Oklahoma City OK 73102

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

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