12 April 2013



"We Seceded Where Others Failed"

OFFICE OF THE COORDINATOR

The Honorable Bob Vitas Undersecretary for Intergovernmental Affairs c/o Ms. Maria Ratcliff The City of Key West 525 Angela Street Key West, FL/CR 33040 Via facsimile 809-3886

Dear Mr. Undersecretary and Maria,

This is to request the dates of 18-27 April 2014, for the Conch Republic Independence Celebration.

Specific to this Celebration we would respectfully request permission from the City of Key West to conduct the annual "World's Longest Parade" on Thursday the 24^{4h} of April in accordance with time-honored tradition.

We respectfully request that Duval Street be closed at 6 PM on the aforementioned date between United and South streets for the mustering of the Parade. The parade will roll promptly at 8 PM. We will be responsible for the cost of police and public works for this event, as always.

Thank you for your kind conch-sideration of these requests. Meanwhile, I remain;

Your humble servant,

The Honorable Sir Peter Anderson, Secretary General and CRIC Coordinator - 24 hour emergency phone # 305-849-2222



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/25/2014

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 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).

P.O. Box 1729 Meridian, MS 39302-1729 Lamar McDonald		CONTACT Cindy D. Giles PHONE (A/C, No, Ext): 601-693-6141 E-MAIL ADDRESS: cgiles@meyerandrosenbaum.com					
		INSURER A: Travelers Property Casualty	NAIC #				
INSURED	Holladay Broadcasting of Louisiana, Inc. Florida Keys Media, LLC Mike Sterling P. O. Box 5797 Meridian, MS 39302-5797	INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	23074				

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.

INSR LTR	TYPE OF INSURANCE		SUBR		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	rs	
A	GENERAL LIABILITY			6604049B582TIL14		01/01/2015	EACH OCCURRENCE	\$	1,000,000
	X COMMERCIAL GENERAL LIABILITY	X					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$	5,000
							PERSONAL & ADV INJURY	\$	1,000,000
							GENERAL AGGREGATE	\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$	2,000,000
	POLICY PRO- JECT LOC						Emp Ben.	\$	1,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
Α	X ANY AUTO	X		8106303B559TCT14	01/01/2014	01/01/2015	BODILY INJURY (Per person)	\$	
	ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (PER ACCIDENT)	\$	
								\$	
8	UMBRELLA LIAB OCCUR					1.0440-00.5-	EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	
	DED RETENTION\$							\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU- OTH- TORY LIMITS ER		
	AND PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under						E.L. EACH ACCIDENT	\$	
							E.L. DISEASE - EA EMPLOYEE	\$	
	DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	

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

Re: The Key West Parade. April 24,2014 City of Key West is included as Additional Insured but solely with respects to the written contract/agreement with the Named Insured in connection with the above referenced event. *10 day notice of cancellation for non payment

of premium.

CERTIFICATE HOLDER	CANCEL	LATION
City of Key West 3132 Flagler Ave	THE E	D ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE XPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN DANCE WITH THE POLICY PROVISIONS.
Key West, FL 33040		by D. Giles