

Special Use Items Request - FAQs

All special use items (excluding portable restrooms, food/beverage trucks, and on-site caterers) that are not rented through an Approved Vendor must provide insurance in the permit holder's name.

Non-Approved Vendors insurance will not be accepted. Incomplete Special Use Request will not be accepted.

Q: What is needed to request special use?

- A completed Special Use Item Request Form.
- If items are **owned**, a Certificate of General Liability insurance with an Endorsement Page naming the Forest Preserves of Cook County as additional insured.
- If items are rented, you must provide the rental agreement/contract/invoice that list all items rented.
- **All documents above must be in the permit holder's name.**

Q: I own my items, where can I obtain insurance?

- FPCC **does not** offer insurance. It is the permit holder's responsibility to obtain insurance for their special use. Insurance must cover all items brought into the Forest Preserves.

Q: What is considered a complete special use request?

- A complete special use request includes the following:
 - Rental Agreement- (Needed only if items are rented)
 - Special Use Form- (Must list all items that you are bringing)
 - Certificate of Insurance-Needed if items are rented from a vendor not on the approved vendor list and if items are personally owned- (insurance example included in packet)

Q: What is an Approved Vendor?

- Approved Vendors are companies that have proven compliance with the FPCC insurance requirements. Permit holders can obtain special use items (e.g., inflatables, generators, tents, chairs, etc.) from our approved vendor without having to submit proof of insurance (details on page 16). You must meet all requirements placed by the approved vendor to have insurance included on your rental (i.e., additional charges and more).

Q: Are there any restrictions?

- Special use may be used between the hours of 10 am and or one hour before sunset but no later than 7:30 pm.
- All items are subject to review and may be denied. *Examples of denied items include carnival rides, deep fryers and dunk tanks/water activities.*
- FPCC has the authority to assign, limit or prohibit the area where any permitted special use items are erected and placed/operated that may cause damage or disrupt the native landscape/wildlife.

Q: What is amplified sound?

- Any device or instrument that creates or amplifies sound louder than an average conversation or emit sound more than 100 feet from the source. Examples include DJ equipment, live bands, loudspeakers, bullhorns, musical instruments, or devices that play music.
- Battery-operated music players where sound **does not** reach beyond 100 ft are not considered special use items.

Q: How do I pay for special use?

- Upon approval of your request, an FPCC staff member will add the special use fees to your permit and reach out for payment. Payment may be made in person, over the phone, or online by logging into your account.
- There is a \$25 processing fee plus a \$10 per item fee. A \$25 late fee will be assessed for requests/documents received less than two weeks prior to event date.



Special Use Items Request Form

Submit this form and copies of documents a minimum of two weeks PRIOR to event date or a \$25 late fee will be added, or permit will be denied.

All Documents must be in the name of the permit holder.

For faster processing, be sure to include permit number on all documentation

- Certificate of Liability Insurance (if items are personally owned) List of Special Use Items (*listed below*)
 Endorsement Page (*required*) Rental Agreements (*if any*)
 Approved Vendor Name: _____

Note: If using an FPCC Approved Vendor, insurance copies are not required, however vendor may charge additional fees.

Documents listed above with this form should be submitted to: FPCC Permit Department via

Email: fpd.permits@cookcountyil.gov ▪ Walk-In: Permit Dept. 536 N. Harlem Avenue, River Forest, IL 60305

Permit Holder Information			
Receipt/Permit #:	Date of Event:	Location of Event:	
Permit Holder's Name:		Organization Name:	
Email Address attached to account:		Phone Number:	
List of Special Use Items	Qty.	Details	Rented/Owned
Amplified Sound		<input type="checkbox"/> DJ & Equipment <input type="checkbox"/> Stereo System <input type="checkbox"/> Acoustic Band <input type="checkbox"/> Band (Requiring generator) <input type="checkbox"/> Other (<i>specify</i>):	<input type="checkbox"/> Rented <input type="checkbox"/> Owned
Animal Petting Zoo <i>*Subject to Approval*</i>		Please list:	<input type="checkbox"/> Rented <input type="checkbox"/> Owned
Pony Rides		Please list:	<input type="checkbox"/> Rented <input type="checkbox"/> Owned
Canopy Tent (<i>Larger than 10x10</i>)		Please state size:	<input type="checkbox"/> Rented <input type="checkbox"/> Owned
Smokers/Large Grills (<i>5ft & wider</i>)		Please state size:	<input type="checkbox"/> Rented <input type="checkbox"/> Owned
Dumpsters		Please state size:	<input type="checkbox"/> Rented <input type="checkbox"/> Owned
Generator(s)		Used for:	<input type="checkbox"/> Rented <input type="checkbox"/> Owned
Inflatable(s)		Please list:	<input type="checkbox"/> Rented <input type="checkbox"/> Owned
On-Site Catering		Please list:	<input type="checkbox"/> Rented <input type="checkbox"/> Owned
Food/Beverage Truck:		Please list Dimensions:	<input type="checkbox"/> Rented <input type="checkbox"/> Owned
Non-FPCC Portable Restroom		Please list:	<input type="checkbox"/> Rented <input type="checkbox"/> Owned
Portable Sink/Water Station		Please list:	<input type="checkbox"/> Rented <input type="checkbox"/> Owned
Snack Machine(s) (<i>Popcorn, cotton candy, etc.</i>)		Please list:	<input type="checkbox"/> Rented <input type="checkbox"/> Owned
Stage:		Please state size:	<input type="checkbox"/> Rented <input type="checkbox"/> Owned
Dance Floor:		Please state size:	<input type="checkbox"/> Rented <input type="checkbox"/> Owned
Other:		Please list:	<input type="checkbox"/> Rented <input type="checkbox"/> Owned
Other:		Please list:	<input type="checkbox"/> Rented <input type="checkbox"/> Owned
Total Items			

Total Items: _____ x \$10 = _____ + \$25 Processing Fee = **Total Due:** _____

Submit this form and all copies of documents a minimum of two weeks PRIOR to event date to avoid \$25 late fee or denial.



FPCC Portable Restroom Request Form

INTERNAL USE ONLY

Confirmation #:

FPCC portable restroom rentals are provided by Service Sanitation and are delivered to the grove listed on your permit. A blue portable restroom, locked with a zip tie, will be placed 10-feet from parking curve.

In order to request a portable restroom rental, complete the application below and submit to permit office. Upon receipt a member of our staff will reach out for payment. Please be sure to include a valid phone number.

Requests for portable restrooms can be only submitted by the permit holder to the Forest Preserves of Cook County (FPCC).

- Requests must be submitted at least two weeks prior to event date.
- If you are submitting this form after the due date, a \$25 late fee will be applied.
- Incomplete requests will not be accepted.
- Cancellations and refunds will be accepted by the Wednesday before your event.
- Permit holders are not required to rent portable restrooms through FPCC, an outside vendor may be used.

Permit Information		
Receipt/Permit #:	Current Date of Event:	
Permit Holder's Name:		
Organization:		
Current location of event:	Phone Number:	
Email Address attached to account:		
Special Use Item	Qty.	Cost
Regular Portable Restroom (1 to 7 units)		\$250
Regular Portable Restroom (8 or more units)		\$245
ADA Portable Restroom		\$325
Add on Hand Sanitizer – Inside Unit		\$10
	Total Cost	
Waiver and Signature		
<p>Hold Harmless: Permit Applicant agrees to assume the risks associated with use of Service Sanitation (“SS”) portable toilet equipment (“Equipment”). Permit Applicant further agrees to hold SS and the Forest Preserve District of Cook County (“District”) harmless for any and all claims or lawsuits associated with Equipment, including claims against SS and/or the District by a third party. SS and/or the District shall not be liable for any property damage, personal injury, loss of profits, interruptions of business, out-of-pocket expenses or any direct, indirect, special, consequential, punitive, exemplary, or incidental damage, however caused, whether based on contract, tort (including negligence), strict liability, warranty, or any other basis arising out of, or connected with the issuance of a permit to Applicant, or the use of any Equipment furnished hereunder.</p> <p>Indemnity: Permit Applicant agrees to indemnify and reimburse SS and the District for any and all claims, damages, or liabilities of any kind arising out of the use of the Equipment by Permit Applicant. Permit Applicant’s agent, any third party, including claims, damages or liabilities arising from SS’s or the District’s negligence.</p>		
Signature of Permit Holder:	Date:	

SAMPLE Certificate of Liability Insurance (COI)

Insurance is required for all Athletic/Special Events and Picnics bringing in owned Special Use items.
 VENDORS WHO ARE ON THE FPCC APPROVED VENDOR LIST HAVE VALID INSURANCE ON FILE WITH THE DISTRICT.
 Please see sample certificate below. Certificates are due no less than two weeks prior to event date and must have the following noted:

1. Type of insurance must be "Commercial General Liability."
2. Amount of coverage per occurrence must be \$1,000,000.
3. Forest Preserves of Cook County must be listed specifically as "Additional Insured."
4. Address to be used on insurance should reflect our General Headquarters office in River Forest.
5. Events with 1,000+ attendees require \$2,000,000 per occurrence.

ACORD®		CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 11/15/2022		
<p>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.</p> <p>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).</p>						
PRODUCER Whoop Liver Saint Insurance 588 Street J Forest Park, IL 60302		CONTACT NAME: John Doe PHONE (A/C, No, Ext): 773-202-5662 FAX (A/C, No): E-MAIL: Test2@gmail.com ADDRESS:		INSURER AFFORDING COVERAGE NAIC # INSURER A: Whoop Liver Saint Insurance Company 544668 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:		
INSURED Deal Tee Whoop INC 425 S Harlem Ave. Lake Avenue, IL 60305						
COVERAGES		CERTIFICATE NUMBER:		REVISION NUMBER:		
<p>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 OTHER POLICIES AND CLAIMS.</p>						
INSR LTR	TYPE OF INSURANCE	ADDL SURR INSP WVR	POLICY NUMBER	POLICY (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X	X5556 7800 0	11/09/2022	11/09/2022	EACH OCCURRENCE \$ 1,000,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000.00 MED EXP (Any one person) \$ 1,000,000.00 PERSONAL & ADV INJURY \$ 1,000,000.00 GENERAL AGGREGATE \$ 2,000,000.00 PRODUCTS - COMP/OP AGG \$ 2,000,000.00 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED: <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/OWNER EXCLUDED? (Mandatory in IN) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)						
The Forest Preserve of Cook County is named additional insured						
CERTIFICATE HOLDER Forest Preserve of Cook County 536 N. Harlem Ave River Forest, IL 60305			CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE John Doe			

ACORD 25 (2016/03)

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SAMPLE: Endorsement Page of COI

POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY
CG 20 26 04 13

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):

Forest Preserves of Cook County
536 N. Harlem Avenue
River Forest, IL 60305

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

A. Section II – Who is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

1. In the performance of your ongoing operations; or
2. In connection with your premises owned by or rented to you.

However:

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

B. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
 2. Available under the applicable Limits of Insurance shown in the Declarations;
- whichever is less.

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

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