



CITY OF IDAHO CITY

AGENDA

SPECIAL CITY COUNCIL MEETING

Monday, February 2, 2026

5:00 P.M.

City Hall, 511 Main Street, Idaho City, ID 83631

Join Team's Meeting

[IC Council Special Meeting | Meeting-Join | Microsoft Teams](#)

CALL MEETING TO ORDER

ROLL CALL

PLEDGE OF ALLEGIANCE

I. CONSENT AGENDA

The consent calendar includes items which require formal Council action, but which are typically routine or not of great controversy. Individual Council members may ask that any specific item be removed from the consent calendar in order that it is discussed in greater detail. Explanatory information is included in the Council agenda packet regarding these items, and any contingencies are part of the approval.

A. IDAHO CITY EVENT CHECKLIST: **ACTION ITEM**

1. 2026-2 BOISE SNOWMOBILE CLUB – IDAHO CITY WALK ABOUT FEBRUARY 6, & 7, 2026

II. NEW BUSINESS

A. IDAHO CITY FACEBOOK PAGE **ACTION ITEM**

ADJOURNMENT

Questions concerning items appearing on this Agenda or requests for accommodation of special needs to participate in the meeting should be addressed to the Office of the City Clerk, 511 Main Street or call 208-392-4584.

Mayor:

Ken Everhart

idahocitymayor1@cityofic.org

Council members:

Tom Secor Jr

Ashley M Elliott

Mari Adams

Bobby Mathews

Chief of Police:

Brent Watson

idahocitypd.194@cityofic.org

City officers:

Jake Nye

Public Works Director:

Tami Claus

idahocitypublicworks@cityofic.org

Public Works:

Nick Mancera

Austin Day

City Clerk-Treasurer:

Nancy L Ptak

idahocityclerk@cityofic.org

Deputy Clerk

Kaleb Goodlett

idahocityoffice@cityofic.org

511 Main Street

PO Box 130

Idaho City, ID 83631

(208)392-4584

operating hours

Monday- Thursday

8 am – 4:30 pm

Friday 9am -3pm



Idaho City Clerk's Office
 Monday-Thursday 8:00am to 4:30pm
 Friday 9:00am to 3:00pm
 511 Main St. Idaho City, ID 83631
 PO Box 130 Idaho City, ID, 83631
 (208) 392-4584
idahocityclerk@cityofic.org
idahocityoffice@cityofic.org

Event Checklist Application

*Must be submitted at a minimum of 20 days prior to event.

There is a \$52.50
 (\$26.25 for non-profit, \$15.75 for student)
 Application Fee for each Event Checklist

Event Overview

Event Name: IDAHO City WALK ABOUT
 Event Sponsor: BOBE SNOWMOBILE CLUB
 Address of Event: ROBINSON HALL
 Time(s) and Date(s) of Event: FEB 6-7
 Person in charge: ALEX SCHWENDIMAN Contact Number: _____
 Number of Attendees: 100 Email: _____
 Event Set-Up and Take Down Times and Dates: ROB. HALL
 Type of Event (what event encompasses): ATTENDEES WALKING FROM TOWN TO ALL BUSINESSES

List any entrance or participation fees that will be charged (if applicable) or N/A: _____

General Questions

	YES	NO
Is your event charitable / <u>nonprofit</u> ? 501c3# _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Event sponsor has read the Idaho City Park Policy and/or the Historical Foundation Policy & agrees to comply?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the event free?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is this a ticketed event?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Will your event have food (either provided or available for purchase)? (If yes, please fill out Food Section)	<input type="checkbox"/>	<input type="checkbox"/>
Will your event have vendors (food, cottage industry, service provider, etc.)? (If yes, fill out Vendor Section)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Will there be promotional signage at your event? (If yes, please provide examples)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Will your event have alcohol (either provided or available for purchase)? (If yes, fill out Alcohol Section) *Fee required	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Will your event require a park reservation (John Brogan Memorial, Naylor Park, Rodeo Grounds, etc.)? *Fee may be required	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Will your event have road closure or parade?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Will your event be held after hours (between dusk to dawn)? *Fee required	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Site Plan Attached? (site plan showing exact locations of all the different function of the event (I.E. show performance spaces; vendor areas; alcohol serving area; emergency services; first aid stations; trash receptacles; porta potties; proposed parking uses, etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are you proposing to use electrical generators or amplified sound systems? (If yes, show their locations on your site plan and describe below what they will be used for & what precautions will be taken to see they are used properly and safely. If amplified sound will take place after 11pm a noise variance will be required.) *Fee may be required	<input type="checkbox"/>	<input checked="" type="checkbox"/>

A fee for council approved events will be set at \$25.00 an hour per officer to cover the additional coverage of law enforcement if deemed necessary. The number of hours for events will be determined by the Idaho City Chief of Police. If after-hours work is required the fee shall be \$37.50 an hour per officer for those times. Those hours will be determined by the Idaho City Chief of Police.

Emergency Service, Security, and Lost Child Plans

All Events are required to provide security, and emergency service plans to ensure the safety of event attendees. Some events may be allowed to provide private security. Plans must include location of services during the event, signature from security and emergency service provider, date(s), and times the services will be provided, and contact information for the security and emergency services). All emergency service and security plans must receive approval by the Idaho City Police Department.

This form must be completed and then signed by both EMS & ICPD prior to submitting to the city.

The number of required private security staff is based on the number of event attendees:

- For 0-1,000 attendees – at least two (2) security staff are required at all times.
- For each additional 1,000 attendees – one (1) additional security staff is required at all times.

YES	NO
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

Have you scheduled security with ICPD?

Have you scheduled emergency services (EMS)?

Have you scheduled private security?

Based on expected attendance, how many security staff will be staffed at all times?

Security Company: _____

Company Contact Person: _____

Company Email: _____

Phone: _____

EMS Company: _____

Phone: _____

Dates & Times of service: _____

Onsite Contact Name: _____

Phone: _____

Detailed Security Plan:

THE BOISE COUNTY SHERIFFS OFFICE IS A PART OF THE EVENT.
THEY ARE COOKING HOT DOG & HAMBURGERS AT THE ROBINSON
FALL.

Detailed security plan for dealing with lost child(ren):

Detailed EMS Plan:

EMS - IS ALSO A PART OF THE EVENT.
SEARCH AND RESCUE WILL HAVE THEIR EQUIPMENT AT
A CHECK STATION FOR QUESTIONS TO SEE.

First Aid/Information Table

Location(s) of First-Aid Station: _____

Type(s) of First-Aid Provided: _____

Location(s) of Information Table: _____

Parking

Primary Parking Location: Robinson Hall

Overflow Parking Location: _____

List parking fees that will be charged (if applicable): _____

Parking Plan Description: _____

Traffic Control

Has the city and/or county been contacted about road closures?

YES

☐

NO

☒

Traffic Control Company: _____

NO ROAD CLOSURES

Company Contact Person: _____

Company Email: _____

Phone: _____

Traffic Control & Road Closure Description: _____

Brent Watson is aware of the event

Parade Formation Location & Hours: _____

Parade Dispersal Location & Hours: _____

Alcohol

Will alcohol be a part of your event? (If so an alcohol variance will be required.)

YES

☐

NO

☒

Will alcohol be consumed or possessed at the event, but not offered for sale? (If so, if more than a keg or three (3) cases are possessed but not offered for sale, a permit must be secured from the city.)

☐

☒

Will alcohol be offered for sale? (If yes, proper permits must be secured from the State of Idaho and the City of Idaho City, and a designated area for sale and consumption is required. Show the location of this designated area on your site plan.) Alcohol catering permits must be obtained and presented with this event checklist for approval.

☐

☒

Catering OR Benevolent, Charitable, and Public Purpose Events Permit Holder: _____

Type(s) of alcohol to be served at event: _____

Serving times for alcohol (to/from): _____

Type(s) of serving containers: _____

***Alcohol catering permit required from the Idaho City Clerk OR Alcohol Permit for Benevolent, Charitable, and Public Purpose Events from Idaho State Police (ISP)**

Detailed plan for age verification (wristbands, ID check, etc.):

N/A

Detailed alcohol security plan:

N/A

- ☐ Attach photos of alcohol area signage that will be displayed at event.
- ☐ Attach detailed map of serving location (including entrances and exits).
- ☐ Attach photo of wrist band.
- ☐ Attach completed/approved Alcohol Catering Permit -

https://idahocity.municipalimpact.com/documents/170/Alcohol_Catering_Application.pdf OR Approved Alcohol Permit for Benevolent, Charitable, and Public Purpose Events from Idaho State Police (ISP)

Food/Vendors

How many vendors will need electricity? NO-E

List vendor fees that will be charged (if applicable) or N/A: N/A

If food is being served, the proper permits from Central District Health (CDH) & Idaho City Clerk must be secured & submitted. *Required

Has the Public Works Department been contacted to schedule vendor electrical inspections, etc.??*

***Electrical inspection required for events – please contact the Public Works Department at (208) 392-4584**

YES	NO
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

If you will have vendors at event:

☐ Provide a complete list of participating vendors prior to your event.

Restrooms

Will you be bringing in additional Porto-Potties?

YES	NO
<input type="checkbox"/>	<input checked="" type="checkbox"/>

Number of Restrooms: _____

Number of ADA Restrooms: _____

Location of Restrooms: _____

Porto-Potty Company: _____

Phone: _____

Refuse

Have you contacted Idaho City Public Works (208) 392-4584?

YES	NO
<input type="checkbox"/>	<input checked="" type="checkbox"/>

Describe below your plans for trash disposal. What are your plans for trash collection and containment, receptacle locations and after-event cleanup?

Location of trash carts: _____

Detailed refuse plan for collection, containment, and after event clean-up:

Event and Promotional Signage

☒ Attach photos of signage as well as dimensions of each sign (required at least 10 days prior to event).

Miscellaneous

***Required for all events: Detailed public notification plan (how will you be letting the public know your event is happening and how street closures, noise, etc. might affect them)**

Attachment Checklist

	YES	N/A
Limited Liability Insurance Plan (\$1,000,000 in the name of City of Idaho City).....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Event Location Map – Site Plan (all areas identified).....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Schedule of Events.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Detailed Security Plan Requiring Approval by the Idaho City Police Department.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Detailed Emergency Services Plan Approval by the Idaho City Police Department.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Traffic Control & Parking Plan	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Complete List of Participating Vendors.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Vendor Permits & Fees.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Confirmation of Event Registration with Central District Health (CDH).....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Photos of Event and Promotional Signage with Dimensions.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Approved Alcohol Catering Permit/Permit for Benevolent, Charitable, and Public Purpose Events.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Photos of Alcohol Area Signage.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Map of Alcohol Serving Area (including entrances and exits).....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Photo of alcohol wristbands (if applicable).....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Public Notification Letter.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Park Reservation Receipt.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other Pass-Through Cost Receipt(s).....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Refuse Plan.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Community Hall and/or Rodeo Grounds Reservation Information.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Noise Variance Application.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Event Fees:

- ☐ **Rodeo Grounds / Amphitheatre fee schedule:**
- ☐ • Non-profit groups \$82.50/day plus (\$4.95) 6% use tax
 - ☐ • City Residents, Groups, & Local Government \$185.00/day plus (\$11.10) 6% use tax
 - ☐ • Non-City Residents, & Groups \$370.00/day plus (\$22.20) 6% use tax
- ☐ • The following security deposit is required, refundable if rental requirements are completed: \$150.00
Cleaning deposit will be forfeited if the grounds/ Amphitheatre / parking area are not in same condition as found or better, and the key (if used) is not returned. Exceptions may be set by the City Council based on recommendation from the Idaho City Parks and Recreation Commission.....
- ☐ **Alcohol Catering Permit**.....\$20/day (3-day limit).....
- ☐ **Food Vendor Permit Fee**.....\$17.00/day (3-day limit).....
- ☐ **Mobile Food Truck Fee**.....\$27.00 application fee & \$21.50/day / \$206/year (5-day limit).....
- ☐ **Vendor License Daily Fee**.....\$17.00 (Non-profit \$7.75).....
- ☐ **Vendor License Yearly Fee (Non-refundable)** \$56.50 (Non-profit \$25.75)
- ☐ **Carnival or public entertainment with less than 10 concessions, rides, or sideshows, daily fee**
\$227.00.....
- ☐ **Carnival or public entertainment with more than 10 concessions, rides, or sideshows, daily fee shall be \$22.50 per concession, ride, or sideshow**.....
- ☐ • An additional event license fee may be required for carnivals, public entertainment, or sponsored events in an amount approved by the City Council as meeting the city's expenses related to the activity, including but not limited to the provision of Public Works and Police
 - ☐ • A permittee for a carnival, public entertainment, or sponsored event shall establish financial responsibility in the form of an insurance policy issued jointly to the owner and the City of Idaho City in the minimum amount of one million dollars, single limit.
- ☐ **Pass through Costs (Electricity, Safety Services, Public Notification, Other)**.....
- ☐ **Law Enforcement Fee \$25/hr. per officer (determined by Chief of Police)**
- ☐ • **After Hours Fee \$37.50/hr. per officer (determined by chief of Police)**
- ☐ **Community Hall Fees**
- ☐ • Nonprofit groups \$44.00/day plus (\$2.64) 6% use tax
 - ☐ • City Residents, Groups, & Local Government \$165.25 plus (\$9.92) 6% use tax
 - ☐ • Non-City Residents, & Groups \$330.50 plus (\$19.83) 6% use tax
 - ☐ • A \$150.00 deposit required; refundable if rental agreement requirements are completed.....
- The council can waive a portion of the fee or set a monthly use fee for groups desiring to use the hall and a set schedule for a class or multi-day event
- ☐ **Temporary Noise Ordinance Application / Noise Variance**. \$52.50 profit, \$26.25 non-profit, \$15.75 student.....
- ☐ **Event Checklist Fee (\$52.50 profit; \$26.25 non-profit; \$15.75 student)**.....

[illegible]

Page 5 of 7

ICPD & EMS Use Only

Number of daytime officer hours needed @\$25/hr
 Number of After-Hours officer hours needed @\$37.5/hr

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Is this Event Checklist Security & EMS Plan approved by ICPD?

Is this Event Checklist Security & EMS Plan approved by EMS?

Chief of Police, City of Idaho City

EMS

Boise County Sheriff's Office (if applicable)

Idaho City Fire Protection District (if applicable)

Office Use Only

Event Checklist application fee collected? Card ☐ Cash ☐ Check ☒ Receipt # 4K# 1103

All applicable fees collected?

Have all applicable attachments been received and reviewed?

Is this Special Event Plan approved?

Alcohol variance approved?

Noise variance approved, & fee collected? Card ☐ Cash ☐ Check ☐ Receipt #

NA ☐

NA ☐

YES	NO
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

EC Application #: 2026-2

Date of Approval:

Special Comments/Instructions

City Clerk

Parks Director (if applicable)

For more help, visit our website at idahocity.org

For Questions or to Submit:

Contact the Idaho City Clerk's Office

Monday-Thursday 8:00am to 5:00pm

Friday 9:00am to 3:00pm

511 Main St, Idaho City, ID 83631

PO Box 130, Idaho City, ID, 83631

(208) 392-4584

idahocityclerk@cityofic.org

idahocityoffice@cityofic.org

City of Idaho City Seal

Contact Information:

Idaho City Historical Foundation: Phone: (208)-392-4550

Email: president@idahocityhf.org

Idaho City Police Department: Chief Brent Watson Phone: 208-392-4596

Email: idahocitypd.194@cityofic.org

East Boise County Ambulance District: Phone: (208) 392-6644

Email: ebcaddirector@co.boise.id.us

OFFICE USE ONLY

Rodeo Grounds Walk Through:

Initial walk through performed with public works?

☐ YES ☐ NO

Comments: _____

Final walk through performed with Public Works?

☐ YES ☐ NO

Comments: _____

After event comments:

Was the site cleaned up properly in a timely fashion?

☐ YES ☐ NO

Comments: _____

Did the event sponsor meet all of their obligations and responsibilities?

☐ YES ☐ NO

Comments: _____

Should this party be allowed to use the city property again?

☐ YES ☐ NO

Comments: _____

Signed: _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/08/2026

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 V & V Insurance Agency Inc Po Box 159 Cresco IA 52136		CONTACT NAME: Kelly O'Donnell PHONE (A/C, No. Ext): 563-547-2161 E-MAIL ADDRESS: kelly@vandvins.com FAX (A/C, No): 563-547-2046	
INSURED BOISE VALLEYSNOWMOBILE ASSN PO BOX 8555 BOISE ID 83707		INSURER(S) AFFORDING COVERAGE INSURER A: Mesa Underwriters Specialty Ins Co INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 36838	

COVERAGES**CERTIFICATE NUMBER:** 20260108110700580**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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input 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:	Y	N	[REDACTED]	12/15/2025	12/15/2026	EACH OCCURRENCE \$ 1,000,000
			DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 0				
			MED EXP (Any one person) \$ 0				
			PERSONAL & ADV INJURY \$ 0				
	<input type="checkbox"/> 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						GENERAL AGGREGATE \$ 1,000,000
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTIONS						PRODUCTS - COMP/OP AGG \$ 0
	<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				COMBINED SINGLE LIMIT (Ea accident) \$
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
							EACH OCCURRENCE \$
							AGGREGATE \$
							\$
							PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
							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)

Snowmobile/ATV Club Liability Insurance coverage.

Additional Insured as Forest Manager & issue permits: UDSA Forest Service, Boise National Forest, PO Box 129, Idaho City, ID 83631

Additional Insured as Property Owner: DF Development LLC, 17018 Interstate 20, Cisco, TX 76437.

Endorsement Form CG2026 - Additional Insured - Designated Person or Organization, extends liability to the certificate holder.

Terrorism coverage is Excluded on this policy.

CERTIFICATE HOLDER**CANCELLATION**

USDA Forest Service
Boise National Forest
PO Box 129
IDAHO City ID 83631

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/08/2026

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COVERAGES

CERTIFICATE NUMBER: 20260108110620548

REVISION NUMBER:

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	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	<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			PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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17018 Interstate 20
Cisco TX 76437

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/08/2026

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

V & V Insurance Agency Inc
Po Box 159

CONTACT NAME: Kelly O'Donnell

PHONE (A/C, No, Ext): 563-547-2161

FAX (A/C, No): 563-547-2046

E-MAIL ADDRESS: kelly@vandvins.com

Cresco

IA 52136

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: Mesa Underwriters Specialty Ins Co

36838

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

INSURED

BOISE VALLEYSNOWMOBILE ASSN
PO BOX 8555
BOISE ID 83707

COVERAGES

CERTIFICATE NUMBER: 20260108110528329

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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input 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:	Y	N	12/15/2025	12/15/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 0 MED EXP (Any one person) \$ 0 PERSONAL & ADV INJURY \$ 0 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMPIOP AGG \$ 0 \$
	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"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTIONS					EACH OCCURRENCE \$ AGGREGATE \$ \$
	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			PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> 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)

Snowmobile/ATV Club Liability Insurance coverage.

Additional Insured as Forest Manager & issue permits: UDSA Forest Service, Boise National Forest, PO Box 129, Idaho City, ID 83631

Additional Insured as Property Owner: DF Development LLC, 17018 Interstate 20, Cisco, TX 76437.

Endorsement Form CG2026 - Additional Insured - Designated Person or Organization, extends liability to the certificate holder.

Terrorism coverage is Excluded on this policy.

CERTIFICATE HOLDER**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



BOISE SNOWMOBILE CLUB



IDAHO CITY WALKABOUT

**NO SNOW? NO PROBLEM!
EVERYONE CAN PARTICIPATE – NO SNOWMOBILE NEEDED
SATURDAY, FEBRUARY 7, 2026**

ROBINSON COMMUNITY HALL – 201 W Wall St, Idaho City
REGISTRATION: 10 AM – 11:30 AM

**1ST PRIZE: \$500
2ND PRIZE: \$400
3RD PRIZE: \$300
LOW/HIGH: \$125
OVER \$10K in raffle prizes!**



DETAILS:

❄️ WALKABOUT HANDS \$5/EACH

Anyone can join – walk, stroll, wander, or just stop by. Walk to all checkpoints and help support Idaho City businesses!

**CHECKPOINT 1 at THE TOWN DUMP – 301 MAIN ST
CHECKPOINT 5- FINISH – ROBINSON COMMUNITY HALL**

❄️ RAFFLE TICKETS: \$1/EACH OR 6 for \$5

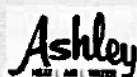
**RAFFLE DRAWING STARTS AT 2:30 PM
MUST BE PRESENT TO WIN!**

HOT FOOD AVAILABLE BY DONATION – HELP SUPPORT LOCAL LAW ENFORCEMENT!

**PLEASE BRING CANNED FOOD AND/OR CASH DONATIONS TO BENEFIT
BASIN SENIOR CENTER FOOD BANK!**

EVEN STOP BY FOR 1 FREE HAND, JUST ASK!

**QUESTIONS: FIND US ON FACEBOOK, SNOWMOBILEBOISE.COM or
EMAIL US AT BOISESNOWMOBILECLUB@OUTLOOK.COM**



312



307A1

START Robinson, Hall-Registration

FINISH back at Robinson Hall #5 Boise Snowmobile Club

Goise County Building #4 Alpine Power Sports

FLYLINE
POWERSPORTS

Town Duncel Edge Performance Sports

EDGE

Continued Street

100

Gekwylne Gas Station #3: Dennis Dillon Powersports

DENNIS DILLON
POWER SPORTS

Idaho City Grocery #2 Cards Cycles 1-15

