



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

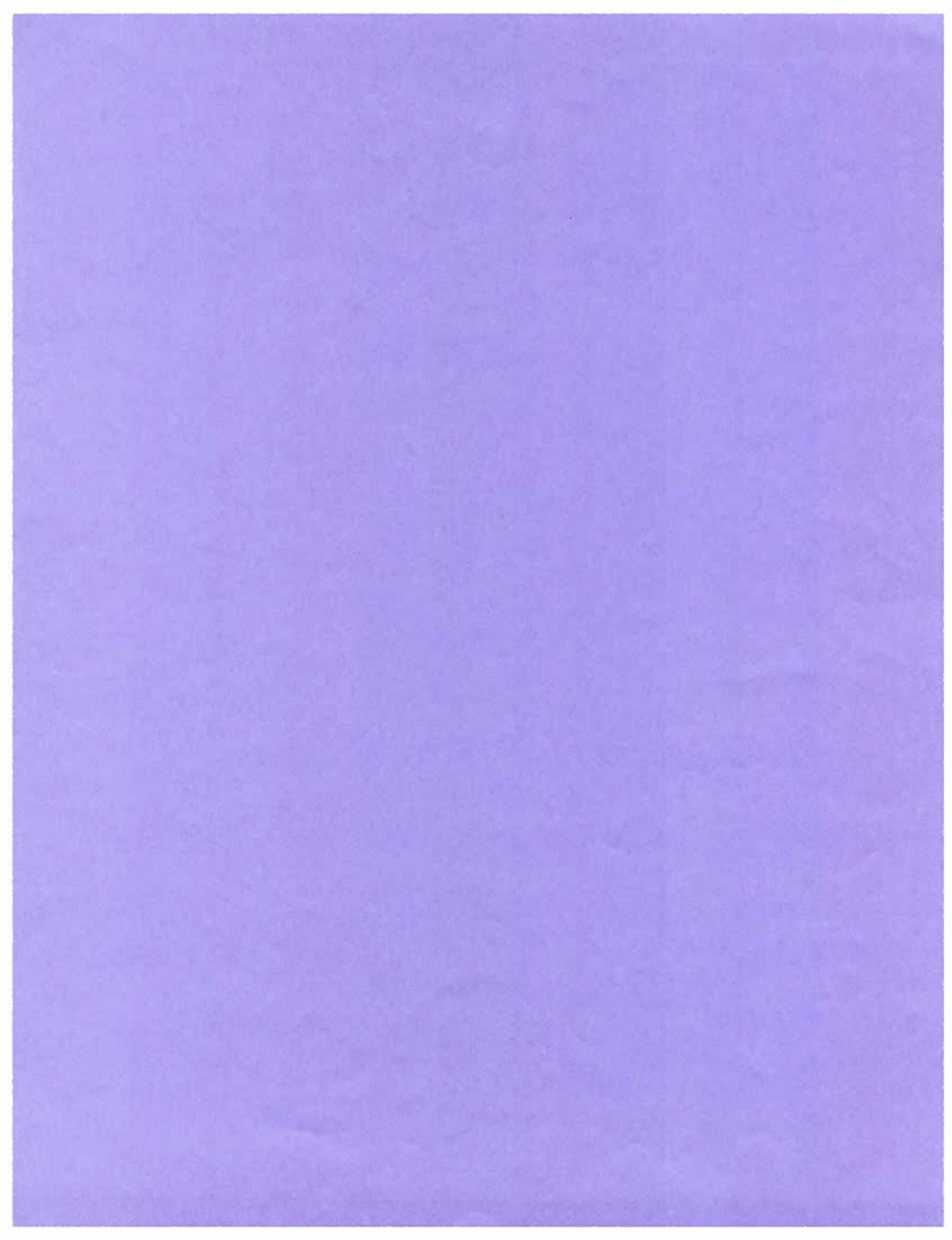
(208)392-4584

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@cityofidaho.org
idahocityoffice@cityofidaho.org

Event Checklist Application

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

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

Event Overview

Event Name: IDAHo City WALK ABoUt
Event Sponsor: BOSE 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: 1208 - 500 HALL
Type of Event (what event encompasses): A HUNDRED WALKING FUN FEST
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 / nonprofit?	<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: P/A

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 DOGS & HAMBURGERS AT THE ROBINSON
FIRE HALL.

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 GUESTS 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: Roberson 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
<input type="checkbox"/>	<input checked="" type="checkbox"/>

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.)

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.

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

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? 40-50

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**

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?

Number of Restrooms: _____

Number of ADA Restrooms: _____

Location of Restrooms: _____

Porto-Potty Company: _____

Phone: _____

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

Refuse

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

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:

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

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

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

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).....**

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)

TOTAL _____

TOTAL:.....

.....

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*

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"/>
<input type="checkbox"/>	<input type="checkbox"/>

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 EC Application #: *2026-2*

Date of Approval: _____

Special Comments/Instructions*City Clerk**Parks Director (if applicable)**You must keep a copy of your application on file
for the duration of your event.***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.orgidahocityoffice@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: ebaddirector@co.boise.id.us

OFFICE USE ONLY

Rodeo Grounds Walk Through:

Initial walk through performed with public works?
Comments: _____

YES NO

Final walk through performed with Public Works?
Comments: _____

YES NO

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

INSURED BOISE VALLEYSNOWMOBILE ASSN
PO BOX 8555
BOISE ID 83707

CONTACT NAME: Kelly O'Donnell	
PHONE (A/C No. Ext): 563-547-2161	
FAX (A/C No): 563-547-2046	
E-MAIL: kelly@vandvins.com	
INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Mesa Underwriters Specialty Ins Co	36838
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

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	ADD'L SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 0
A						MED EXP (Any one person) \$ 0
	GENL AGGREGATE LIMIT APPLIES PER:					PERSONAL & ADV INJURY \$ 0
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC					GENERAL AGGREGATE \$ 1,000,000
	OTHER:					PRODUCTS - COMP/OP AGG \$ 0
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY				PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR				
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				EACH OCCURRENCE \$
	DED	RETENTIONS				AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	<input type="checkbox"/> Y/N				PER STATUTE \$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/ MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> N/A				OTH-ER \$
	If yes, describe under DESCRIPTION OF OPERATIONS below					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: USDA 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



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INSURED
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PO BOX 8555
BOISE ID 83707

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

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: Mesa Underwriters Specialty Ins Co

36838

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

COVERS

CERTIFICATE NUMBER: 20260108110620548

REVISION NUMBER:

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A				12/15/2025	12/15/2026	MED EXP (Any one person) \$ 0
	GEN'L AGGREGATE LIMIT APPLIES PER:					PERSONAL & ADV INJURY \$ 0
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC OTHER					GENERAL AGGREGATE \$ 1,000,000
	AUTOMOBILE LIABILITY					PRODUCTS - COMP/OP AGG \$ 0
	<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				
	UMBRELLA LIAB	OCCUR				COMBINED SINGLE LIMIT (Ex accident) \$
	EXCESS LIAB	CLAIMS-MADE				BODILY INJURY (Per person) \$
	DED	RETENTION \$				BODILY INJURY (Per accident) \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	<input type="checkbox"/> Y/N				PROPERTY DAMAGE (Per accident) \$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/>				
	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				
						PER STATUTE \$
						OTHE- ER \$
						E.L. EACH ACCIDENT \$
						E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$

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Cisco TX 76437

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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

INSURED
BOISE VALLEYSNOWMOBILE ASSN
PO BOX 8555
BOISE ID 83707

CONTACT NAME: Kelly O'Donnell	FAX (A/C, No): 563-547-2046
PHONE (A/C, No. Ext): 563-547-2161	
E-MAIL ADDRESS: kelly@vandvins.com	
INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Mesa Underwriters Specialty Ins Co	36838
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

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	ADD'L INS'D	SUB'R WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (EA occurrence) \$ 0
A					12/15/2025	12/15/2026	MED EXP (Any one person) \$ 0
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$ 0
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 1,000,000
	OTHER:						PRODUCTS - COMPI/OP AGG \$ 0
	AUTOMOBILE LIABILITY						S
	<input type="checkbox"/> ANY AUTO						COMBINED SINGLE LIMIT (EA accident) \$
	OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	Hired AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
	UMBRELLA LIAB		OCCUR				PROPERTY DAMAGE (Per accident) \$
	EXCESS LIAB		CLAIMS-MADE				S
	DED	RETENTIONs					EACH OCCURRENCE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	<input type="checkbox"/> Y/N	N/A				AGGREGATE \$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						S
	If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE \$
							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)

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**



Ashley
HOME & AUTO INSURANCE

**Carly's
Cycle Sales**



**Jim's Drive Train
SPECIALTIES, INC**
The Shale Steps Here!

1.08
miles

