



Afterburners Club 6191
District 25, Division A, Area 11
200 Taylor Street, 5th Floor, Fort Worth, Texas 76102

Club Liaison to Tarrant County: Laura Stewart
Contact Information: laurastewart1111@gmail.com
817-688-0282

October 30, 2023

Larry Wilson, Staff Development Coordinator

Re: Afterburners Toastmasters Club 6191 – Compliance Letter

Dear Mr. Wilson:

Please accept this letter as our proposal to continue Afterburners Toastmasters Club 6191's long-standing partnership with Tarrant County. Our partnership has historically included the use of meeting rooms on the 5th floor of Tarrant County Plaza Building. In order to use these facilities, Afterburners is available to continue providing the following at the request of the Department of Human Resources:

- A demonstration meeting once or twice each calendar year in an effort to inform County employees of the benefits of Toastmasters and to provide a preview of how an actual meeting is conducted.
- Provide two (2) eight-week Youth Leadership Programs for County employee's children, grandchildren, nieces, and nephews ages 8-17. The objective is to teach young people to write and deliver speeches, sharpen impromptu speaking skills, learn how to conduct a meeting, and develop leadership skills; all of which build confidence. Children of County employees' will have preferred seating and the course will be offered free of charge.

The above stipulations have been a part of our long-standing agreement, since 2010, with the County and we are prepared to honor them for the coming year of January 1, 2024 thru December 31, 2024 In return, we ask the County Commissioners Court to grant Afterburners continued access to meeting rooms in the Tarrant County Plaza Building for weekly meetings, officer training classes, area and division contests, and Youth Leadership programs.

Any person(s) attending a Toastmasters meeting or event is covered by the Toastmasters International Insurance Policy. A current General Certificate of Insurance is attached. The policy will automatically be renewed on December 11, 2024.

We look forward to continuing our mutually beneficial partnership with Tarrant County. As a member of Afterburners since March 2013, I have been selected as the Club Liaison to the County. Therefore, if you need additional information in order to present this request before the County Commissioners Court for consideration at the earliest possible date, please contact me at the above noted information. Thank you for your assistance,

Laura Stewart, Club Liaison to Tarrant County
Afterburners Toastmasters Club 6191

CC: Tina Glenn, Director of Human Resources w/attachments



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/10/2023

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).

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| PRODUCER GMGS Risk Management & Insurance Services 6201 Oak Canyon, Suite 100 Irvine, CA 92618 www.gmgs.com 0B84519 | CONTACT NAME: Dani Rembleski | |
| | PHONE (A/C, No, Ext): 949-559-6700 | FAX (A/C, No): |
| E-MAIL ADDRESS: danir@gmgs.com | | |
| INSURER(S) AFFORDING COVERAGE | | NAIC # |
| INSURER A: American Casualty Company of Reading, PA | | 20427 |
| INSURER B: | | |
| INSURER C: | | |
| INSURER D: | | |
| INSURER E: | | |
| INSURER F: | | |

INSURED
 Toastmasters International
 9127 S. Jamaica St.
 Englewood CO 80112

COVERAGES

CERTIFICATE NUMBER: 72416369

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"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | | | 6079663705 | 12/11/2022 | 12/11/2023 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$ |
| | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED 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"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ | | | | | | 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 | | | | | | 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)

RE: Afterburners Club 6191

CERTIFICATE HOLDER

Afterburners Club 6191

 Tarrant County Plaza
 Attn: Michael Amador
 200 Taylor Street
 Fort Worth TX 76102

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

Michael Finn

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ACORD 25 (2016/03)

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