

FAX

Date 09/25/2024

Number of pages including cover sheet: 11

To:

From:

Phone

Fax Phone +18169691201

Amelia

Success On the Spectrum

520 Northeast Colbern Road

United States MO

64086

Phone

Fax Phone +18162822680

REMARKS:

Special Event Request



To whom it may concern,

On October 26th, 2024 from 4pm-6pm Success on the Spectrum-Lee's Summit is planning to conduct an Autism Trunk or Treat Festival at  
520 NE Colbern Rd.  
Lee's Summit, MO 64086

The festival is available free of charge to all Autism families of the Lee's Summit and surrounding communities. During the event we will have a bounce house and food trucks in attendance.

We will have 30 plus cars decorated for handing out candy, prizes, and information about the local businesses that support them.

This is a way for our community and businesses to support those families as they look to us for support for most of their needs. This is an environment for those children with Autism to feel free to act as they normally would without judgment and for the families to find resources that they may not know are there or have not had a chance to find.

Any further information or questions can be directed to Justin Long (816)643-4959

Thank you for your time and consideration,  
Justin and Amelia Long  
Owners  
Success on the Spectrum-Lee's Summit  
520 NE Colbern Rd. Ste. 200  
Lees Summit, MO 64086



# LEE'S SUMMIT MISSOURI

## Special Event Permit Checklist

**\*A Completed Checklist Must Be Submitted With Each Special Event Permit Application**

Met	Not Met	N/A	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Applicant – Name, Address and Telephone Number
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Property Owner – Name, Address and Telephone Number
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Written approval from the property owner agreeing to the proposed event
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Description of the site on which the proposed event is to be held
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Date(s) of the proposed event
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. a narrative written description of the proposed event, to include: <ul style="list-style-type: none"> <li>the hours of operation,</li> <li>anticipated attendance,</li> <li>any building/structures, signs or attention-attracting devices proposed to be used in conjunction with the event,</li> </ul>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. A site plan showing the location of all existing or proposed uses, structures, parking areas, outdoor display areas, signs, streets and property lines.
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	8. Location and number of proposed temporary public toilets <i>Will use indoor facilities</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9. Proposed temporary potable water supplies, which shall be approved by the Water Utilities Department, pursuant to applicable City codes. <i>Will use indoor facilities</i>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Proof of liability insurance at time of application
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	11. Electrical Plan shall be approved by the Code Official



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Submittal Requirements	Yes	No
Completed Special Events Application		
Ownership signature/permission		
Filing fee – See Schedule of Fees and Charges for applicable fee		
Checklist for Special Event Application		

**\* Applications missing any required item above will be deemed incomplete.**

Table 1. General Application Requirements				
UDO Article 11., Sec. 11.060	Ordinance Requirement	Met	Not Met	N/A
A. Application Required.	A Special Event Application shall be submitted for any Special Event requiring a Special Event Permit, as outlined above under "Permit Required."			
B. Application Deadline	A complete application shall be submitted at least 20 calendar days prior to the requested start date of a Special Event. The Director shall have the authority to waive the application deadline.			
C. Submission Requirements.	The application shall set forth and contain the submission requirements as stated in the UDO Article 11.060.C.1-14			
C.1. Name of Event	Name and/or brief description of the event.			
C.2. Description of City Services	Description of City Services required for the event such as traffic control, street sweeping etc.			
C.3. Fees	Fees as required. See the Schedule of Fees and Charges for applicable fee			
C.4. Narrative	A written narrative, fully describing the proposed event, including: <ul style="list-style-type: none"> <li>7. Location</li> <li>8. Hours of operation</li> <li>9. Anticipated attendance</li> <li>10. Buildings or structures to be used in conjunction with the event</li> <li>11. Proposed signs or attention attracting devices</li> <li>12. Public streets to be used, if any</li> </ul>			
C.5. Statement	A statement that the standards set forth in Article 11, of the UDO, have been satisfied.			
C.6. Site Plan	A site plan in the form and the level of detail as required by the Director, showing the location of all existing or proposed uses, structures, parking areas, outdoor display areas, signs, streets, and property lines.			



# LEE'S SUMMIT MISSOURI

## Special Event Permit Application Form

PERMIT NUMBER: \_\_\_\_\_ RECEIPT NUMBER: \_\_\_\_\_

SPECIAL EVENT: 3<sup>rd</sup> Annual Autism Trunk or Treat Festival☐ Athletic Event☐ Mobile Food Vendor☐ Event Signage☒ OtherEVENT DATE(S): 10/26/2024 EVENT TIME(S): 4pm to 6pmEVENT LOCATION/ADDRESS: Parking Lot of 500 & 520 NE Colbern RdLees Summit, MO 64086 ZONING OF PROPERTY: Commercial OfficeAPPLICANT: Lilo LLC dba Success on the Spectrum PHONE: 816.643.4959CONTACT PERSON: Justin Long FAX: 816.882.2680ADDRESS: 520 NE Colbern Rd CITY/STATE/ZIP: Lees Summit, MO 64086EMAIL: justin.long@lilolc.comPROPERTY OWNER: The Arc Property Management LLC PHONE: 417-868-7212CONTACT PERSON: John Everest FAX: \_\_\_\_\_ADDRESS: 1501 E Pythian Street CITY/STATE/ZIP: Springfield/MO 65802

PROPERTY OWNER

Print name: John C Everest

APPLICANT

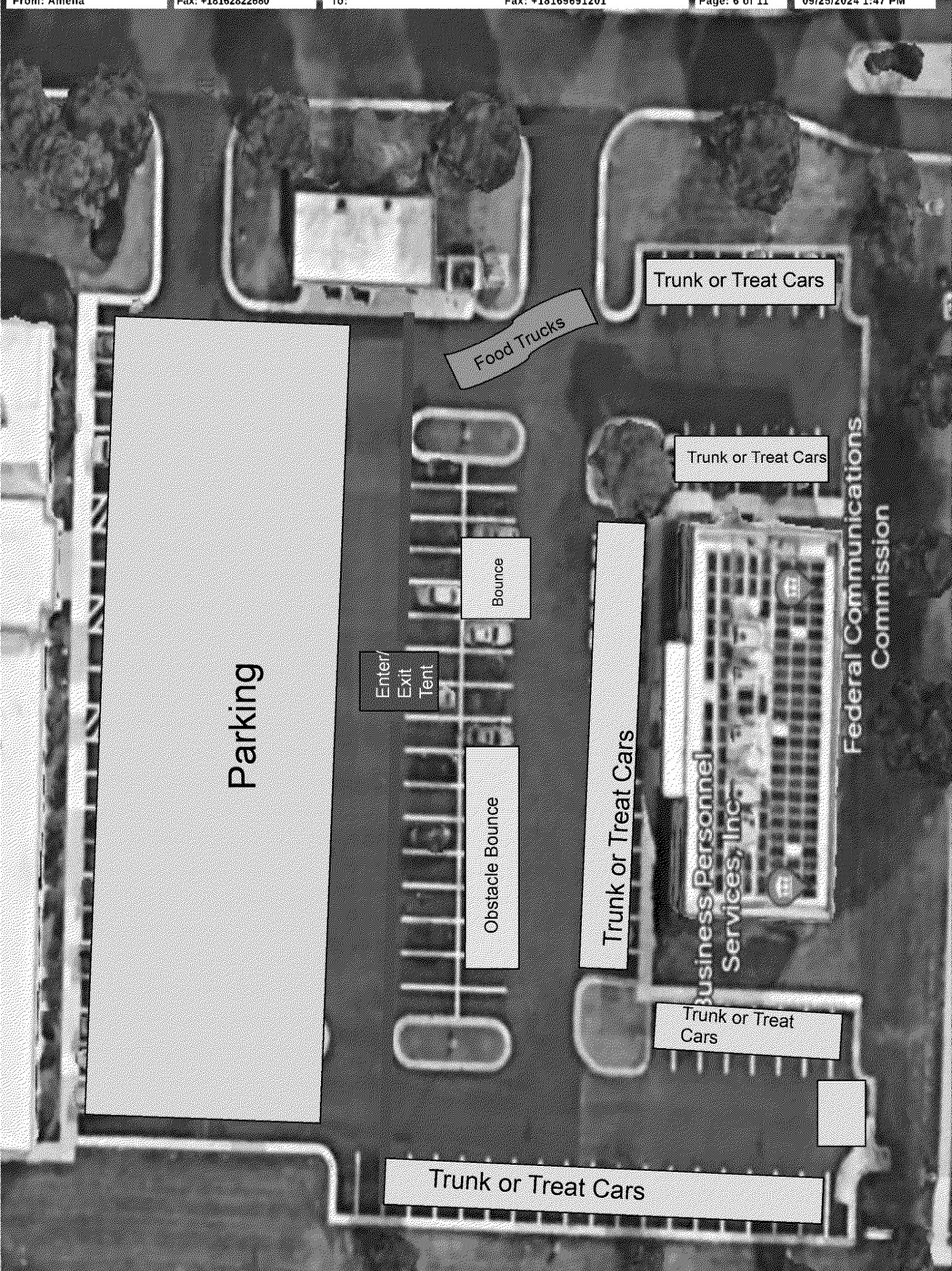
Justin Long

Administrative Notes (do not write below this line)

Approved Development Services Department

Development Services Department | 220 SE Green Street, Lee's Summit, MO 64063  
P: 816.969.1200 | F: 816.969.1201 | [www.cityofls.net/Development](http://www.cityofls.net/Development)





Parking

Food Trucks

Trunk or Treat Cars

Trunk or Treat Cars

Bounce

Enter/  
Exit  
Tent

Obstacle Bounce

Trunk or Treat Cars

Trunk or Treat  
Cars

Trunk or Treat Cars

Federal Communications  
Commission

Business Personnel  
Services, Inc.



Insurance binder presented to:

LiLo LLC DBA Success on the Spectrum

Policy period

01/31/2024 - 01/31/2025

**NO FLAT CANCELLATIONS ONCE COVERAGE IS BOUND**

Kinsale Insurance Company P.O. Box 17008 Richmond, VA 23226

Phone (804) 289-1300 Fax (804) 673-5697

[www.kinsaleins.com](http://www.kinsaleins.com)

# Kinsale Insurance Company

A.M. Best Company Rating: A (Excellent)  
Financial Size Category: X

Burns & Wilcox - St. Louis, MO - Pamela Lesser

## BINDER

**RE:** LiLo LLC DBA Success on the Spectrum  
4216 SW Stoney Brook Dr  
Lees Summit, MO 64082

Policy:0100281470-0  
Date:02/01/2024

This binder contains an outline of coverage and does not include all the terms, conditions and exclusions of the policy that may be issued. The policy contains the full and complete agreement with regards to coverage. Please review this binder thoroughly and notify the Company immediately of any inaccuracies or discrepancies.

**Company:** Kinsale Insurance Company

**Policy Term:** 01/31/2024 - 01/31/2025

**Coverage Form:** Allied Health Professional Liability & Allied Health  
General Liability - Claims Made and Reported

**Retro Date:** 01/31/2023

**Description Of Operations:** Applied Behavioral Analysis Therapy Clinic

### Limits:

#### PROFESSIONAL LIABILITY

Each Claim Limit	\$1,000,000
Aggregate Limit	\$3,000,000

#### GENERAL LIABILITY

Each Claim Limit	\$1,000,000
Damage to Premises Rented to You Limit	\$50,000
Personal Injury Limit	\$1,000,000
General Aggregate Limit	\$3,000,000
Products / Completed Operations Aggregate Limit	Included
Policy Aggregate Limit	\$3,000,000

### Deductible:

General Liability	\$2,500
Professional Liability	\$2,500

### Additional Coverages:

Data Breach Expense Reimbursement(\$0 Ded)	\$50K
HIPAA Related Expense Reimbursement(\$0 Ded)	\$50K
Employee Benefits Liability(\$1,000 Ded, Retro: 01/31/2024)	\$1MM / \$1MM
Disciplinary Proceedings Expense Reimbursement(\$0 Ded)	\$10K



**Sublimits:**

Abuse	\$100K / \$300K
Self-Inflicted Injury	\$100K / \$300K
Oxygen Deprivation	\$100K / \$300K
Adventure Activities	\$100K / \$300K

Base Premium	\$4,955
Company Fees	\$250

Minimum Earned Premium	25.00%
Minimum Deposit Premium	100.00%

Fees are fully earned.  
Premium is 100.00% minimum and deposit.

Policy Subject to Annual Audit.  
If this binder indicates the policy would be subject to audit, the initial premium charged is estimated and considered a deposit premium, the final premium charged for the policy will be determined by audit based on the actual risk exposure during the policy term. Audit will take place at the end of the policy term or upon policy cancellation.

<u>Class Description</u>	<u>Exposure Base</u>	<u>Exposure Units</u>	<u>Rate</u>
Outpatient Rehab Level III (rev)	per \$1,000 Gross Sales	1,950,000	2.5410

**Locations:**

1. 520 NE Colbern Rd Suite 200, Lees Summit, MO 64086

**Abbreviated Policy Terms and Conditions - please review policy for complete details**

Defense within the Limit  
Incident Sensitive Trigger  
TRIA Coverage  
No Punitive Damages  
Medical Director for Administrative Duties  
Policy Subject to Audit  
No Consent to Settle  
Disciplinary Proceedings Expense Reimbursement  
HIPAA Expense Reimbursement  
Data Breach Expense Reimbursement  
Client Loading/Unloading Exclusion  
Employee Benefits Liability

**SUMMARY:**

PREMIUM:	\$4955.00
POLICY FEE:	\$400.00
SUPPLIER FEE:	\$250.00
SURPLUS LINES TAX:	\$280.25
<b>TOTAL:</b>	<b>\$5,885.25</b>

### Contingencies:

This binder is conditioned on our receipt and approval of the materials listed below. We may rescind this binder if we do not receive, review and approve in writing these materials. Further, this binder is strictly conditioned upon there being no material change in the risk between the date of the binder and the effective date of the policy. If we determine that a material change has occurred, we may modify the terms of this binder, including rescinding it altogether.

1) Copy of license/certs/training for staff providing ABA Therapy

### Comments:

PL Retro 01/31/2023

GL retro 01/31/2024

THIS MAY INCLUDE ONE OR MORE COVERAGES FOR A CLAIMS MADE AND REPORTED POLICY. THE COVERAGE REQUIRES THAT A CLAIM MUST BE FIRST MADE AGAINST AN INSURED DURING THE POLICY PERIOD AND BE REPORTED IN WRITING TO THE COMPANY WITHIN THE POLICY PERIOD OR AN EXTENDED REPORTING PERIOD, IF APPLICABLE. PLEASE REFER TO SECTION V-ADDITIONAL TIME IN WHICH TO REPORT CLAIMS FIRST MADE AT THE END OF THE POLICY PERIOD.

KINSALE DOES NOT REVIEW ANY CONTRACTUAL, LEGAL, OR REGULATORY COVERAGE OBLIGATIONS FOR THE APPLICANT, AND CANNOT GUARANTEE COMPLIANCE WITH THE SAME. IT IS THE APPLICANT'S RESPONSIBILITY TO ENSURE THE PROPOSED POLICY TERMS SATISFY ALL NECESSARY REQUIREMENTS. PLEASE READ THE ENTIRE POLICY CAREFULLY.

### Policy Form and Endorsements - Policy Forms & Endorsements correspond to the included Terms & Conditions of OPTION 1 (please consult with your underwriter should you need specimens of optional terms and conditions)

AHL1010-0523 - Declarations - Allied Health Professional Liability - Claims Made and Reported General Liability - Claims Made and Reported

ADF9013-0323 - Notice - Where To Report A Claim

ADF4001-0110 - Schedule of Forms

AHL0004-0723 - Allied Health Professional Liability Coverage Form - Claims Made and Reported

AHL0005-0723 - Allied Health Professional Liability Coverage Form - Claims Made and Reported

AHL2002-0221 - Incident Reporting Endorsement

AHL2010-1019 - Employee Benefits Liability Coverage

AHL0010-0000 - Incident Reporting Endorsement (Allied Health, General Liability)

AHL2017-0920 - Policy Aggregate Endorsement

AHL2027-0110 - Vicarious Liability Endorsement

AHL2042-0122 - Provider Required Limits Noncompliance Endorsement

AHL2058-0117 - Limitation of Coverage to Designated Location(s) - (General Liability) (520 NE Colborn Rd, Suite 200 Lees Summit, MO 64086)

AHL2059-1019 - Limitation of Coverage to Designated Location(s) - (Professional Liability - Claims Made) (520 NE Colborn Rd, Suite 200, Lees Summit, MO 64086)

ADF4002-1120 - Basis of Premium

ADF4006-0721 - Composite Rate Endorsement

AHL4006-0321 - Limitation Endorsement - Self-Inflicted Injury - Defense And Supplementary Payments Within Sublimits

AHL4009-1121 - Additional Policy Provisions - Premium

AHL4018-0920 - HIPAA Related Expense Reimbursement Endorsement

AHL4019-0919 - Disciplinary Proceeding Expense Reimbursement Endorsement

~~AHL4021-0821 - Limitation Endorsement - Abuse or Molestation - Defense Costs and Supplementary Payments Within Sublimits~~  
 AHL4023-0920 - Data Breach Expense Reimbursement Endorsement  
 AHL4033-0121 - Limitation Endorsement - Adventure Activities - Defense Costs and Supplementary Payments Within Sublimits  
~~AHL4040-1022 - Limitation Endorsement - Oxygen Deprivation - Defense Costs and Supplementary Payments within Sublimits~~  
 ADF3011-0115 - Exclusion of Other Acts of Terrorism Committed Outside the United States; Exclusion of Punitive Damages Related to a Certified Act of Terrorism; Cap on Losses from Certified Acts of Terrorism  
~~AHL3006-1019 - Exclusion - Designated Professional Services (See comments section)~~  
 AHL3066-1122 - Exclusion - Gender Reassignment Surgical Procedure or Treatment  
 AHL5014-0221 - Additional Insured - Managers or Lessors of Premises as Required by Written Contract  
 ADF9040-0024 - Notice of Terrorism Insurance Coverage  
 IL0985-1220 - Disclosure Pursuant to Terrorism Risk Insurance Act  
 ADF9004-0110 - Signature Endorsement  
 ADF9009-0110 - U.S. Treasury Department's Office of Foreign Assets Control (OFAC) Advisory Notice to Policyholders

This binder is in effect until it is replaced by a policy issued by the Company or it is cancelled in accordance with the policy conditions.  
**FLAT CANCELLATION OF THIS BINDER IS NOT PERMITTED. Once bound, a survey of your premises may be conducted by a representative of Kinsale. By requesting this coverage bound, you consent to this survey.**