

Fremont East

City of Las Vegas
400 E. Stewart Ave.
Las Vegas, NV 89101

May 15, 2007

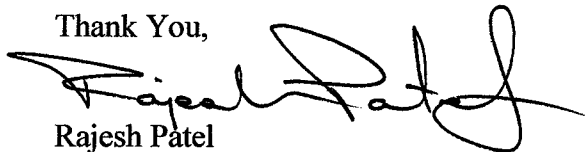
RE: Horse Drawn Carriages

Council Members:

The Fremont East Entertainment District met on May 1st, 2007 and considered Las Vegas Carriage LLC's proposed carriage rides for Downtown Las Vegas. We whole-heartedly support this project. We would like the City to consider allowing the carriages to come up to 6th Street. Presently the city municipal code only allows the carriages to pick up and drop off at 8th Street.

If you have any questions feel free to contact us at (702) 382-4766

Thank You,



Rajesh Patel
F.E.D. Board Member

Submitted at City Council

Date 5/16/07 Item 74
104

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City of Las Vegas
400 E. Stewart Ave.
Las Vegas, NV 89101

May 15, 2007

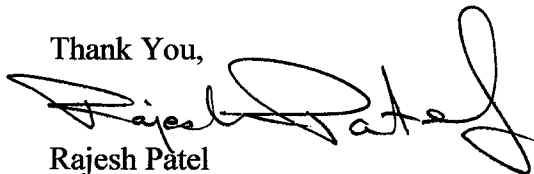
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Thank You,



Rajesh Patel
F.E.D. Board Member

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/2/07

PRODUCER
 Betsy Van Noy Agency
 8540 S. Eastern Avenue #170
 Las Vegas, NV 89123
 (702) 795-7710

INSURED
 Las Vegas Carriage, LLC
 901 E. Ogden
 Las Vegas, NV 89101

Location: 1060 S. Main, Las Vegas, NV

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE		NAIC #
INSURER A:	Certain Underwriters at Lloyds	
INSURER B:	Assoc., International Ins. Co	
INSURER C:		
INSURER D:		
INSURER E:		

COVERAGES 89101

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSURANCE TYPE	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIM MADE <input type="checkbox"/> OCCUR	RBL001886	1/31/07	1/31/08	EACH OCCURRENCE \$ 1,000,000
	IDENT. AGGREGATE LIMIT APPLYING PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> INDOOR <input type="checkbox"/> LOC				DAMAGE TO RENTED PREMISES (EA ACCIDENT) \$ 100,000 MED EXP (Any one person) \$ 1,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP ACC \$ 2,000,000
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS MIXED AUTOS NON-OWNED AUTOS				COMBINED SINGLE LIMIT (EA accident) \$
	GARAGE LIABILITY ANY AUTO				BODILY INJURY (Per person) \$
					AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ ADD \$
B B	<input checked="" type="checkbox"/> EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$ 0	TBD	1/31/07	1/31/08	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe in the SPECIAL PROVISIONS below OTHER				WC STAT. LTD. LIMITS <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 / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

CITY OF LAS VEGAS, ITS OFFICERS, EMPLOYEES AND AGENTS ARE NAMED VIA ENDORSEMENT AS ADDITIONAL INSURED UNDER THE TERMS OF THIS POLICY

CERTIFICATE HOLDER

CITY OF LAS VEGAS
 400 E. STEWART
 LAS VEGAS, NV 89101

ATTN: TOM BURKETT

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE
Betsy Van Noy

ASSOCIATED INTERNATIONAL INSURANCE COMPANY
COMMERCIAL EXCESS POLICY
DECLARATIONS

TAXES AND FEES FILED BY:
BURNS & WILCOX, LTD.

BURNS & WILCOX, LTD.

Policy No. X0BWL979707 (COMPANY NAME & PRODUCER NAME)

NO FLAT CANCELLATION
NOTICE: THIS POLICY CONTAINS
A MINIMUM EARNED PREMIUM
PROVISION. READ YOUR POLICY

1. NAMED INSURED: Las Vegas Carriage, LLC
2. MAILING ADDRESS: Street 901 E. Oaker
City, State, Zip Las Vegas NV 89101
3. POLICY PERIOD: From 01/31/07 to 01/31/08
at 12:01 A.M. Standard Time at "your" mailing address above.

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE COVERAGE STATED IN THIS POLICY.

4. LIMIT OF INSURANCE:
Each Occurrence \$ 2,000,000 Combined Aggregate \$ 5,000,000

5. SCHEDULE OF UNDERLYING INSURANCE

Type of Insurance:	AUTO Liability	GENERAL Liability	EMPLOYERS Liability
Company:	NOT INCLUDED	LLOYDS	NOT INCLUDED
Policy No.:		TBD	
Policy Period:	From: _____ To: _____	From: <u>01/31/07</u> To: <u>01/31/08</u>	From: _____ To: _____
Limits of Liability	Each Accident \$ _____	General Aggregate \$ <u>2,000,000</u> Products/Completed Operations Aggregate \$ <u>1,000,000</u> Personal and Advertising Injury \$ <u>1,000,000</u> Each Occurrence \$ <u>1,000,000</u>	Bodily Injury Each Accident \$ _____ Bodily Injury By Disease Policy Limit \$ _____ Bodily Injury By Disease Each Employee \$ _____
Company:			

6. Form of Business: Individual _____ Partnership _____ Joint Venture _____
Limited Liability Company X
Organization (Other than Partnership, Joint Venture or Limited Liability Co.) _____

Business Description: SERVICE

7. Advance Premium: Without Terrorism \$ 5,500 With Terrorism \$ N/A
Premium Adjustable At Rate of \$ N/A per _____ of _____
Subject to Minimum Earned Premium of \$ 1,375

8. ENDORSEMENTS ATTACHED TO THIS POLICY: See Attached Schedule

F/E POLICY FEE \$500.00
SURPLUS LINES TAX \$210.00
FILING FEE \$ 24.00

COUNTERSIGNED BY: [Signature] (Date) _____
(Authorized Representative)

L3B2(03/05)

INSURED THIS INSURANCE CONTRACT IS ISSUED PURSUANT TO THE NEVADA INSURANCE LAWS BY THE INSURER NEITHER LICENSED BY NOR UNDER THE SUPERVISION OF THE DEPARTMENT OF BUSINESS AND INDUSTRY OF THE STATE OF NEVADA. IF THE INSURER IS FOUND INSOLVENT, A CLAIM UNDER THIS CONTRACT IS NOT COVERED BY THE NEVADA INSURANCE GUARANTEE ASSOCIATION ACT.