

**Memorandum
Office of the City Clerk**

To: Thomas Thomas, City Manager
Subject: Rock Island High School Homecoming Parade
Date: August 31, 2012



Attached is an application for the Rock Island High School Homecoming Parade to be held on Friday, September 21, 2012 beginning at 4:00 pm and ending at 4:45 pm.

The route will be the same as in the past, beginning on 24th Street and 18th Avenue, south on 24th Street to 25th Avenue, and west on 25th Avenue to Rock Island High School.

The certificate of insurance listing the City of Rock Island as additional insured is attached.

RECOMMENDATION:

It is recommended that Council approve the event.

Submitted by: Aleisha L. Patchin, City Clerk

Approved by: Thomas Thomas, City Manager

Aug. 17, 2012
Rock Island High School Student Council
Jeff Wendland / Shari Thompson - advisors
Rock Island High School
1400 - 25th Avenue
Rock Island, IL 61201

Rock Island City Council,

Please accept our request for a Parade Permit for Friday, Sept. 21, 2012 for the Rock Island High School Homecoming Parade.

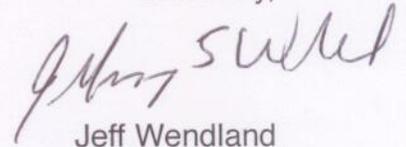
I have already spoken to RIHS police liaison officer Morrissey about us providing volunteers for traffic control as we did last year at every side street along the route.

Our route will continue, as it has in the past to begin at the corner of 18th Avenue and 24th Street and proceed to 25th Avenue before turning right and advancing through 17th Street to the High School.

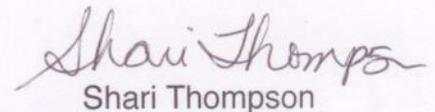
We had just around 50 entries last year and expect that number to climb by a few this year and would invite any and all city council members to let us know (jeff.wendland@risd41.org) if you are interested in walking in the parade.

If there are further questions please contact Jeff Wendland at the above email address or at (309) 781-2767.

Sincerely,



Jeff Wendland



Shari Thompson



ROCK ISLAND
ILLINOIS

CITY OF ROCK ISLAND
LICENSE APPLICATION
ACTIVITY PERMIT

Type of Activity: (Check Appropriate Activity)

Parade <input checked="" type="checkbox"/>	Run	Walk	March	Bicycle Ride	Other (specify below)
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Day/Date of Activity: Fri. Sept. 21, 2012

Event Start Time: 4^{PM} Event Ending Time: 4⁴⁵ PM

Set-up Start Time: 3⁴⁵ PM Clean-up End Time: _____

RIHS STUDENT COUNCIL
Sponsor Name/Organization
1400 - 25TH AVENUE RI
Address
309 - 793 - 5950
Telephone

JEFF WENDLAND
Contact Person
1400 - 25TH AVENUE RI
Address
309 - 781 - 2767
Telephone

Estimated number of: (Put Number in Appropriate Boxes)

Bands	Floats	Vehicles	Wheelchairs	Participants	Horses	Other (Specify)
<u>1</u>	<u>6-8</u>	<u>30</u>		<u>500+</u>		

Number of volunteers available for traffic control: 1 or 2 from every college
(Contact Police Department to arrange for traffic control. Telephone No. 732-2402.)

Tail car provided by sponsor? _____ Yes No

Ambulance/first aid provided by sponsor? _____ Yes No

Route for activity: Detailed description and map of city streets and property involved in activity must be attached to this application. Starting and ending locations as well as direction of travel need to be clearly indicated. If State-owned streets are included in route, Department of Transportation permission will be required for closing of streets. Please allow additional time (at least one month to six weeks) for this to be completed.

Are any State-owned streets involved? _____ Yes No _____ Unknown

Identify State-owned streets, if known. _____

Does sponsor provide barricades? _____ Yes No



CERTIFICATE OF LIABILITY INSURANCE

OP ID: RR

DATE (MM/DD/YYYY)

08/22/12

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 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).

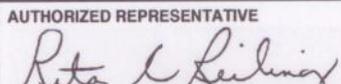
PRODUCER Cleaveland Insurance Group 1617 2nd Avenue, Suite #200 Rock Island, IL 61201 Kevin P. O'Hara	Phone: 309-794-9700 Fax: 309-786-9603	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: RISCH-1	FAX (A/C, No):
	INSURED Rock Island School Dist #41 2101 6th Avenue Rock Island, IL 61201		INSURER(S) AFFORDING COVERAGE INSURER A : Selective Insurance Company NAIC # 02429 INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :

COVERAGES **CERTIFICATE NUMBER:** **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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			S1691624	07/01/12	07/01/13	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						Emp Ben. \$ 1,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
A	AUTOMOBILE LIABILITY			S1691624	07/01/12	07/01/13	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS						\$
	<input type="checkbox"/> NON-OWNED AUTOS						\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB			S1691624	07/01/12	07/01/13	EACH OCCURRENCE \$ 10,000,000
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE \$ 10,000,000
	<input checked="" type="checkbox"/> OCCUR						\$
	<input type="checkbox"/> CLAIMS-MADE						\$
	DEDUCTIBLE						\$
	<input checked="" type="checkbox"/> RETENTION \$ 0						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						OTHER
	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 (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Certificate holder is listed as additional insured as respects:
 Homecoming Parade on Sept 24, 2012

CERTIFICATE HOLDER R ICITY1 City of Rock Island 1528 3rd Ave. Rock Island, IL 61201	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 
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