

**Memorandum
Office of the City Clerk**

To: Thomas Thomas, City Manager
Subject: Ride the River Event
Date: June 3, 2013



Attached is an application, resolution and route map for Ride the River, an event that is held annually on Father's Day, which will be Sunday, June 16, 2013 from 7:00 am to 4:00 pm.

The route is the same as in previous years with the exception of using 18th Street. Instead, the bikers will proceed west on the bike trail to 17th Street, crossing 1st Avenue and proceed on 17th Street to 2nd Avenue, turning right and continuing west on to the Centennial Bridge.

Ms. Kathy Wine of River Action will be contacting the Police Department for traffic control.

The certificate of insurance is attached.

RECOMMENDATION:

It is recommended that Council approve the application and adopt the Resolution.

Submitted by: Aleisha L. Patchin, City Clerk

Approved by: Thomas Thomas, City Manager



ROCK ISLAND
ILLINOIS

CITY OF ROCK ISLAND
LICENSE APPLICATION
ACTIVITY PERMIT

Type of Activity: (Check Appropriate Activity)

Parade	Run	Walk	March	Bicycle Ride <input checked="" type="checkbox"/>	Other (specify below)
--------	-----	------	-------	---	-----------------------

Day/Date of Activity: JUNE 16

Event Start Time: 7 AM Event Ending Time: 4 P.M.

Set-up Start Time: 5:30AM Clean-up End Time: 4:30 P.M.

RIVER ACTION

KATHY WINE

Sponsor Name/Organization

Contact Person

822 E. RIVER DR

DAVENPORT, IA 52803

Address

Address

563-322-2969

Telephone

Telephone

Estimated number of: (Put Number in Appropriate Boxes)

Bands	Floats	Vehicles	Wheelchairs	Participants	Horses	Other (Specify)
				<u>1,500</u>		

Number of volunteers available for traffic control: 12
(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. IL 92 - We cross it.

Does sponsor provide barricades? Yes No

Are barricades required from City? _____ Yes No Qty: _____

Insurance requirements: In submitting this application, the undersigned agrees to provide certification of Liability Insurance Coverage for this event in an amount not less than \$300,000.00 for any person, and \$500,000.00 for any one accident, with the City of Rock Island being listed as additional insured for claims or damages which may arise out of said event. The undersigned further agrees to reimburse the City of Rock Island for any and all costs that exceed \$200.00 for the use of City streets and personnel.

All required insurance papers must be attached to this application. Permit cannot be issued without proof of insurance.

Kathy Wine
Signature of Applicant

5/29/13
Date of Application

Note: A copy of your application will be submitted to the Police Department so they will be able to assist you with any needed traffic control.

Do not write below line – to be completed by City Clerk's Office

Route map and/or information included: Yes _____ No
Insurance information included: Yes _____ No

City Council approval: _____

City Clerk approval: _____

License / Permit number: _____

License Printed: _____ License Delivered: _____

Return completed application,
Insurance Certificate, Map and any other additional documents to:

City Clerk's Office, 1528 3rd Avenue, Rock Island, IL 61201

Call 309-732-2010 if you have questions.

RESOLUTION NO. 26-2013

H I G H W A Y R E S O L U T I O N

WHEREAS, the River Action is sponsoring Ride The River in the CITY of ROCK ISLAND which event constitutes a public purpose;

WHEREAS, this Ride The River will require the temporary closure of the northbound on-ramp to the Centennial Bridge, a State Highway in the City of Rock Island, at First Avenue and temporary lane closure of US Route 67, northbound east lane, a State Highway in the City of Rock Island, from 2nd Avenue, Rock Island, Illinois to the State of Iowa.

WHEREAS, Section 4-408 of the Illinois Highway Code authorizes the Department of Transportation to issue permits to local authorities to temporarily close portions of State Highways for such public purposes;

NOW THEREFORE, BE IT RESOLVED by the CITY COUNCIL of the CITY of ROCK ISLAND that permission to temporarily close off northbound on-ramp to the Centennial Bridge, a State Highway in the City of Rock Island, at First Avenue and temporary lane closure of US Route 67, northbound east lane, a State Highway in the City of Rock Island, from 2nd Avenue, Rock Island, Illinois to the State of Iowa as above designated, be requested of the Department of Transportation.

BE IT FURTHER RESOLVED that this closure shall occur during the approximate time period between 7:00 A.M. and 4:00 P.M. on Sunday, June 16, 2013.

BE IT FURTHER RESOLVED that this closure is for the public purpose of conducting a Bicycle Ride (Ride The River).

BE IT FURTHER RESOLVED that traffic from that closed portion of highway shall be detoured over routes with an all-weather surface that can accept the anticipated traffic, which will be

maintained to the satisfaction of the Department and which is conspicuously marked for the benefit of traffic diverted from the State Highway. (The parking of vehicles shall be prohibited on the detour routes to allow an uninterrupted flow of two-way traffic.)* The detour route shall be as follows: **No Detour Route Needed.**

BE IT FURTHER RESOLVED, that the **River Action** assumes full responsibility for the direction, protection, and regulation of the traffic during the time the detour is in effect.

BE IT FURTHER RESOLVED, that police officers or authorized flaggers shall, at the expense of the **River Action**, be positioned at each end of the closed section and at other points (such as intersections) as may be necessary to assist in directing traffic through the detour.

BE IT FURTHER RESOLVED, that police officers, flaggers, and officials shall permit emergency vehicles in emergency situations to pass through the closed area as swiftly as is safe for all concerned.

BE IT FURTHER RESOLVED, that all debris shall be removed by the **River Action** prior to reopening the State Highway.

BE IT FURTHER RESOLVED, that such signs, flags, barricades, etc., shall be used by the **River Action** as may be approved by the Illinois Department of Transportation. These items shall be provided by the **River Action**.

BE IT FURTHER RESOLVED, that the closure and detour shall be marked according to the Illinois Manual on Uniform Traffic Control Devices.

BE IT FURTHER RESOLVED, that an occasional break shall be made in the procession so that traffic may pass through. In any event adequate provisions will be made for traffic on intersecting highways pursuant to conditions noted above. (Note: this paragraph is applicable when the Resolution pertains to a parade or when no detour is required.)

BE IT FURTHER RESOLVED, that the River Action hereby agrees to assume all liabilities and pay all claims for any damage which shall be occasioned by the closing described above.

BE IT FURTHER RESOLVED, that the River Action shall provide a comprehensive general liability insurance policy or an additional insured endorsement in the amount of **\$100,000 per person and \$500,000 aggregate** which has the Illinois Department of Transportation and its officials, employees, and agents as insured and which protects them from all claims arising from the requested road closing.

BE IT FURTHER RESOLVED, that a copy of this Resolution be forwarded to the Department of Transportation to serve as a formal request for the permission sought in this Resolution and to operate as part of the conditions of said permission.

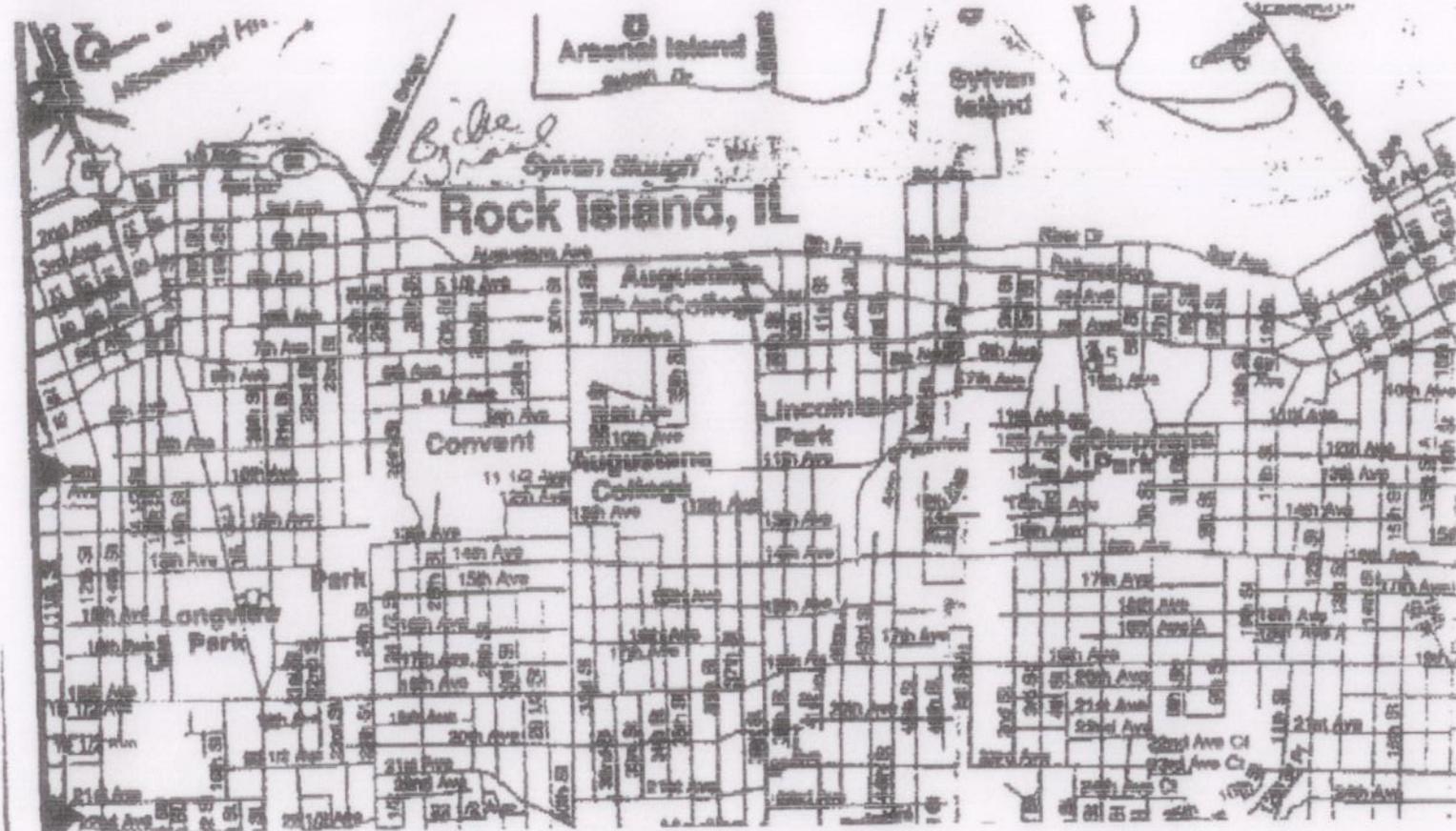
ADOPTED by the CITY COUNCIL of the CITY OF ROCK ISLAND this 10th day of June, 2013
A.D.

City Clerk

APPROVED by the CITY COUNCIL of the CITY of ROCK ISLAND this 10th day of June, 2013
A.D.

Mayor Dennis E. Pauley

Attest: _____
City Clerk





CERTIFICATE OF LIABILITY INSURANCE

OP ID: TH

DATE (MM/DD/YYYY)

03/20/13

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 Karwath Insurance Inc 260 W 35th St Davenport, IA 52806 Robert D Karwath		Phone: 563-388-4940 Fax: 563-388-4527	CONTACT NAME: PHONE: (A/C, No, Ext): E-MAIL: ADDRESS: PRODUCER CUSTOMER ID #: RIVER-1	FAX (A/C, No):
INSURED River Action Inc PO Box 964 Davenport, IA 52805	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A: National Specialty Insurance 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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO. JECT <input type="checkbox"/> LOC	X	NSJ0989572	10/07/12	10/07/13	EACH OCCURRENCE	\$ 1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
						MED EXP (Any one person)	\$ 5,000
						PERSONAL & ADV INJURY	\$ 1,000,000
						GENERAL AGGREGATE	\$ 3,000,000
						PRODUCTS - COMP/OP AGG	\$ 3,000,000
							\$
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident)	\$
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
							\$
	UMBRELLA LIAB EXCESS LIAB DEDUCTIBLE RETENTION \$	OCCUR CLAIMS-MADE				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	Y/N <input type="checkbox"/> N/A				WC STATUTORY LIMITS	OTH-ER
						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 ROCKI-1 City of Rock Island Attn: City Clerk 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 Robert D Karwath KARWATH INSURANCE, INC. BY <i>[Signature]</i>
--	--