

**Memorandum  
Office of the City Clerk**

**To:** Thomas Thomas, City Manager  
**Subject:** Churches United - Crop Hunger Walk  
**Date:** August 30, 2013



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Attached is an application and route map for Churches United of the Quad City Area to hold their 42<sup>nd</sup> annual Crop Hunger Walk on Sunday, October 6, 2013 beginning at 2:00 pm and ending at 4:30 pm.

The route will begin and end at Modern Woodmen Park in Davenport, Iowa. As in previous years, they will use the sidewalks along their route, which include parts of The District and Broadway area and all traffic regulations will be obeyed. In addition, they will be utilizing the sidewalks to cross the Centennial Bridge. No streets will be closed for this event.

The Police Department is aware of the event. The certificate of insurance is attached.

**RECOMMENDATION:**

It is recommended that Council approve the event for Churches United of the Quad City Area.

**Submitted by:** Aleisha L. Patchin, City Clerk

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**Approved by:** Thomas Thomas, City Manager



CITY OF ROCK ISLAND  
 LICENSE APPLICATION  
ACTIVITY PERMIT

Type of Activity: (Check Appropriate Activity)

Parade	Run	<input checked="" type="checkbox"/> Walk	March	Bicycle Ride	Other (specify below)
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Day/Date of Activity: OCT 6, 2013

Event Start Time: 2:00 pm Event Ending Time: 4:30 pm

Set-up Start Time: 1:00 pm Clean-up End Time: 5:00 pm

Churches United of the QC Area  
 Sponsor Name/Organization  
2535 Tech Dr. Bettendorf IA  
 Address  
563-382-5002  
 Telephone

Rick Martin  
 Contact Person  
2529 N Blanchard St, Davenport IA  
 Address  
563-940-5783  
 Telephone

Estimated number of: (Put Number in Appropriate Boxes)

Bands	Floats	Vehicles	Wheelchairs	Participants <u>800</u>	Horses	Other (Specify)
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Number of volunteers available for traffic control: 0  
 (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 *we have a vehicle along the route to transport anyone not able to complete the walk*

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. Centennial Bridge

Does sponsor provide barricades?  Yes  No *not necessary*

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.**

MM Martini  
Signature of Applicant

8/27/13  
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 3<sup>rd</sup> Avenue, Rock Island, IL 61201

Call 309-732-2010 if you have questions.

# MISSISSIPPI RIVER

## SCHWEIBERT PARK

CENTENNIAL  
BRIDGE

1st Avenue

2nd Avenue

3rd Avenue

4th Avenue

5th Avenue

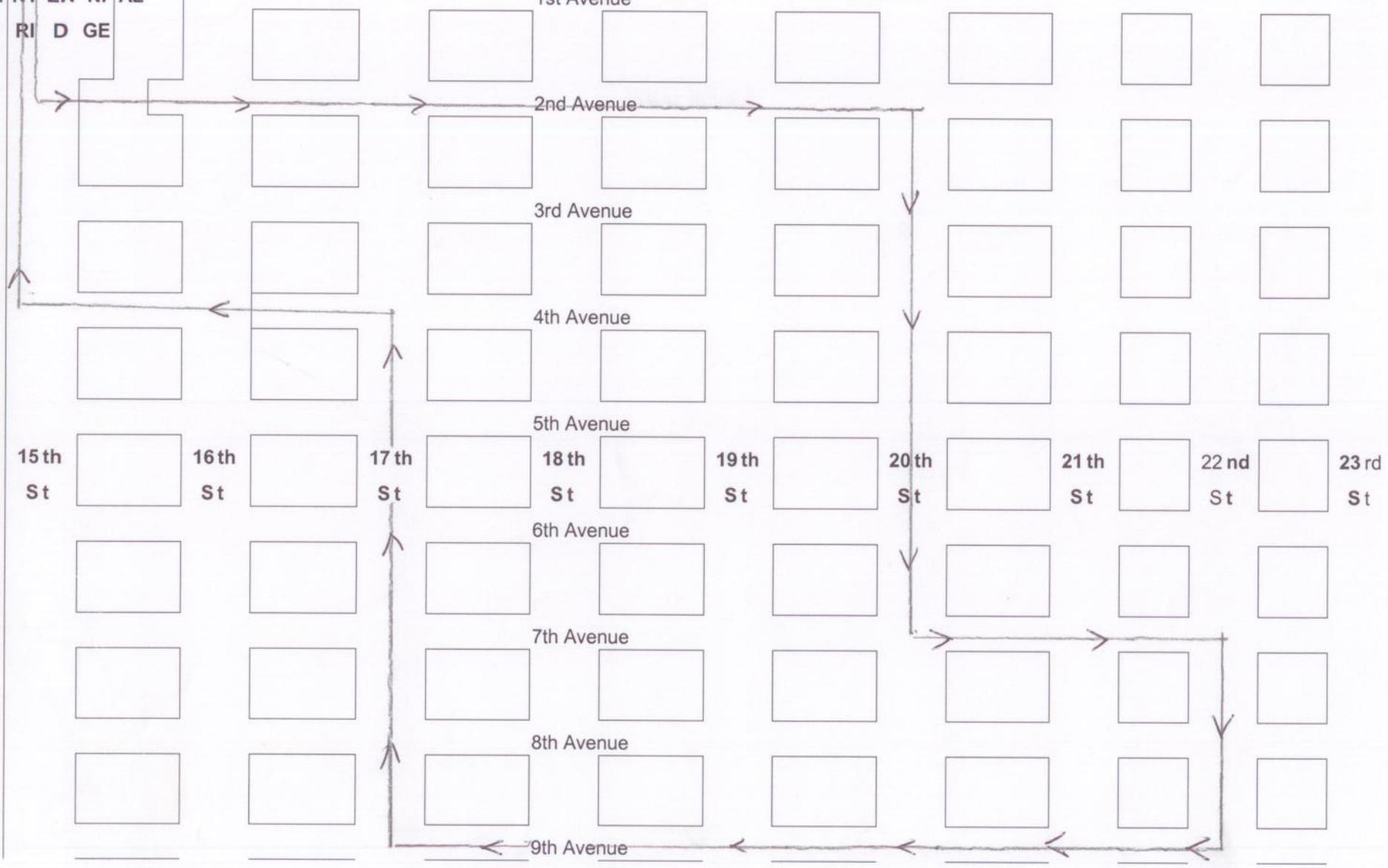
6th Avenue

7th Avenue

8th Avenue

9th Avenue

15th St 16th St 17th St 18th St 19th St 20th St 21th St 22nd St 23rd St





# CERTIFICATE OF LIABILITY INSURANCE

OP ID: DB  
 DATE (MM/DD/YYYY)  
 09/04/2013

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).

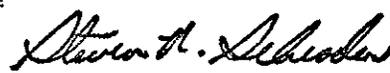
PRODUCER <b>E.H. Schroder Insurance Agency</b> 3424 18th Avenue Rock Island, IL 61201 Steve Schroder	Phone: 309-786-4407 Fax:	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: <b>CHURC-1</b>	FAX (A/C, No):
	INSURED <b>Churches United-Quad Cities</b> 2535 Tech Dr Ste 205 Bettendorf, IA 52722		INSURER(S) AFFORDING COVERAGE INSURER A : <b>Cincinnati Insurance Co.</b> 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 <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			EPP0045741	11/01/2012	11/01/2013	EACH OCCURRENCE	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							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
								\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
								\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE			EPP0045741	11/01/2012	11/01/2013	EACH OCCURRENCE	\$ 1,000,000
	DEDUCTIBLE RETENTION \$						AGGREGATE	\$ 1,000,000
								\$
								\$
	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	OTHER
							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)  
 Crop Walk: Event Date-October 6th, 2013

<b>CERTIFICATE HOLDER</b>  ROCK--1  City of Rock Island 1528 3rd Avenue Rock Island, IL 61201	<b>CANCELLATION</b>  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 Steve Schroder 
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