

**Memorandum  
Office of the City Clerk**

**To:** Thomas Thomas, City Manager  
**Subject:** Washington Jr. High School 5K Event  
**Date:** March 10, 2014



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Attached is an Activity application, letter, map and certificate of insurance from Kathy Evanchyk on behalf of Washington Junior High School. Ms. Evanchyk is requesting to hold a 5K road race on Saturday, September 6, 2014 from 8:00 am to 10:00 am. The race will begin and end at Rock Island High School Stadium.

The 5K race will begin at Rocky Stadium; they will proceed north to 18<sup>th</sup> Avenue towards Washington Jr. High School where they will turn around at Washington Jr. High School and continue on 18<sup>th</sup> Avenue turning south onto 24<sup>th</sup> Street and then west on 25<sup>th</sup> Avenue and back to Rocky Stadium.

The purpose of this race is for a fundraiser for the Washington Jr. High School Reward Fund.

They will be contacting the Police Department for traffic control.

**RECOMMENDATION:**

It is recommended that Council approve the event for Washington Jr. High School.

**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: Saturday September 6, 2014

Event Start Time: 8am Event Ending Time: 10:00am

Set-up Start Time: 6am Clean-up End Time: 10:30am

Washington Junior High  
 Sponsor Name/Organization  
3300 18<sup>th</sup> Ave RI  
 Address  
793-5915 x 4301  
 Telephone

Kathy Evanchyk  
 Contact Person  
514 W. Hayes St  
 Address  
(563) 676-7647  
 Telephone

Estimated number of: (Put Number in Appropriate Boxes)

Bands	Floats	Vehicles	Wheelchairs	Participants	Horses	Other (Specify)
				<u>200</u>		

Number of volunteers available for traffic control: \_\_\_\_\_  
 (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

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.**

Kathleen Gwandyk  
Signature of Applicant

January 17, 2014  
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***

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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: \_\_\_\_\_

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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.



# Rock Island-Milan School District #41

Superintendent Michael J. Oberhaus, Ed. D.

Egan Colbrese  
Principal

Excellence Every Day

Washington Jr. High School  
3300 - 18<sup>th</sup> Avenue  
Rock Island, IL 61201  
309-793-5915  
309-793-5917 fax  
<http://rockislandschools.org>

February 18, 2014

Dear Sir or Madam,

My name is Kathy Evanchyk and I am a teacher at Washington Junior High School in Rock Island. WJHS has over 500 students in the two grades and they are wonderful. They work hard and we like to reward them with dances, field trips and other fun events.

I would like to sponsor a 5k fundraiser for the WJHS reward fund. It would be at 8am, the morning of September 6, 2014. The run would start at the Rocky stadium, go north to 18<sup>th</sup> avenue, on 18<sup>th</sup> ave towards WJHS, turn around at WJHS and continue on 18<sup>th</sup> ave, turn south on 24<sup>th</sup> street, west on 25<sup>th</sup> avenue and back to the stadium. The post party and awards ceremony would take place on the knoll at the corner of 17<sup>th</sup> st and 23<sup>rd</sup> avenue.

Washington students would be involved in this event in a multitude of ways. Some will run/walk the race with their families, others will help with the organization and others will volunteer their time and talents to make the run a success.

I have run many road races and organized the first annual Warrior 5k last year. Therefore, I appreciate any help you might offer.

Thank you for your consideration of this fundraiser and I hope to hear positive news soon.

Kathy Evanchyk  
WJHS math teacher

Current Membership #

[Login](#)

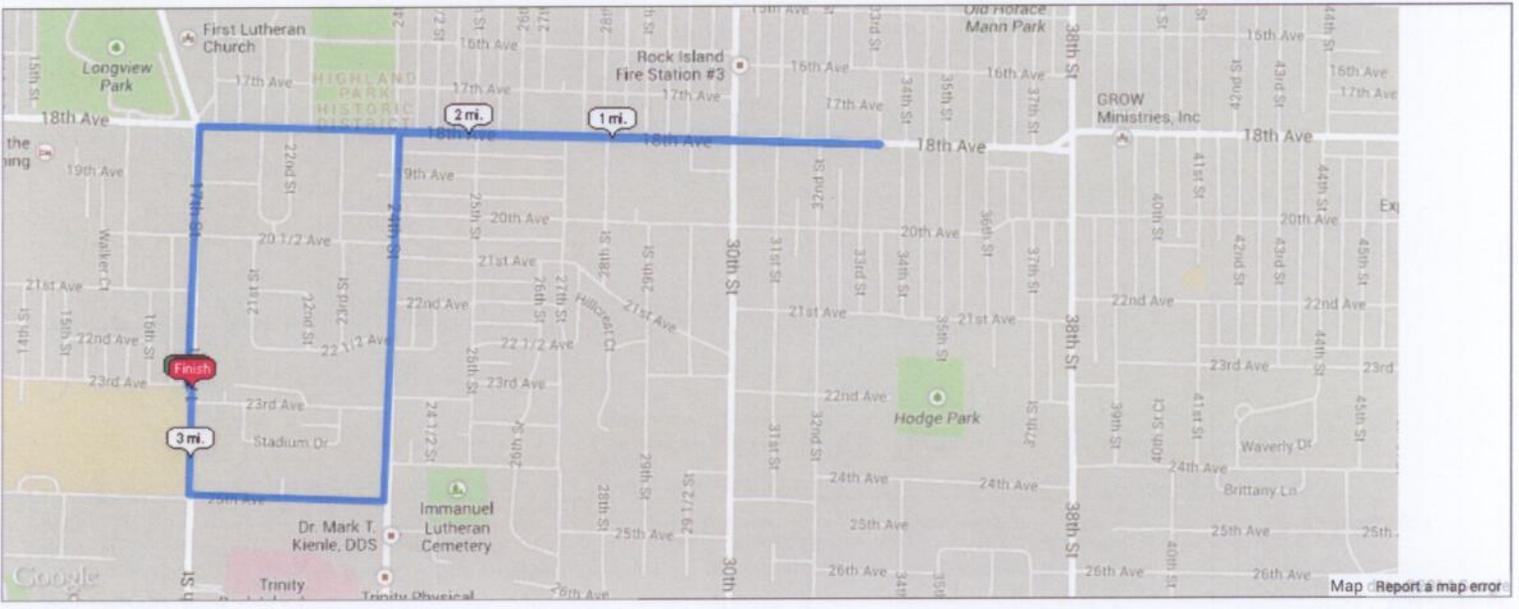
Don't know your current membership number or password?

[Join/Renew Now](#)



### Create a New Route

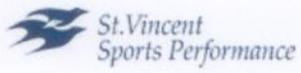
**Distance:**  
3.10 miles  
5.00 km



### Elevation Profile



Total climb: 0 feet / 0 m  
Total elevation change: 0 feet / 0 m



- About**
- Associations
- Bylaws & Regulations
- Employment & Internships
- Organizational Directory
- Annual Report
- Event Sanctions
- Memberships
- Course Certification

- News**
- Athlete Bios
- Social Media
- Stats
- Records
- Top-Marks Lists
- Committees
- Hall of Fame

- Sports**
- Track & Field
- Cross Country
- Road Running
- Race Walking
- Mountain / Ultra / Trail

- Groups**
- Youth Athletes
- Masters Athletes
- Elite Athletes
- Athlete Alumni
- Coaches
- Officials
- Athlete Representatives
- Event Directors
- Media

- Events**
- Search the Calendar
- Team USA Events
- National Championships
- USA Running Circuit
- USATF Championship Series
- Television Schedule
- USATF Annual Meeting

- Customer Service**
- Log In
- Individual Memberships
- Club Memberships
- Store Returns & Exchanges
- Store Affiliate Program
- Contact Us
- Privacy & Other Policies



# CERTIFICATE OF LIABILITY INSURANCE

OP ID: RR

DATE (MM/DD/YYYY)  
02/05/2014

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 Cleveland Insurance Group 1617 2nd Avenue, Suite #200 Rock Island, IL 61201 Kevin P. O'Hara	CONTACT NAME		FAX (A/C. No.)
	PHONE (A/C. No., Ext.)		
	E-MAIL ADDRESS		
	PRODUCER CUSTOMER ID #	RISCH-1	
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED Rock Island School Dist #41 2101 6th Avenue Rock Island, IL 61201	INSURER A:	Selective Insurance Company	002020
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR. RYCD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY					
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		S1691624	07/01/2013	07/01/2014	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 \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
<small>(GPN) AGGREGATE LIMIT APPLIES PER</small>						

POLICY	PRO. SECT	LOC					
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS		S1691624	07/01/2013	07/01/2014	Emp Ben. \$ 1,000,000 COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (PER ACCIDENT) \$ \$ \$	
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 0	<input checked="" type="checkbox"/> OCCUR CLAIMS-MADE	S1691624	07/01/2013	07/01/2014	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$ \$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below.	<input type="checkbox"/> Y / <input checked="" type="checkbox"/> N / A				WC STATUS / OTHER LIMITS 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:  
Fund raiser for Warrior 5K Race held on 9/6/14

<b>CERTIFICATE HOLDER</b>  City of Rock Island 1528 3rd Ave. 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 <i>Kevin P O'Hara</i>

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