

**Memorandum
Office of the City Clerk**

To: Thomas Thomas, City Manager
Subject: Churches United - Crop Hunger Walk
Date: September 17, 2014



Attached is an application and route map for Churches United of the Quad City Area to hold their 43rd annual Crop Hunger Walk on Sunday, October 5, 2014 beginning at 2:00 pm and ending at 4:00 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

Approved by: Thomas Thomas, City Manager

CITY OF ROCK ISLAND

LICENSE APPLICATION



ACTIVITY PERMIT

APPLICANT INFORMATION

SPONSOR NAME/ORGANIZATION <i>Churches United RC Area</i>	ADDRESS <i>2535 Tech Dr #205</i>	CITY <i>Bettendorf</i>	STATE <i>IA</i>	ZIP CODE <i>52722</i>
TELEPHONE NO. <i>563-332-5002</i>				

CONTACT PERSON <i>Rick or Janet Martin</i>	ADDRESS <i>2529 N Blanchard St</i>	CITY <i>Davenport</i>	STATE <i>IA</i>	ZIP CODE <i>52804</i>
TELEPHONE NO. <i>563-940-5783</i>				

ACTIVITY DETAILS

Type of Activity: (Check Appropriate Activity)

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

DATE OF ACTIVITY (MONTH/DAY/YR)	EVENT START TIME (AM/PM)	EVENT END TIME (AM/PM)
<i>Oct 5, 2014</i>	<i>2 pm</i>	<i>4 pm</i>
SETUP OF EVENT (MONTH/DAY/YR)	SET UP BEGINS (AM/PM)	SET UP ENDS (AM/PM)
<i>n/a</i>	<i>n/a</i>	<i>n/a</i>

Estimated number of: (Place Number in Appropriate Box)

Participants:	Floats:	Vehicles:	Bands:	Wheelchairs:	Horses:	Other:
<i>600 walkers</i>	<i>∅</i>	<i>∅</i>	<i>∅</i>	<i>∅</i>	<i>∅</i>	<i>∅</i>

CITY OF ROCK ISLAND

LICENSE APPLICATION

Number of volunteers available for traffic control: n/a

Contact the Police Department to arrange for traffic control. Telephone Number: (309) 732-2402

Tail car provided by sponsor: Yes _____ No n/a

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.

2nd Ave to 20th St to 9th Ave to 15th St to Centennial Bridge

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

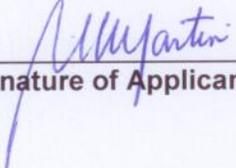
Identify State-owned streets, if known. _____

Does sponsor provide barricades? Yes _____ No n/a

Are barricades required from City? Yes _____ No n/a 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.


Signature of Applicant

Sept 15, 2014
Date of Application

Note: A copy of your application will be submitted to the Police Department for assistance with any needed traffic control.

CITY OF ROCK ISLAND

LICENSE APPLICATION

DO NOT WRITE BELOW THIS LINE...TO BE COMPLETED BY THE CITY CLERK'S OFFICE

City Council Approval Date

City Clerk Approval Date

Route Map and/or Information Included
✓

Insurance Information Included
✓

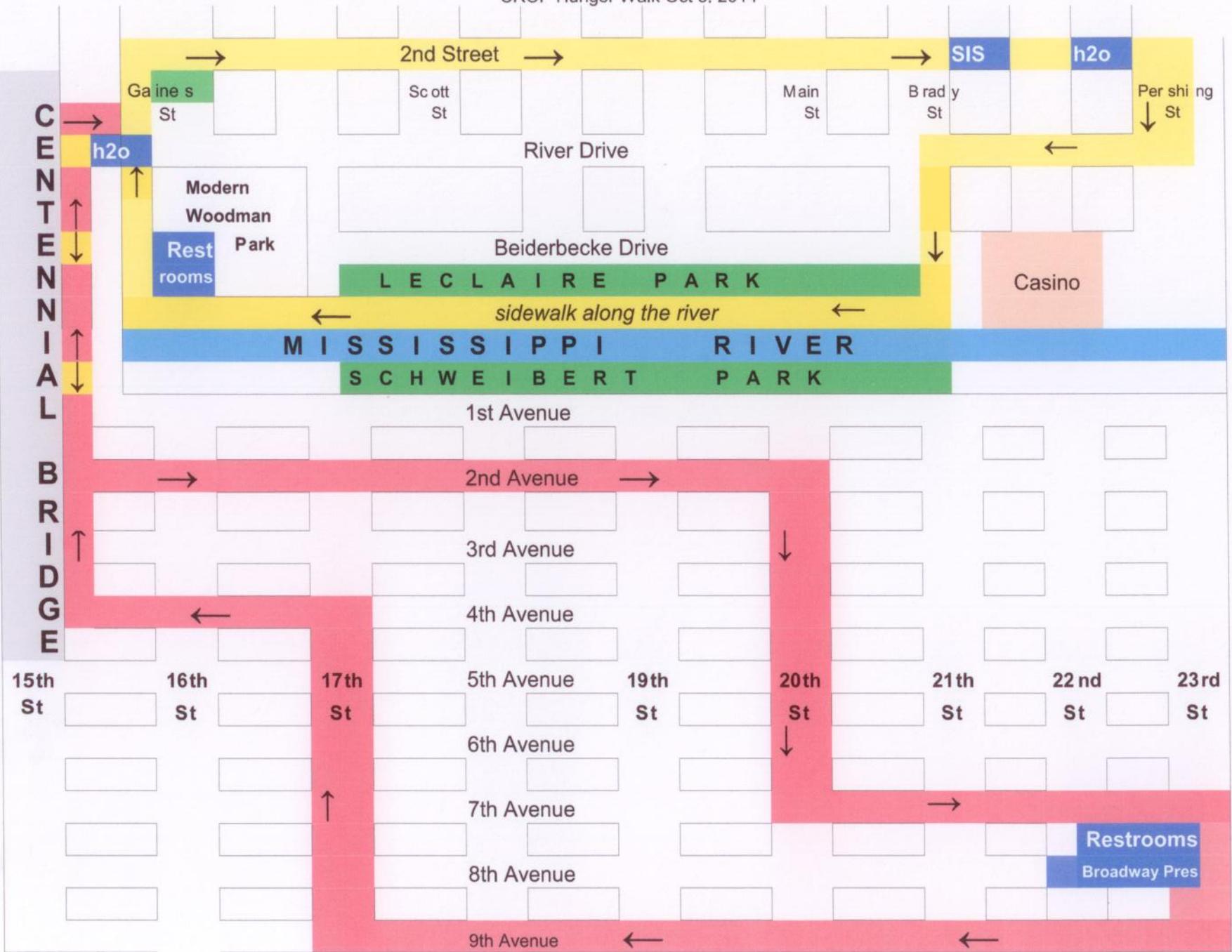
License Number

License Printed Date

License Delivery Date

**Return Completed Application to:
City Clerk's Office, 1528 3rd Avenue, Rock Island, IL. 61201
(309) 732-2010**

CROP Hunger Walk Oct 5, 2014



C
E
N
T
E
R
N
A
L

B
R
I
D
G
E

Gaines St

2nd Street

Scott St

Main St

Broadway St

Perishing St

h2o

SIS

h2o

River Drive

Modern Woodman Park

Rest rooms

Beiderbecke Drive

LECLAIRE PARK

Casino

sidewalk along the river

MISSISSIPPI RIVER

SCHWEIBERT PARK

1st Avenue

2nd Avenue

3rd Avenue

4th Avenue

5th Avenue

19th St

20th St

21th St

22nd St

23rd St

15th St

16th St

17th St

6th Avenue

7th Avenue

8th Avenue

Restrooms

Broadway Pres

9th Avenue



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/10/2014

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 E.H. Schroder Insurance Agency 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 #: CHURC-1	FAX (A/C, No):
INSURED Churches United-Quad Cities 2535 Tech Dr Ste 205 Bettendorf, IA 52722		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A : Cincinnati Insurance Co.		
		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	11/01/2013	11/01/2014	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 - COMPROP 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						
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE			EPP0045741	11/01/2013	11/01/2014	EACH OCCURRENCE \$ 1,000,000 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	N/A			WC STATUTORY 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 (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Crop Walk: Event Date-October 5th, 2014

CERTIFICATE HOLDER

CANCELLATION

ROCK-1

City of Rock Island
1528 3rd Avenue
Rock Island, IL 61201

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 *Steven H. Schroder*