

**Memorandum  
Office of the City Clerk**

**To:** Thomas Thomas, City Manager  
**Subject:** Ride the River Event  
**Date:** February 2, 2015



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Attached is an application, route map and resolution for Ride the River, an event that is held annually on Father's Day, which will be Sunday, June 21, 2015 from 7:00 am to 4:00 pm.

The route is the same as in previous years. the bicycle riders will proceed west on the bike trail to 17<sup>th</sup> Street, crossing 1<sup>st</sup> Avenue and proceed on 17<sup>th</sup> Street to 2<sup>nd</sup> 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 event and adopt the Resolution.

**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

#### APPLICANT INFORMATION

SPONSOR NAME/ORGANIZATION	ADDRESS	CITY	STATE	ZIP CODE
River Action	822 East River Drive	Davenport	IA	52803
TELEPHONE NO. <u>563-322-2969</u>				

CONTACT PERSON	ADDRESS	CITY	STATE	ZIP CODE
Kathy Wine	822 East River Drive	Davenport	IA	52803
TELEPHONE NO. 563-322-2969				

#### ACTIVITY DETAILS

Type of Activity: (Check Appropriate Activity)

Parade	Run	Walk	March	Bicycle Ride ✓	Other (specify below)
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DATE OF ACTIVITY (MONTH/DAY/YR)	EVENT START TIME ( AM/PM )	EVENT END TIME ( AM/PM )
June 21, 2015	<u>7</u> a.m.	4:00 p.m.
SETUP OF EVENT (MONTH/DAY/YR)	SET UP BEGINS ( AM/PM )	SET UP ENDS ( AM/PM )
June 21, 2015	5:00 a.m.	6 a.m.

Estimated number of: (Place Number in Appropriate Box)

Participants: 1,500	Floats:	Vehicles:	Bands:	Wheelchairs:	Horses:	Other:
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# CITY OF ROCK ISLAND

## LICENSE APPLICATION

Number of volunteers available for traffic control: 25

Contact the Police Department to arrange for traffic control. Telephone Number: (309) 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. #92

Does sponsor provide barricades? Yes  No \_\_\_\_\_

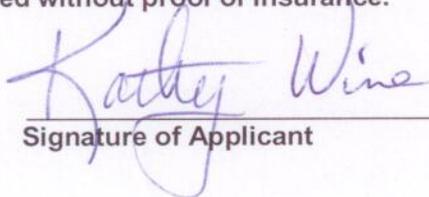
Are barricades required from City? Yes \_\_\_\_\_ No  Qty \_\_\_\_\_

**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.

**Notification to Residents:** In the case of applications for new events and/or new routes, the sponsor of said new event shall notify the residents and/or businesses located along said race route, parade route, or other, for that specific activity, in writing, at least three (3) weeks prior to City Council consideration. Prior to Council consideration, sponsor shall notify and obtain written approval or disapproval from the residents and/or businesses and submit a copy of same to the City Clerk. Any resident and/or business who objects to said event shall have the opportunity to be heard at the City Council meeting during which time the event is to be considered.

Note: The sponsor notification form for any new event/route is available in the City Clerk's office.

A copy of your application will be submitted to the Police Department for assistance with any needed traffic control. All required insurance papers must be attached to this application. Permit cannot be issued without proof of insurance.

  
Signature of Applicant

01/22/15  
Date of Application

# 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
✓

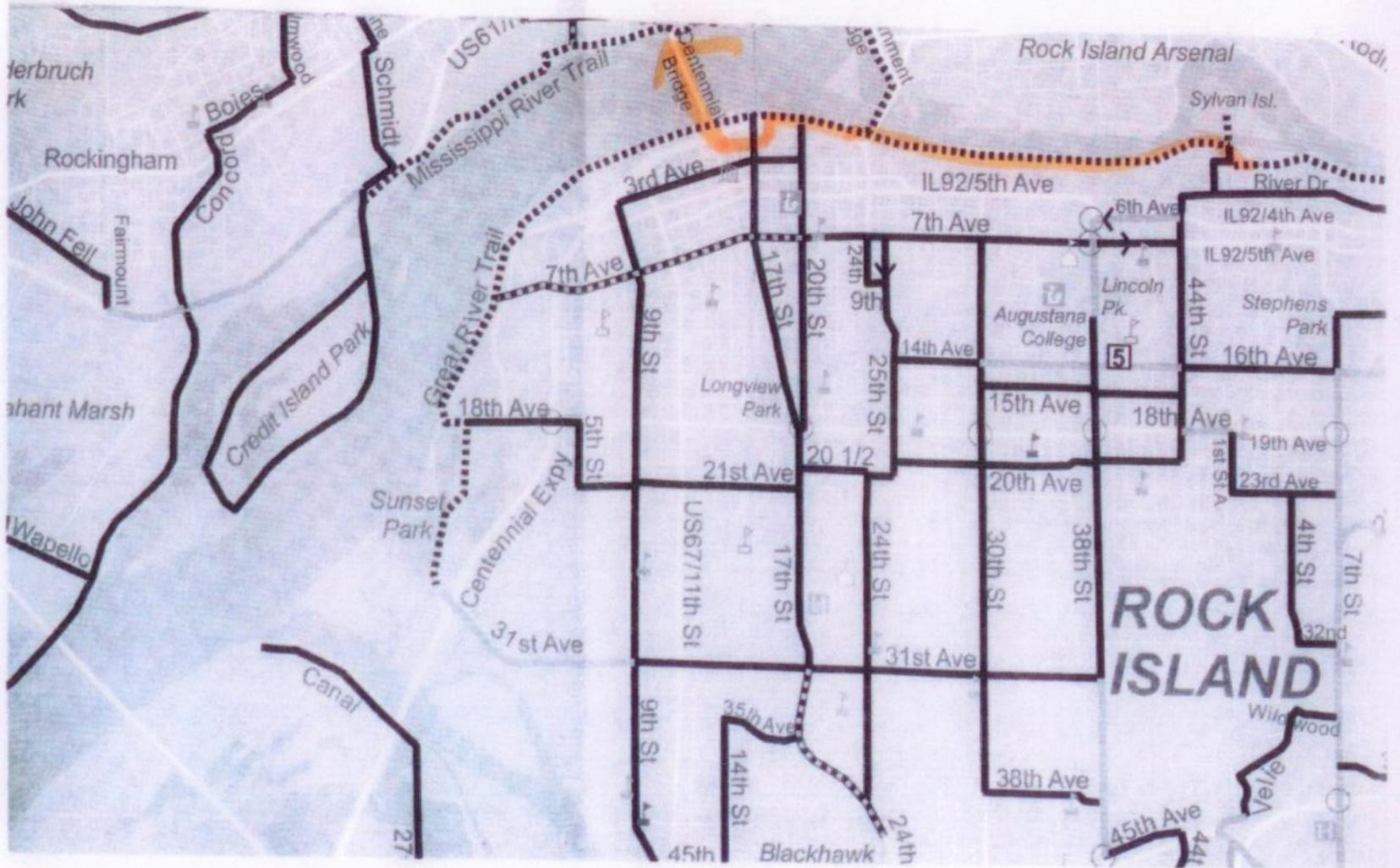
Insurance Information Included
✓

License Number

License Printed Date

License Delivery Date

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





# CERTIFICATE OF LIABILITY INSURANCE

RIVER-1

OP ID: TH

DATE (MM/DD/YYYY)  
01/22/2015

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).

<b>PRODUCER</b> Karwath Insurance Inc 250 W 35th St Davenport, IA 52806 Robert D Karwath	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): E-MAIL: ADDRESS:	FAX (A/C, No):
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> River Action Inc PO Box 964 Davenport, IA 52805	<b>INSURER A : National Specialty Insurance</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	X		NSJ0989572	10/07/2014	10/07/2015	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	\$ 3,000,000
							PRODUCTS - COMP/OP AGG	\$ 3,000,000
								\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	ANY AUTO						BODILY INJURY (Per person)	\$
	ALL OWNED AUTOS						BODILY INJURY (Per accident)	\$
	HIRED AUTOS						PROPERTY DAMAGE (PER ACCIDENT)	\$
								\$
	UMBRELLA LIAB						EACH OCCURRENCE	\$
	EXCESS LIAB						AGGREGATE	\$
	DED							\$
	RETENTION \$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS	OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						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 *Robert D Karwath*

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RESOLUTION NO. 03-2015

**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 2<sup>nd</sup> 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 2<sup>nd</sup> 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 21, 2015.**

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 9<sup>th</sup> day of February, 2015 A.D.

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City Clerk

APPROVED by the CITY COUNCIL of the CITY of ROCK ISLAND this 9<sup>th</sup> day of February, 2015 A.D.

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Mayor Dennis E. Pauley

Attest: \_\_\_\_\_  
City Clerk