

**Memorandum  
Public Works Department**



**To:** City Manager  
**Subject:** Air Conditioning Unit on Alley Right of Way at 226 17<sup>th</sup> Street  
**Date:** March 24, 2015  
**Number:** 2015-047

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Mr. Bruce Kinseth of Kinseth Hospitality Companies has submitted a request for the Holiday Inn to install an air conditioning unit within the alley Right of Way (ROW) behind their property at 226 17<sup>th</sup> Street. The alley runs east/west between 2<sup>nd</sup>/3<sup>rd</sup> Avenues and 16<sup>th</sup>/17<sup>th</sup> Streets. The air conditioner unit support stand would be located immediately adjacent to the hotel building (attached diagrams).

Vehicular traffic thru the alley should not be affected by the presence of the unit within the alley ROW. In addition to the transformer, bollards will be installed to protect the transformer from motorists.

Existing utilities (water main and sanitary sewer) are located within 5 feet of the proposed air conditioning unit frame location.

If the City grants Riverview Lofts permission to install the transformer and bollards at this location, they would be required to provide the following:

1. Proof of insurance with the city listed as additional insured to hold the City harmless for any liability due to the presence of the air conditioning unit and bollards within the ROW. Kinseth Hospitality has already submitted a copy of their insurance certificate.
2. Provide a recordable agreement with the City to maintain the air conditioning unit and bollards. In addition, the agreement should recognize that the City will not replace the unit and/or bollards if it is necessary to remove them in order to maintain any existing or future utilities.

**Recommendation**

It is recommended that City Council allow Kinseth Hospitality Companies to install the air conditioning unit and bollards within the alley Right of Way behind the above referenced address as long as they provide proof of insurance and a recordable agreement.

**Submitted by:** Randall D. Tweet, Public Works Director  
Michael J. Kane, P.E., City Engineer

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

**USE OF PUBLIC RIGHT-OF-WAY PERMIT APPLICATION**

City of Rock Island Planning Office  
 City Hall, 1528 3rd Avenue  
 Rock Island, Illinois 61201  
 Phone: (309) 732-2900 Fax: (309) 732-2930  
 Email: planning@rigov.org



**BUSINESS OWNER / APPLICANT / AGENT INFORMATION**

Name:	Kinseth Hospitality III, LC	Phone:	319-626-8321
Name of Business Establishment:	Holiday Inn		
Address:	226-17 <sup>th</sup> St, Ste 1, Rock Island, IL 61201		
Email:	bkinseth@kinseth.com		

**PROPERTY OWNER INFORMATION**

Name:	Phone:
Company Name (if applicable):	
Address:	
Email:	
----- <i>If different from applicant, please attach notarized letter of authorization.</i>	

**SUBMITTAL REQUIREMENTS:**

- Letter addressed to the City Council describing proposed use, including the description of object(s)/planting(s) proposed, days/hours of operation.
- Notarized authorization of the owner of the property owner allowing submittal of application.
- Drawing or sketch with dimensions, depicting the location of the object(s) or planting(s) proposed to be placed in the public ROW, no larger than 11" x 17" in size.
- NOTE: Any object(s) or planting(s) shall not impede the free passage of pedestrians or vehicular traffic. A minimum of five feet (5') of clear, unobstructed sidewalk width shall be maintained to provide for sufficient pedestrian passage. Proof of comprehensive liability coverage against personal injury and property damage in the amount of \$1,000,000. A Certificate of Insurance naming the City of Rock Island as an individual insured and requiring that the City be notified 30 days prior to any termination or decrease of coverage.

Applicant's Signature:		Date:	3-12-15
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**FOR OFFICE USE ONLY-TO BE COMPLETED BY PUBLIC WORKS DIRECTOR**

APPROVALS

CED Department	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Planning Office	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Police Department	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Insurance	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Fire Department	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	City Council	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

Public Works Director approval:		Date:	3/24/15
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March 11, 2015

City of Rock Island

Re: Holiday Inn, Rock Island, IL

To Whom it May Concern:

In previous conversation with your offices, we are documenting in this letter our understanding that our air conditioning unit is sitting on City owned property. We had hired Crawford Company to build a rack to place this air conditioning unit on, and through their oversight failed to recognize that part of the structure sitting in the back alley is currently on City owned property.

We are requesting the City of Rock Island to allow this structure to remain as is. We have included with this letter proof of our insurance coverage in the event of any incidents that would result due to the A/C unit being in this location.

Details of our insurance carrier and coverages are shared on the insurance certificate attached.

We look forward to your response regarding this matter, feel free to contact me at my direct line 319-626-8321 or e-mail at [brucekinseth@kinseth.com](mailto:brucekinseth@kinseth.com).

Respectfully,



Bruce Kinseth  
Sr. Vice President

Encl.



# CERTIFICATE OF LIABILITY INSURANCE

5/17/2015

DATE (MM/DD/YYYY)

3/11/2015

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> Lockton Companies 444 W. 47th Street, Suite 900 Kansas City MO 64112-1906 (816) 960-9000	<b>CONTACT NAME:</b> _____	
	<b>PHONE (A/C, No, Ext):</b> _____	<b>FAX (A/C, No):</b> _____
<b>E-MAIL ADDRESS:</b> _____		
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURER A:</b> Zurich American Insurance Company		16535
<b>INSURER B:</b> Navigators Insurance Company		42307
<b>INSURER C:</b> Sentry Casualty Company		28460
<b>INSURER D:</b> _____		
<b>INSURER E:</b> _____		
<b>INSURER F:</b> _____		

**INSURED**  
 1317198 KINSETH HOTEL CORPORATION  
 2 QUAIL CREEK CIRCLE  
 NORTH LIBERTY, IA 52317

**COVERAGES** KINS02      **CERTIFICATE NUMBER:** 13393849      **REVISION NUMBER:** XXXXXXXX

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER: _____	N	N	GLA55742380-01	5/17/2014	5/17/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 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 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS	N	N	GLA55742380-01	5/17/2014	5/17/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$ XXXXXXXX
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTIONS 10,000	N	N	CHI4UMR782313IV	5/17/2014	5/17/2015	EACH OCCURRENCE \$ 25,000,000 AGGREGATE \$ 25,000,000 \$ XXXXXXXX
C	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N	N/A	90-18675-01	5/17/2014	5/17/2015	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E L EACH ACCIDENT \$ 1,000,000 E L DISEASE - EA EMPLOYEE \$ 1,000,000 E L DISEASE - POLICY LIMIT \$ 1,000,000
A	LIQUOR LIABILITY	N	N	GLA55742380-01	5/17/2014	5/17/2015	\$1,000,000 PER OCCURRENCE \$2,000,000 AGGREGATE

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 RE: Holiday Inn at 226 17th St., Rock Island, IL.

**CERTIFICATE HOLDER**

13393849  
 City of Rock Island  
 1528 Third Ave.  
 Rock Island IL 61201

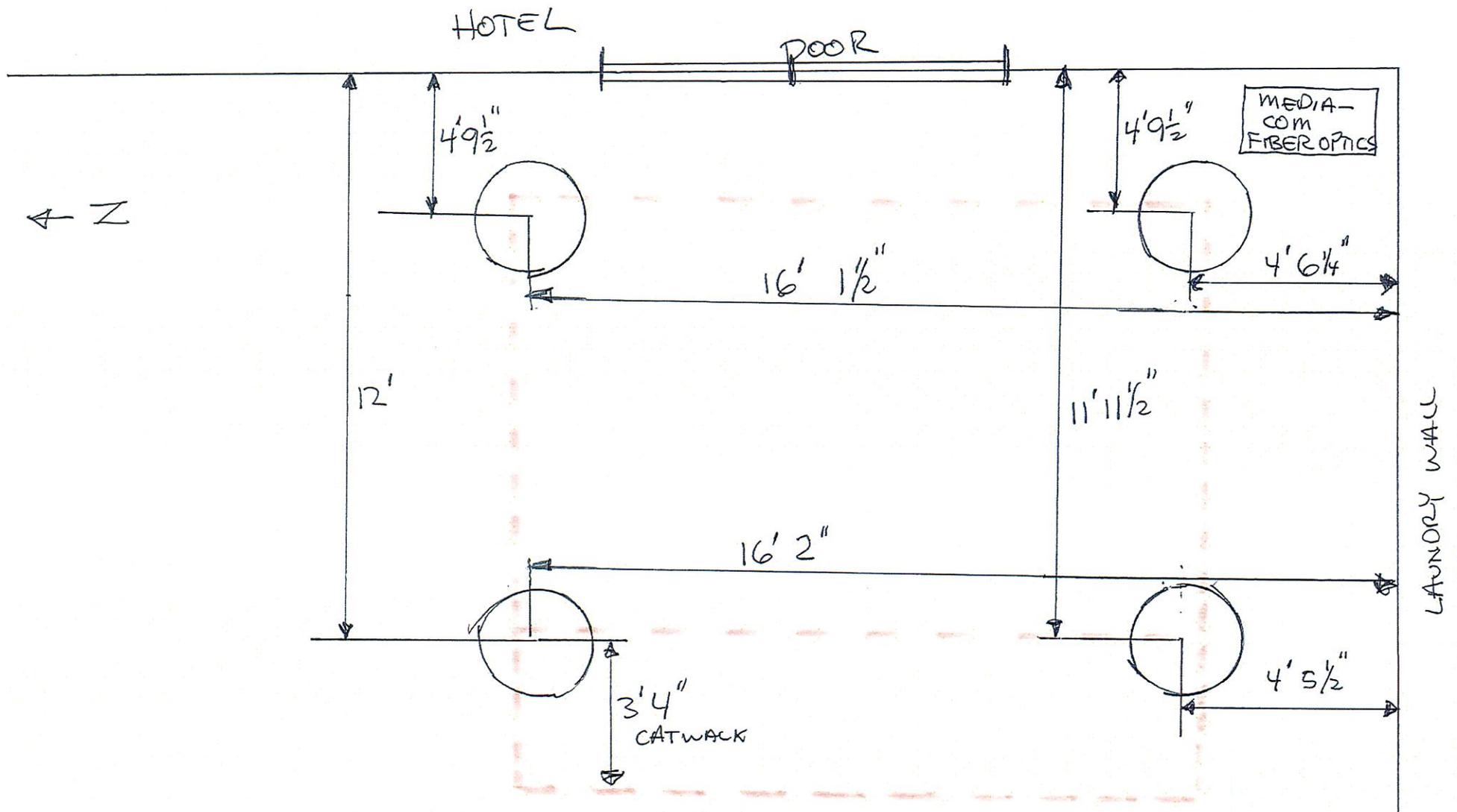
**CANCELLATION**

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

*Joseph M. Amelle*

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STAND FOR ROOFTOP

13' OFF OF POST'S

