

**Memorandum  
Office of the City Clerk**

**To:** Thomas Thomas, City Manager  
**Subject:** Walgreens 5K Color Run  
**Date:** April 10, 2015



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Attached is a letter, application and route map from Carla Bowker, Operations Trainer with Walgreens. Walgreens is requesting permission to hold their 2<sup>nd</sup> annual Color Me Happy 5K Run on Saturday, September 19, 2015 beginning at 8:00 am. The race will begin and end at 10<sup>th</sup> Street and 31<sup>st</sup> Avenue. The 5K Run starts at 8:00 am and will end at approximately 9:30 am. However, the street will remain temporarily closed until 10:30 am for cleanup. After the 5K, an after-party will be held in which the entire event will conclude at noon.

Walgreens is requesting permission for utilization of the vacant City lot located behind McDonalds on 11<sup>th</sup> Street for setting up tables for the after-party.

Also attached is a Resolution to be adopted by the City Council for temporary closure of the on-ramps to Highway 92 and the off-ramps from Highway 92 to 31<sup>st</sup> Avenue and to regulate traffic on 31<sup>st</sup> Avenue at 11<sup>th</sup> Street, 9<sup>th</sup> Street & 5<sup>th</sup> Street. It is noted that only the north side of 31<sup>st</sup> Avenue will be temporarily closed during this race, leaving access on the south side of 31<sup>st</sup> Avenue open to local businesses.

As a courteous gesture, Walgreens has opted to contact the local businesses along the route that may be affected by this event.

At different intervals along the course of this 5K Color Run, three color station locations will be set up where non-toxic colorful powders (cornstarch) will be dispersed into the air and shower the runners. The color station locations are indicated on the attached map. It is noted that Environmental Management Services, Inc. will provide cleanup services after the race. As part of the cleanup efforts, Environmental Management Services will vacuum and wash the streets to remove all of the colored powder.

Walgreens will be working with the Police Department for traffic control. It is noted that Walgreens has received permission from the Rock Island Parks and Recreation Department for utilization of Sunset Park for this event, which was approved at the Park Board's March 17<sup>th</sup> meeting.

Proceeds from this race will go to the ARC of the Quad Cities. The certificate of insurance is attached. However, the expiration date of the insurance is July 1, 2015. When the policy is renewed, the proper insurance will be forwarded to the City prior to the event date.

**RECOMMENDATION:**

It is recommended that Council approve the 5K Color Run for Walgreens and the request for the utilization of the vacant City lot, subject to Walgreens providing the proper insurance and adopt the resolution.

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**Submitted by:** Aleisha L. Patchin, City Clerk  
**Approved by:** Thomas Thomas, City Manager



Walgreen Co.  
4436 North Brady Street Suite 101  
Davenport, Iowa 52806  
P 563-386-2909 F 563-386-3092  
Carla.bowker@walgreens.com

3/6/2015

Dear Mayor,

My name is Carla Bowker and I am the race director for the Walgreens Color Me Happy 5K Run. I am preparing for the 2<sup>nd</sup> Annual Walgreens Color Me Happy 5K Run with proceeds going to the ARC of the Quad Cities. I am very excited to say, that last year we raised \$8,460.00 to benefit the ARC of the Quad Cities.

I would like to hold the race in your city on September 19, 2015 and I am requesting permission to do so. We are also requesting to use the vacant city lot located behind McDonald's on 11<sup>th</sup> Street to set up tables for the after party which will include refreshments and food for the participants. Like last year, we are requesting only the north side of 31<sup>st</sup> Avenue be closed, leaving the south side open to local businesses.

Here is our course request:

#### Directions

Start address: 10<sup>th</sup> Street & 31st Ave Rock Island, IL 61201

End address: Sunset Park Rock Island, IL 61201

1. Head west on 31st Ave towards Sunset Park – 1.1 mi
2. Turn in to Sunset Park and Continue north - 0.5 mi on bike path located on east side of park
3. Make a U-turn around run marker by parking lot located near baseball diamond
4. Head south towards 31<sup>st</sup> Avenue-0.5 mi on east side of the road
5. Head east on 31<sup>st</sup> Avenue to finish line-1.1mi

The colored powder will be dispersed at three locations during the course of the run to and from the finish line. Please refer to the attached google map for exact locations. Environmental Management Services, Inc. will be providing the cleanup of the powder after the run again this year. Like last year, they will be vacuuming and washing the streets to remove the colored powder.

Walgreen's will again be providing the insurance for this year's event. (Attached)

The Arc of the Quad Cities offers a variety of services for people living in our communities with special needs and disabilities. In some cases they provide housing, employment, day training, and other support services.

I would like to tell you how they have supported me and my family. When my grandmother passed away, my uncle Benny came to live with me. He is not able to live on his own. Through the Arc I was able to get him into their day program. Every day the bus picks him up and brings him home. He loves it! The staff is always available to answer my questions and offer support. If it wasn't for the Arc, I would have had to quit my job.

# Walgreens

I look forward to hearing from you.

Sincerely,

*Carla Bowker*

Walgreens Quad Cities Operations Trainer

[carla.bowker@walgreens.com](mailto:carla.bowker@walgreens.com)

# CITY OF ROCK ISLAND

## LICENSE APPLICATION



### ACTIVITY PERMIT

#### APPLICANT INFORMATION

SPONSOR NAME/ORGANIZATION <i>WALGREENS/ARC COLOR ME HAPPY</i>	ADDRESS <i>4436-NORTH BRADY ST</i>	CITY <i>DAVENPORT</i>	STATE <i>IA</i>	ZIP CODE <i>52806</i>
TELEPHONE NO. <i>309-781-5871</i>				

CONTACT PERSON <i>CARLA BOWKER</i>	ADDRESS <i>3203-18 AVENUE</i>	CITY <i>MOULNE</i>	STATE <i>IL</i>	ZIP CODE <i>61265</i>
TELEPHONE NO. <i>309-781-5871</i>				

#### ACTIVITY DETAILS

Type of Activity: (Check Appropriate Activity)

Parade	Run <i>5K</i>	Walk <i>5K</i>	March	Bicycle Ride	Other (specify below)
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*WALGREENS/ARC 2nd ANNUAL COLOR ME HAPPY 5K RUN/WALK*

DATE OF ACTIVITY (MONTH/DAY/YR)	EVENT START TIME ( AM/PM )	EVENT END TIME ( AM/PM )
<i>9/19/15</i>	<i>8:00 AM</i>	<i>12:00 PM</i>
SETUP OF EVENT (MONTH/DAY/YR)	SET UP BEGINS ( AM/PM )	SET UP ENDS ( AM/PM )
<i>9/19/15</i>	<i>6:30 AM</i>	<i>7:00 AM</i>

Estimated number of: (Place Number in Appropriate Box)

Participants: <i>250</i>	Floats: <i>0</i>	Vehicles:	Bands: <i>0</i>	Wheelchairs: <i>20</i>	Horses: <i>0</i>	Other:
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# CITY OF ROCK ISLAND

## LICENSE APPLICATION

Number of volunteers available for traffic control: 20

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

Tail car provided by sponsor: Yes \_\_\_\_\_ No X

Ambulance/first aid provided by sponsor: Yes X 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 X No \_\_\_\_\_ Unknown \_\_\_\_\_

Identify State-owned streets, if known. 10th STREET + 31st AVENUE, ON RAMP TO STATE HIGHWAY 92

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

Are barricades required from City? Yes X 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.**

Carla Brewer  
Signature of Applicant

3/6/15  
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  
*YES*

Insurance Information  
Included  
*Proper insurance  
forthcoming*

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



Run Turn around

Turn right

ke Potter

92

Centennial Expy

18 1/2 Ave

20th Ave

21st Ave

22nd Ave

23rd Ave

24th Ave

25th Ave

26th Ave

27th Ave

29th Ave

1st St

10th St

12th St

7th St

5th St

9th St

© 2014 Google

Run Start/Finish/Set up

Run S

tinue onto Sunset Ln

Second and fifth color burst

Head we

1994 Imagery Date: 5/20/2012 41°29'06.71" N 90°35'35.50" W elev 561 ft eye alt 5746 ft



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
04/02/2015

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> MARSH USA INC. 540 W. MADISON CHICAGO, IL 60661 Attn: Chicago.CertRequest@marsh.com   Fax: 212-948-0770	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): E-MAIL ADDRESS:		FAX (A/C, No):													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Zurich American Insurance Company</td> <td>16535</td> </tr> <tr> <td>INSURER B : American Zurich Insurance Company</td> <td>40142</td> </tr> <tr> <td>INSURER C : N/A</td> <td>N/A</td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>			INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Zurich American Insurance Company	16535	INSURER B : American Zurich Insurance Company	40142	INSURER C : N/A	N/A	INSURER D :		INSURER E :		INSURER F :
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INSURER D :																
INSURER E :																
INSURER F :																
<b>INSURED</b> WALGREEN CO. 300 WILMOT ROAD DEERFIELD, IL 60015																

**COVERAGES**                      **CERTIFICATE NUMBER:** CHI-005137276-01                      **REVISION NUMBER:** 5

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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b>		GLO 9310091-11	07/01/2014	07/01/2015	EACH OCCURRENCE \$ 4,000,000
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Liquor Liability <input checked="" type="checkbox"/> \$4M Aggregate GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		GLO 9310184-11 (PUERTO RICO)	07/01/2014	07/01/2015	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 4,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ N/A \$
	<b>AUTOMOBILE LIABILITY</b>					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					EACH OCCURRENCE \$ AGGREGATE \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB OCCUR CLAIMS-MADE DED RETENTION \$					\$ \$ \$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>		WC 9310092-11 (Ded) (AOS)	07/01/2014	07/01/2015	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER
A	<input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y / N <input checked="" type="checkbox"/> N N / A		WC 9310094-11 (Retro) (WI)	07/01/2014	07/01/2015	E.L. EACH ACCIDENT \$ 2,000,000 E.L. DISEASE - EA EMPLOYEE \$ 2,000,000 E.L. DISEASE - POLICY LIMIT \$ 2,000,000
A	EXCESS WORKERS COMPENSATION		EWS 9310093-11 (IL,LA)	07/01/2014	07/01/2015	SIR - \$5,000,000 SEE ABOVE
A	AND EMPLOYERS LIABILITY		EWS 9310447-11 (AZ)	07/01/2014	07/01/2015	SIR - \$250,000 SEE ABOVE

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Re: Color Me Happy 5K Run  
2015 Color Run City of Rock Island, and its officials, employees, and officials, employees, and agents are included as additional insured under General Liability, but only as required by written contract.

<b>CERTIFICATE HOLDER</b> 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 of Marsh USA Inc. Manashi Mukherjee <i>Manashi Mukherjee</i>
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AGENCY CUSTOMER ID: 018875

LOC #: Chicago



### ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

AGENCY MARSH USA INC.		NAMED INSURED WALGREEN CO. 300 WILMOT ROAD DEERFIELD, IL 60015	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

**ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

␣  
␣  
EXCESS WORKERS COMP. & EMPLOYERS LIABILITY (CONTINUED)  
CARRIER: ZURICH AMERICAN INSURANCE COMPANY  
POLICY NUMBER: EWS 9310448-11 (MA,TN)  
POLICY TERM: 7/1/2014 - 7/01/2015  
LIMITS: SAME AS ON PAGE ONE UNDER THE WORKERS COMPENSATION AND EMPLOYERS LIABILITY LIMITS:  
SIR - \$2,000,000  
␣

**RESOLUTION NO. 08-2015**

**HIGHWAY RESOLUTION**

WHEREAS, **Walgreens** is sponsoring a **5K Color Run** in the **CITY of ROCK ISLAND** which event constitutes a public purpose;

WHEREAS, this **5K Color Run** will require the temporary closure of Highway 92 **on-ramps to Highway 92, a State Highway in the CITY of ROCK ISLAND and off-ramps from Highway 92, a State Highway in the CITY OF ROCK ISLAND to 31<sup>st</sup> Avenue.** 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 the on and off ramps from Highway 92 at 31<sup>st</sup> Avenue and to regulate traffic on 31<sup>st</sup> Avenue in the CITY of ROCK ISLAND at 11<sup>th</sup> Street, 9<sup>th</sup> Street and 5<sup>th</sup> Street** 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 the hours of **7:30 am and 10:30 am on Saturday, September 19, 2015.**

BE IT FURTHER RESOLVED that this closure is for the public purpose of use for **Walgreens 5K Color Run.**

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 detour route shall be as follows: **No Detour Route Needed.**

BE IT FURTHER RESOLVED that **Walgreens** 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 **Walgreens**, 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 **Walgreens** prior to re-opening the State Highway.

BE IT FURTHER RESOLVED, that such signs, flags, barricades, etc., shall be used by **Walgreens** as may be approved by the Illinois Department of Transportation. These items shall be provided by **Walgreens**.

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 **Walgreens** 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 **Walgreens** 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 20<sup>th</sup> day of April 2015, A.D.

\_\_\_\_\_  
MUNICIPAL CLERK

APPROVED by the CITY COUNCIL of the CITY of ROCK ISLAND this 20<sup>th</sup> day of April 2015, A.D.

ATTEST: \_\_\_\_\_  
MUNICIPAL CLERK

\_\_\_\_\_  
MAYOR