

**Memorandum
Office of the City Clerk**

To: Thomas Thomas, City Manager
Subject: Cornbelt Running Club Run/Walk
Date: July 28, 2015



Attached is an application, map and certificate of insurance for the Cornbelt Running Club to hold their 27th annual Nancy Kapheim Memorial Classic 5K and 10K Run on Sunday, October 4, 2015 beginning at 8:00 am and ending at 9:30 am.

The 10K and 5K Run/Walk will begin and end at Sunset Park and portions of the bike path will be utilized. Cornbelt will be working with the Police Department for traffic control. This group has not encountered any problems in the past and none are anticipated for this event.

RECOMMENDATION:

It is recommended that Council approve the event for the Cornbelt Running Club.

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	ADDRESS	CITY	STATE	ZIP CODE
CORN BELT RUNNING CLUB	315 - E. GEORGE WASHINGTON BLVD	DAVENPORT	IA.	52803
TELEPHONE NO.				

CONTACT PERSON	ADDRESS	CITY	STATE	ZIP CODE
DALE K. MANLEY	1132 - 23 RD ST	MOLINE	IL.	61265
TELEPHONE NO. 309-764-8201 / Cell 309-948-9653				

ACTIVITY DETAILS

Type of Activity: (Check Appropriate Activity)

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

DATE OF ACTIVITY (MONTH/DAY/YR)	EVENT START TIME (AM/PM)	EVENT END TIME (AM/PM)
OCT 4, 2015	8:00 AM	9:30 AM
SETUP OF EVENT (MONTH/DAY/YR)	SET UP BEGINS (AM/PM)	SET UP ENDS (AM/PM)
OCT 4, 2015	6:00 AM	11:00 AM

Estimated number of: (Place Number in Appropriate Box)

Participants:	Floats:	Vehicles:	Bands:	Wheelchairs:	Horses:	Other:
250	Ø	1	Ø	UNKNOWN	Ø	

CITY OF ROCK ISLAND

LICENSE APPLICATION

Number of volunteers available for traffic control: _____

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. _____

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.

Debra A. Hickey
Signature of Applicant

July 21, 2015
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 3rd Avenue, Rock Island, IL. 61201
(309) 732-2010



Aleisha Patchin <patchin.aleisha@rigov.org>

Nancy Kapheim Memorial Classic

1 message

Dale Manley <dkmrun1@aol.com>

Mon, Jul 20, 2015 at 10:13 PM

To: patchin.aleisha@rigov.org

Dear Aleisha Patchin
City Clerk
1528-3rd Ave
Rock Island, IL 61201

Enclosed is the application, map & insurance certificate for the Nancy Kapheim Memorial Classic 5k Run/Walk & 10k Run on Sunday October 4th 2015

The Run will start & finish in Sunset Park Rock Island, IL. We will have all streets coned & secured by the Rock Island Police Dept and our volunteers

Any other questions or concerns please contact me 309-764-8201

Sincerely
Dale Manley
Race Director
Combelt Running Club

NANCY KAPHEIM MEMORIAL CLASSIC



GONE RUNNING
HOSTED BY CORNBELT RUNNING CLUB



NANCY KAPHEIM 10K COURSE

Start – Sunset Lane in Sunset Park

North on Sunset Lane to 18th Ave

West on 18th Ave to Skafidas Parkway

South on Skafidas Parkway to turnaround

North on Skafidas Parkway to 18th Ave

East on 18th Ave to bike path

North east on bike path to Modern Woodman

Turn around at Modern Woodman

Southwest on bike path to 6th Ave

Merge on to Mill St, south to 18th Ave

West on 18th Ave to bike path at park entrance

South on bike path to finish behind main pavilion

NANCY KAPHEIM 5K COURSE

Start – Sunset Lane in Sunset Park

North on Sunset Lane to 18th Ave

West on 18th Ave to Skafidas Parkway

South on Skafidas Parkway to turnaround

North on Skafidas Parkway to 18th Ave

East on 18th Ave to bike path

North on Mill Street to 6th Ave

Turn around at 6th Ave, and Mill St

South on Mill St to 18th Ave

West on 18th Ave to bike path at park entrance

South on bike path to finish behind main pavilion



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/16/2015

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).

PRODUCER Jay Olson Insurance Agency, Inc. 217 E. Main St. State Farm Knoxville, IA 50138	CONTACT NAME: Jay Olson PHONE (A/C, No, Ext): 641 842-2161 E-MAIL: jay@jayolsonagency.com	FAX (A/C, No): 641 842-3590
	INSURER(B) AFFORDING COVERAGE	
INSURED Cornbelt Running Club, Inc. 315 Geo Wash Blvd Davenport, IA 52803	INSURER A: State Farm Fire and Casualty Company	NAIC # 25143
	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(SUBR) INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR (GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		95-EH-8227-1	08/08/2015	08/08/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPI/OP 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					COMBINED SINGLE LIMIT (Per accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$		95-CQ-2292-9	09/01/2015	09/01/2016	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/BOARDER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A <input type="checkbox"/>				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)

The Nancy Kapheim Memorial Classic; Sunday, October 4th, 2015; 5k & 10k Sunset Park in Rock Island, IL

CERTIFICATE HOLDER

City of Rock Island & Rock Island Parks Dept

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