

MEMORANDUM

FIRE DEPARTMENT- FIRE CHIEF

TO: Thomas Thomas, City Manager

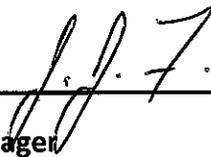
SUBJECT: MDA Fundraiser

Date: 08/11/2015

Rock Island Fire Department local # 26 of the IAFF is looking to participate in a fundraiser for the MDA. This fundraiser would consist of "Fill the Boot" campaign at a major intersection, "30th Street & 18th Avenue" in the City of Rock Island. This event would take place on Friday, August 28th from 3pm-7pm and Saturday, August 29th from 10am to 2 pm. Prior to the fundraiser event, Local # 26 would have a certificate of liability insurance from the MDA organization.

Recommendation: That the City Council accept Local # 26 request for a MDA "Fill the Boot" campaign at the intersection of 30th Street & 18st Avenue on Friday, August 28 from 3pm-7pm , and Saturday, August 29 from 10am to 2pm.

Submitted by: James J Fobert, Fire Chief



Approved by: Thomas Thomas, City Manager

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 USI Insurance Services LLC, CL 2375 E. Camelback Road, Suite 250 Phoenix, AZ 85016-3424 Phone: 602-395-9111 Fax: 602-395-0222	CONTACT NAME : Vicki Negbee	
	PHONE (A/C, No, Ext): 602 - 749-4211	FAX (A/C, No): 602-395-0222
E-MAIL ADDRESS: vicki.negbee@usi.biz		
PRODUCER CUSTOMER ID #		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED Muscular Dystrophy Association, Inc. 222 South Riverside Plaza, #1500 A Chicago, IL 60606	INSURER A : Ace American Insurance Company	22667
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F : USI CA Resident Lic #0351162	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

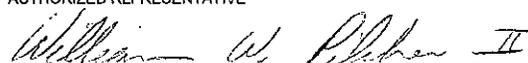
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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	
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						EACH OCCURRENCE	\$
							DAMAGE TO RENTED PREMISES (Ea Occurrence)	\$
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
							GENERAL AGGREGATE	\$
							PRODUCTS-COMP/OPS AGG	\$
								\$
	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 (Ea accident)	\$
							BODILY Injury (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
								\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE _____ RETENTION \$ _____						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
								\$
	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 STAT-TORY LIMITS	OTH-ER
							E.L. EACH ACCIDENT	
							E.L. DISEASE -EA EMPLOYEE	
							E.L. DISEASE - POLICY LIMIT	
A	*Firefighters Blanket Accident			PTPN04822420	01/01/2015	01/01/2016		

*See Desc of Operations

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

Firefighters Blanket Accident (Includes All Active & Retired Firefighters, Cadets, Firefighters in training and EMT's as MDA Volunteers) - Limits: \$500,000 AD&D; Paralysis and Medical Included; \$1,000 Weekly Accident Indemnity; \$5,000,000 Aggregate; \$10,000 deductible applies. Workers compensation exclusion has been removed from this Policy.

CERTIFICATE HOLDER Muscular Dystrophy Association, Inc. For Reference Only	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 
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CUSTOMER ID: _____



ADDITIONAL REMARKS SCHEDULE

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AGENCY USI Insurance Services, LLC	NAMED INSURED Muscular Dystrophy Association, Inc.
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ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: 2010/05

[Empty area for additional remarks]