

**Memorandum
Office of the City Clerk**

To: John C. Phillips, City Manager
Subject: Rock Island High School Homecoming Parade
Date: August 31, 2011



Attached is an application for the Rock Island High School Homecoming Parade to be held on Friday, September 23, 2011 beginning at 3:00 pm and ending at 4:30 pm.

The route will be the same as in the past, beginning on 24th Street and 18th Avenue, south on 24th Street to 25th Avenue, and west on 25th Avenue to Rock Island High School.

The Certificate of Insurance listing the City of Rock Island as additional insured is attached.

RECOMMENDATION:

It is recommended that Council approve the event.

Submitted by: Aleisha L. Patchin, City Clerk

Approved by: John C. Phillips, City Manager



ROCK ISLAND ILLINOIS

CITY OF ROCK ISLAND LICENSE APPLICATION ACTIVITY PERMIT

Type of Activity: (Check Appropriate Activity)

Table with columns: Parade (checked), Run, Walk, March, Bicycle Ride, Other (specify below)

Day/Date of Activity: Friday September 23, 2011

Event Start Time: 3:00 Event Ending Time: 4:30

Set-up Start Time: 2:00 Clean-up End Time: 4:45

Sponsor Name/Organization: Rock Island H.S. (Homecoming) Heidi Steger

Address: 1400 25th Ave RI

Contact Person Address: 1400 25th Ave RI

Telephone: 309-793-5950

Telephone: 309-793-5950 ext 1028

Estimated number of: (Put Number in Appropriate Boxes)

Table with columns: Bands (1), Floats (7), Vehicles (50), Wheelchairs (2), Participants (100), Horses (0), Other (Specify)

Number of volunteers available for traffic control: 12-15 (Contact Police Department to arrange for traffic control. Telephone No. 732-2402.)

Tail car provided by sponsor? [X] Yes [] No

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. N/A

Does sponsor provide barricades? [X] Yes [] No

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.

All required insurance papers must be attached to this application. Permit cannot be issued without proof of insurance.

Heidi Steg
Signature of Applicant

8-23-11
Date of Application

Note: A copy of your application will be submitted to the Police Department so they will be able to assist you with any needed traffic control.

Do not write below line – to be completed by City Clerk’s Office

Route map and/or information included: ✓ Yes No

Insurance information included: ✓ Yes No

City Council approval: _____

City Clerk approval: _____

License / Permit number: _____

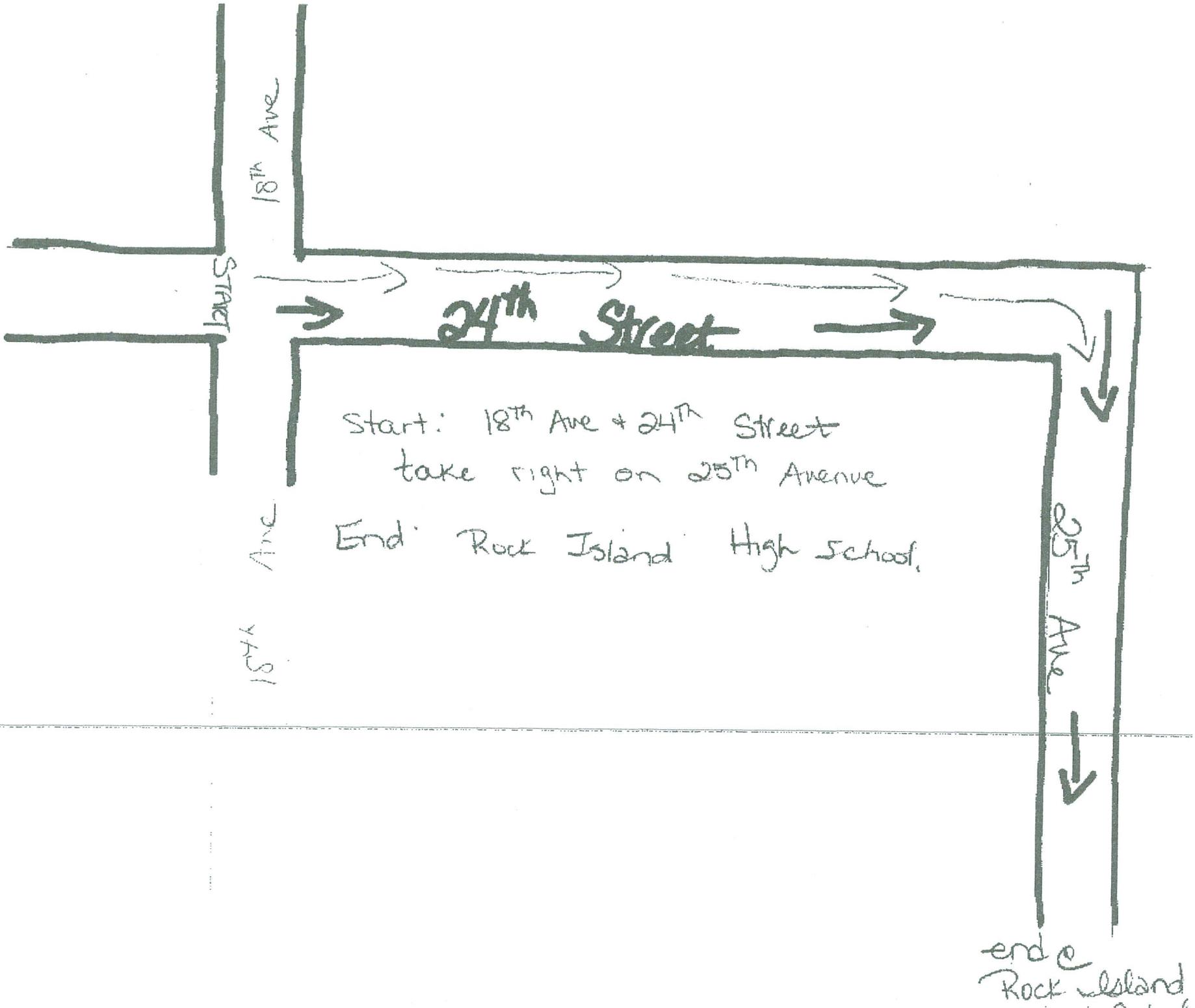
License Printed: _____ License Delivered: _____

Return completed application,
Insurance Certificate, Map and any other additional documents to:

City Clerk’s Office, 1528 3rd Avenue, Rock Island, IL 61201

Call 309-732-2010 if you have questions.

* Parade Line-up *



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/24/11

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
Cleveland Insurance Group
1617 2nd Avenue, Suite #200
Rock Island, IL 61201
Kevin P. O'Hara

309-794-9700
309-786-9603

CONTACT NAME:
PHONE (A/C, No, Ext):
E-MAIL ADDRESS:
PRODUCER CUSTOMER ID #: RISCH-1
FAX (A/C, No):

INSURED
Rock Island School Dist #41
2101 6th Avenue
Rock Island, IL 61201

INSURER(S) AFFORDING COVERAGE

INSURER A: Selective Insurance Company	NAIC # 02429
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	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 type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		S1691624	07/01/11	07/01/12	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea. occurrence) \$ 100,000 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 Emp Ben. \$ 1,000,000
A	AUTOMOBILE LIABILITY <input checked="" 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		S1691624	07/01/11	07/01/12	COMBINED SINGLE LIMIT (Ea. accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB CLAIMS-MADE DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 0		S1691624	07/01/11	07/01/12	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/M <input type="checkbox"/> N/A					WC STATUTORY LIMITS <input type="checkbox"/> OTHER <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)
 Certificate holder is listed as additional insured as respects:
 Homecoming Parade on Sept 23, 2011.

CERTIFICATE HOLDER

City of Rock Island
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

Kevin P O'Hara