

**Memorandum
Office of the City Clerk**

To: Robert T. Hawes, Interim City Manager
Subject: RIHS Corner Can Collections
Date: October 14, 2011



Attached is an Activity application from Rock Island High School for their annual corner can collections on Saturday, November 5, 2011 from 9:00 am to 3:00 pm. This event will be held to raise money for the Student Hunger Drive.

The students will wear safety vests, be supervised and will not obstruct traffic at 31st Avenue and 24th Street.

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

RECOMMENDATION:

It is recommended that Council approve the activity application.

Submitted by: Aleisha L. Patchin, City Clerk

Approved by: Robert T. Hawes, Interim City Manager



CITY OF ROCK ISLAND LICENSE APPLICATION ACTIVITY PERMIT

Type of Activity: (Check Appropriate Activity)

Table with columns: Parade, Run, Walk, March, Bicycle Ride, Other (specify below). 'Other' is checked with an 'X'.

Coener can collections for Student Hunger Drive

Day/Date of Activity: November 5, 2011

Event Start Time: 9:00 am Event Ending Time: 3:00 pm

Set-up Start Time: Clean-up End Time:

RIHS Student Senate
Sponsor Name/Organization
1400 25th Avenue RI
Address
309-793-5950
Telephone

Hedi Steger
Contact Person
1400 25th Ave RI
Address
309-793-5950 ext 1028
Telephone (309) 737-1894 cell

Estimated number of: (Put Number in Appropriate Boxes)

Table with columns: Bands, Floats, Vehicles, Wheelchairs, Participants (8), Horses, Other (Specify)

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

Tail car provided by sponsor? Yes No N/A

Ambulance/first aid provided by sponsor? Yes No N/A

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 X Unknown

Identify State-owned streets, if known. N/A

Does sponsor provide barricades? Yes No X N/A

Are barricades required from City?

___ Yes No Qty: W/A

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.

Hiedi Steg
Signature of Applicant

10/13/11
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.

Rock Island High School

F A X C O V E R

Date: 10/12/11
Send to: City Clerk
Attention:
Office location:
Fax number: 309-732-2055
From: Heidi Steger
Office location: Rock Island High
Phone number: 309-793-5950

URGENT
 REPLY ASAP
 PLEASE COMMENT
 PLEASE REVIEW
 FOR YOUR INFORMATION

TOTAL PAGES, INCLUDING COVER: 4

Comments:

Please find the enclosed application for an event that we would like to have. If you have any questions feel free to contact me at (309) 737-1894. Thank you!!

Event location: corners/Intersection of
24th Street + 31st Ave.

All participants will wear safety vests.

Heidi



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/24/11

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 COVERED HEREIN. THIS CERTIFICATE OF LIABILITY 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).

Rock Island Insurance Group 1 Avenue, Suite #200 Rock Island, IL 61201 O'Hara	309-794-9700 309-786-9603	CONTACT NAME: PHONE (A/C, No, Ex): E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: RISCH-1	FAX (A/C, No):
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Selective Insurance Company		02429	
INSURER B:			
INSURER C:			
INSURER D:			
INSURER E:			
INSURER F:			

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

AGES CERTIFICATE NUMBER: REVISION NUMBER:
 I HEREBY CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD STATED. 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, CONDITIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR . 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
MOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS 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) \$ \$ \$
UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE	S1691624	07/01/11	07/01/12	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$ \$
REDUCTIBLE RETENTION \$ 0 WORKERS COMPENSATION EMPLOYERS' LIABILITY Y/N PROPRIETOR/PARTNER/EXECUTIVE MEMBER EXCLUDED? <input type="checkbox"/> Y/A (Describe under DESCRIPTION OF OPERATIONS below)				WC STATU- TORY LIMITS OTH- ER 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:

DATE 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 <i>Kevin P O'Hara</i>
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