

**Memorandum
Office of the City Clerk**

To: Thomas Thomas, City Manager
Subject: Christian Care - 5K Road Race
Date: May 11, 2012



Attached is an Activity application, letter and two (2) route maps from Christian Care and the Fellowship of Christian Athletes. They are requesting to hold a 5K Race on Saturday, June 2, 2012 beginning at 8:00 am. This event will start at the corner of 23rd Street and 3rd Avenue.

Christian Care will be contacting the Rock Island Police Department for traffic control. No streets will be closed for this event, which will be held within the downtown area. Due to this event taking place in the downtown area, Executive Director Catherine Rodgers-Ingles was contacted to review the application. It is noted that no conflicts are anticipated.

The purpose of this event is to help fund Christian Care's domestic violence shelter and rescue mission and the Fellowship of Christian Athletes. The certificate of insurance is attached.

RECOMMENDATION:

It is recommended that Council approve the event for Christian Care and the Fellowship of Christian Athletes.

Submitted by: Aleisha L. Patchin, City Clerk

Approved by: Thomas Thomas, City Manager



Mission: 309.786.5734 • fax: 309.786.6774
Shelter: 309.788.2273 • fax: 309.788.9662
www.christiancareqc.org

April 30, 2012

Aleesha Patchen
City Clerk
City of Rock Island
1528 3rd Ave
Rock Island, IL 61201

Dear Aleesha,

Christian Care and Fellowship of Christian Athletes respectively request an activity permit for our 2nd annual Run for the Son in Rock Island. Please refer to the enclosed license application, insurance certificate, written race map and visual race map. Thank you for your consideration.

Sincerely,

Rebecca Wheeler
Marketing and Events Coordinator

Transforming Lives

2209 3rd Avenue, PO Box 4176, Rock Island, Illinois 61204-4176



CITY OF ROCK ISLAND
 LICENSE APPLICATION
ACTIVITY PERMIT

Type of Activity: (Check Appropriate Activity)

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

Day/Date of Activity: June 2, 2012

Event Start Time: 8 AM Event Ending Time: 9:30 AM

Set-up Start Time: 6 AM Clean-up End Time: 10:30 AM

Christian Care
 Sponsor Name/Organization
2209 3rd Ave RI, IL 61201
 Address
309-788-2273
 Telephone

Rebecca Wheeler
 Contact Person
same
 Address
 Telephone

Estimated number of: (Put Number in Appropriate Boxes)

Bands	Floats	Vehicles	Wheelchairs	Participants 200	Horses	Other (Specify)
-------	--------	----------	-------------	---------------------	--------	-----------------

Number of volunteers available for traffic control: 15-20
 (Contact Police Department to arrange for traffic control. Telephone No. 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

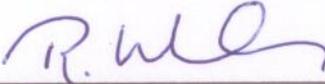
Identify State-owned streets, if known. _____

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.

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



Signature of Applicant

4-30-12

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.

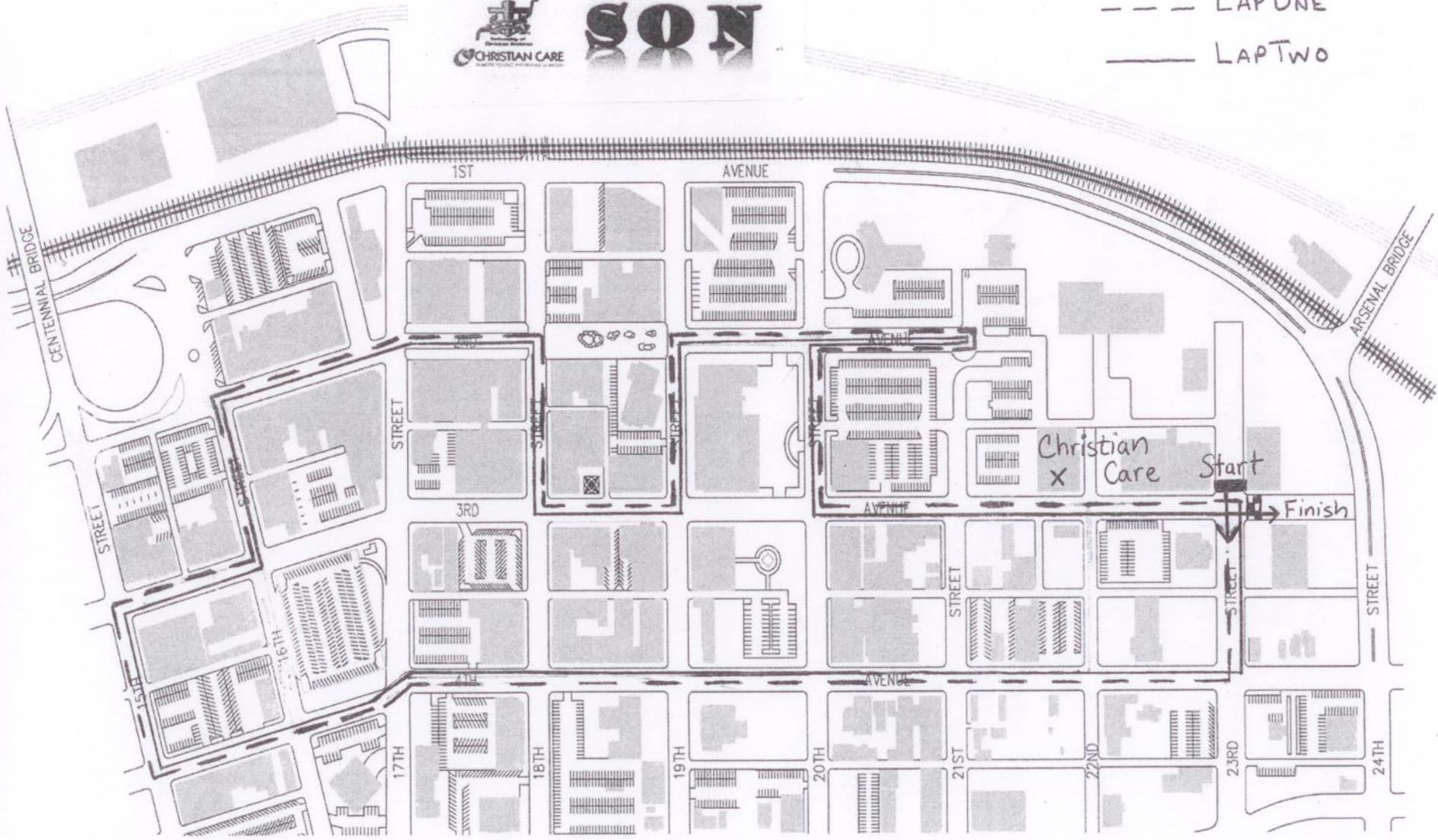
Run for the Son, 2012
Written Race Map

1. Start at the corner of 23rd St and 3rd Ave
2. Head South down 23rd St
3. Right on 4th Ave, heading West
4. Right on 15th St, heading North
5. Right on 3rd Ave, heading East
6. Left on 16th St, heading North
7. Right on 2nd Ave, heading East
8. Right on 18th St, heading South
9. Left on 3rd Ave, heading East
10. Left on 19th St, heading North
11. Right on 2nd Ave, heading East and continuing down to cul-de-sac turn
12. Turn in cul-de-sac and head back West on 2nd Ave
13. Left on 20th St, heading South
14. Left on 3rd Ave, heading East
15. Right on 23rd St, heading South
16. Repeat from step 2.

RUN FOR THE SON



--- LAP ONE
— LAP TWO



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/12/2012

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 Merriam Insurance Agency 376 Broadway P O Box 1038 Schenectady, NY 12301-1038	CONTACT NAME: PHONE (A/C, No, Ext): 518.393.2109 FAX (A/C, No): 518.346.0996		
	E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: 00008821		
INSURED Christian Care Inc. 2209 3rd Avenue Rock Island, IL 61204-4176	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : Great American Insurance Co.		
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		

COVERAGES **CERTIFICATE NUMBER: City of Rock Island** **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
A	GENERAL LIABILITY			PAC3151386	08/01/2011	08/01/2012	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS						\$
	<input type="checkbox"/> NON-OWNED AUTOS						\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	DEDUCTIBLE						\$
	RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU-TORY LIMITS OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						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)

As per policy. The City of Rock Island is listed as additional insured with regards to the Run for the Son event. The insured is hosting a run through the District of Rock Island on June 2, 2012, from 6 am to 11 am.

CERTIFICATE HOLDER City of Rock Island 1528 3rd Avenue Rock Island, IL 61202	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 