

★ **Roll Call Number**

Agenda Item Number

40

Date ..... May 4, 2009

Application from Drake Area Business Association requesting approval for banners to be hung at Forest Avenue from 21<sup>st</sup> Street to 32<sup>nd</sup> Street, University Avenue from 22<sup>nd</sup> Street to 32<sup>nd</sup> Street, 30<sup>th</sup> Street from University Avenue to Forest Avenue, and 25<sup>th</sup> Street from Cottage Grove to Carpenter Avenue from April 15 to October 15, 2009.

Moved by \_\_\_\_\_ to receive, file and approve banner.

COUNCIL ACTION	YEAS	NAYS	PASS	ABSENT
COWNIE				
COLEMAN				
HENSLEY				
KIERNAN				
MAHAFFEY				
MEYER				
VLASSIS				
<b>TOTAL</b>				
MOTION CARRIED			APPROVED	

**CERTIFICATE**

I, DIANE RAUH, City Clerk of said City hereby certify that at a meeting of the City Council of said City of Des Moines, held on the above date, among other proceedings the above was adopted.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal the day and year first above written.

\_\_\_\_\_  
Mayor

\_\_\_\_\_  
City Clerk



City of Des Moines  
Application for Permission to Temporarily Place  
Banner(s) or Item(s)  
Over/Across Public Street and/or Right-of-Way

Please submit application 45 days in advance  
Print or Type

Applicant: DRAKE AREA BUSINESS ASSOCIATION

Address: P.O. BOX 41252, DES MOINES

Contact Person: LARRY JAMES JR. Alternate Contact: WOODY WASSON

Daytime Telephone: 515.246-4519 Cell: 515.205-2158

E-Mail Address: larryjamesjr@gmail.com Fax: 515.246-4550

Date(s) the banner(s) or item(s) will be displayed: APRIL 15 - OCT. 15, 2009  
(PENDING APPROVAL)

Purpose of the banner(s) or item(s): TO PROMOTE THE DOGTOWN BUSINESS DISTRICT

Preferred Location: Please provide a map or diagram of the street indicating banner location.  
SEE ATTACHED MAP

How will the banner(s) or item(s) be anchored?  
VIA 1" POLES AT THE TOP AND BOTTOM OF THE BANNER, BRACKETS ANCHORED TO UTILITY POLE VIA STRAPS.

Size of banner(s) or item(s): 28" WIDE X 75" HIGH

Specifications of banner(s) or item(s):

Type of Material: VINYL (16 OZ MATERIAL); HEMMED AT EDGES

Number of grommets used to secure banner or item:  
NONE - BANNERS ATTACHED VIA POLE POCKETS + 1" POLES ON BRACKETS

Sketch of banner or item design: Will you need electricity provided for your item? NO  
If electricity is necessary, how would it be obtained:  
SEE ATTACHED

CITY CLERK  
DES MOINES, IOWA

2009 APR 15 PM 4:00

FILED

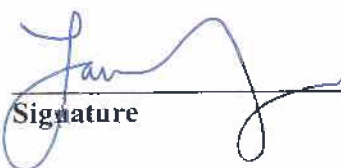
**Indemnification:**

To the fullest extent permitted by law, the Applicant agrees to defend, pay on behalf of, indemnify, and hold harmless the City of Des Moines, Iowa against any and all claims, demands, suites, or loss, including any and all outlay and expense connected therewith, by reason of personal injury, bodily injury or death, and property damage, which arises out of the Applicant erecting, displaying, maintaining and removing banner or item display.

**Insurance:**

A Certificate of Insurance to demonstrate compliance with these requirements shall be submitted to the City's Risk Management Office. Applicant shall purchase and maintain during the period of the banner or item display, including erection, display and removal of banner or item. General Liability Insurance with a limit of no less than \$500,000 per occurrence and/or aggregate, Automobile Liability Insurance for owned (if applicable), non-owned and hired vehicles with a limit of no less than \$500,000 per occurrence. Both the General and Automobile Liability Insurance policies shall include Contractual Liability coverage equivalent to that included in a standard ISO insurance form with the General Liability edition date being no earlier than 1998, unless otherwise approved by the City of Des Moines, Iowa. If the banner or item display is part of a special event for which a Street Use Permit is granted the insurance required for the Street Use Permit will be considered to also cover insurance otherwise required for this permit.

Applicant agrees to provide all maintenance and upkeep of the banner(s) or item(s) for the duration that the banner(s) or item(s) is in place. Banner(s) or item(s) may be removed at the expense of the applicant if required by the City.

  
\_\_\_\_\_  
Signature

4/1/2009  
\_\_\_\_\_  
Date

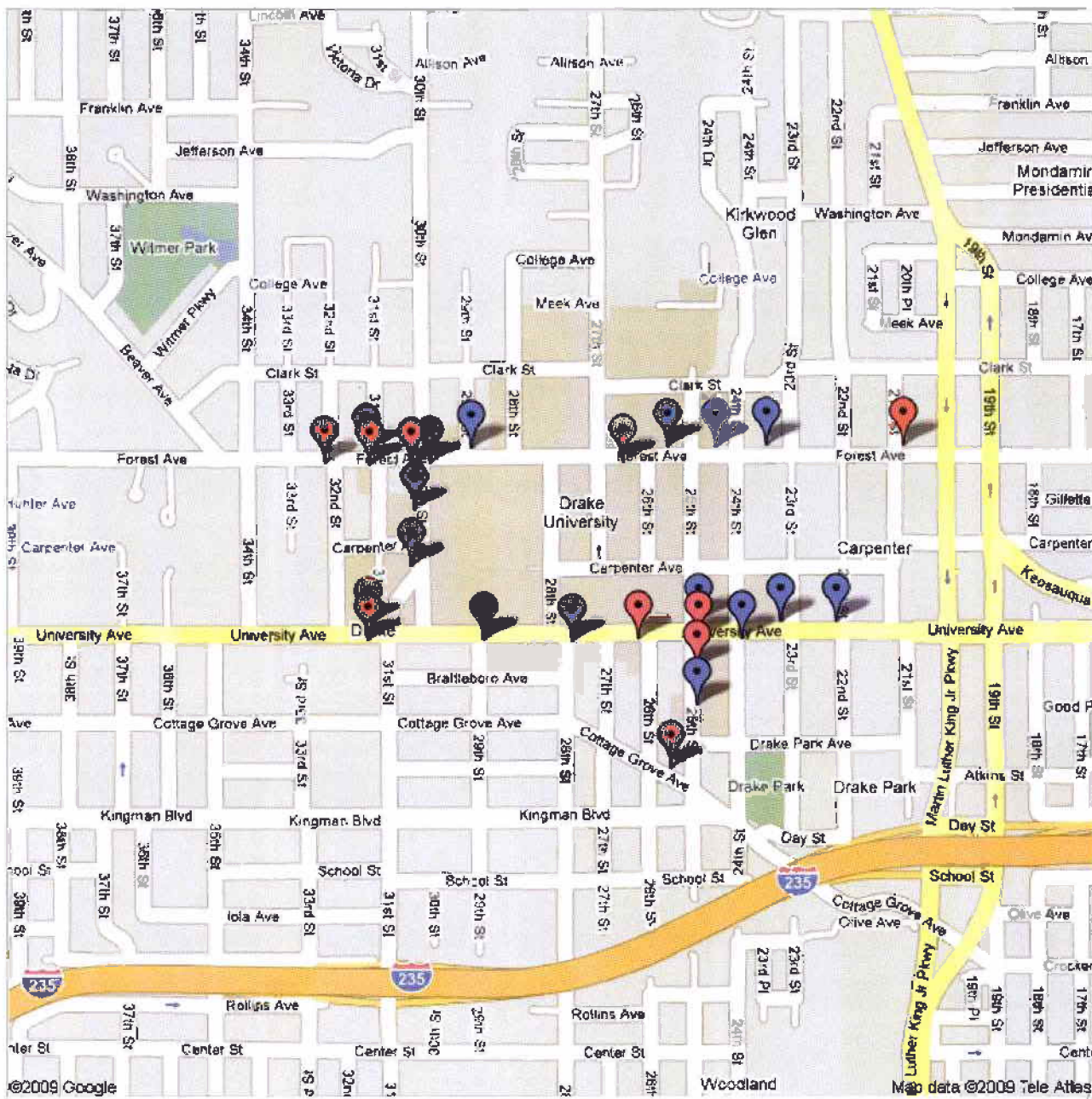
Please return to City Clerk's Office  
400 Robert D. Ray Drive  
Des Moines, IA 50309  
Phone: (515) 283-4209, Ext. 7  
Fax: (515) 237-1645

**FOR OFFICE USE ONLY:**  
Traffic Division approval: \_\_\_\_\_  
Risk Management approval: \_\_\_\_\_  
City Council approval: \_\_\_\_\_



Get Google Maps on your phone

Text the word "GMAPS" to 466453



**Dogtown District Banners**

Dogtown District Banner locations.

Blue = Existing banner location

Red = New banner location

11 views - Public

Created on Apr 15 - Updated 3 hours ago

By [Larry](#)

[Rate this map](#) - [Write a comment](#)



[Woody's Smoke Shack](#)



[Drake Diner](#)



[First Christian Church/Irene's Flowers/Hilal Grocery](#)



[Chicha Shack/Jimmy John's](#)



[Great Clips](#)



[Planet Sub](#)



[Platinum Kutz/Firehouse Yoga](#)



[Kum & Go](#)



[Christian Printers](#)



[West End Lounge](#)



[Forest Ave. Laundry](#)



[Knapp Center](#)



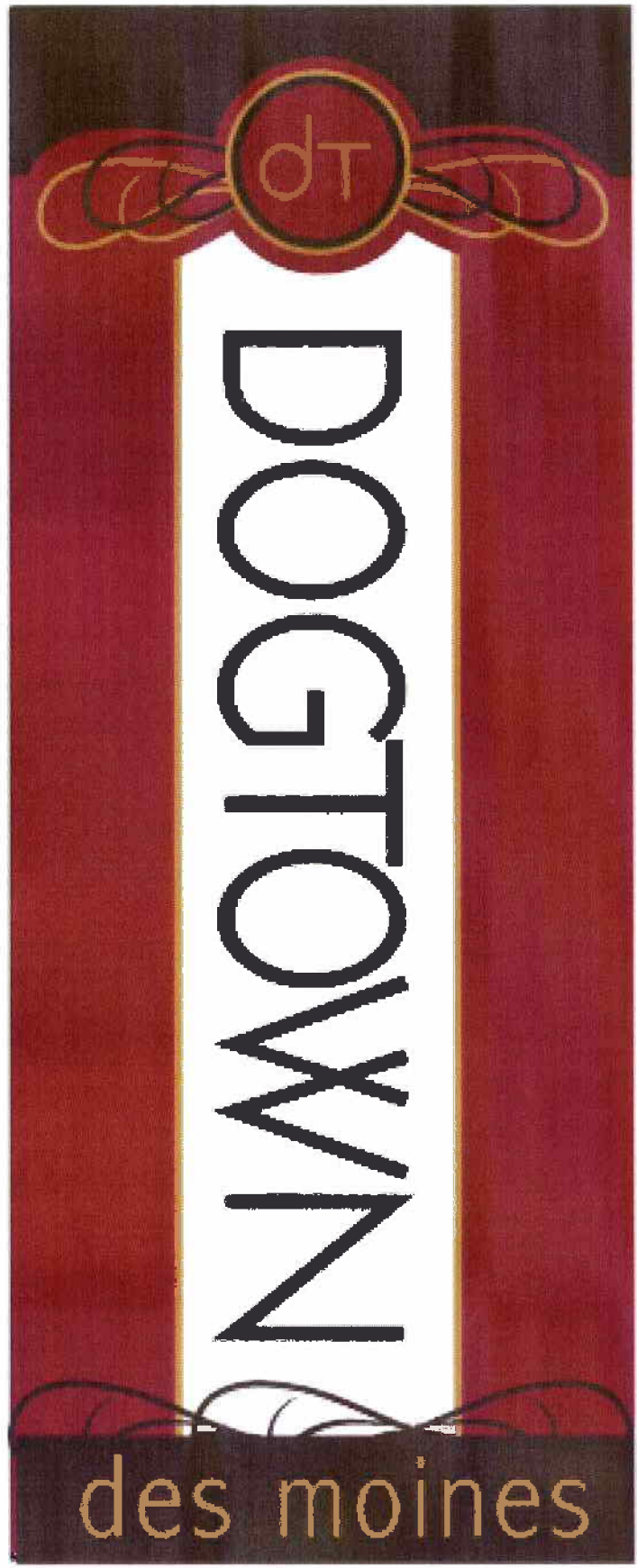
[Drake University Real Estate Office](#)



[Drake University Heating Plant](#)

-  [30th and Forest, SE Corner](#)
-  [McDonald's](#)
-  [Jethro's Barbeque](#)
-  [Johnson Bros.](#)
-  [KFC/Taco Bell](#)
-  [Drake West Village](#)
-  [Drake University Parking Lot](#)
-  [31st and University, NW Corner](#)
-  [Kum & Go](#)
-  [29th and University, SE Corner](#)
-  [28th and University, SE Corner](#)
-  [26th and University, SW Corner](#)

Banner:



# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
04/16/09

<b>PRODUCER</b> La Mair-Mulock-Condon Co. 4200 University Ave Ste 200 West Des Moines, IA 50266-5945 515 244-0166 Tami Sherman	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
	<b>INSURERS AFFORDING COVERAGE</b>	<b>NAIC #</b>
<b>INSURED</b> Drake Area Business Association Drake University PO Box 41252 Des Moines, IA 50311	INSURER A: <b>Cincinnati Insurance Company</b>	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

**COVERAGES**

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <hr/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC	CAP5239935	03/10/09	03/10/10	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Per 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
		<b>AUTOMOBILE LIABILITY</b> <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) \$
		<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
		<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <hr/> DEDUCTIBLE \$ RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
		OTHER				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS  
**MidAmerican Energy Company, its parent, divisions, affiliates, subsidiary companies, co-lessees, or co-ventures, agents, directors, officers, employees and servants, is an additional insured with respect to the named insured's operations for/on behalf of the certificate holder. Waiver of (See Attached Descriptions)**

<b>CERTIFICATE HOLDER</b> MidAmerican Energy Co., Attn: Insurance Services, Vicki Hock PO Box 657 Des Moines, IA 50303-0657	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE <i>Dany M. Noddy</i>
---	--



40

## IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

## DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

**DESCRIPTIONS (Continued from Page 1)**

subrogation on all policies in favor of additional insured. Coverage is primary & non-contributory over other insurance.

40

# THE CINCINNATI INSURANCE COMPANY

P.O. BOX 145496, CINCINNATI, OHIO 45250-5496  
(513) 870-2000

CAP 532 99 35 AWR

A Stock Insurance Company

Previous Policy No.

## COMMON POLICY DECLARATIONS

RENEWAL

DECLARATIONS	POLICY NUMBER	CAP 532 99 35 AWR	
<b>NAMED INSURED</b> DRAKE AREA BUSINESS ASSOCIATION PO BOX 41252			
<b>ADDRESS</b> DES MOINES IA 50311-0505 (Number & Street, Town, County, State & Zip No.)			
<b>Policy Period:</b> At 12:01 A.M., STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE			
<b>All coverages except Automobile and / or Garage</b> Policy number: CAP 532 99 35 AWR FROM: 03-10-2009 TO: 03-10-2010			
<b>Automobile and / or Garage</b> Policy number: FROM: TO:			
Agency City LAMAIR-MULOCK-CONDON CO.			14-025
<b>Legal Entity / Business Description</b> CORPORATION			
IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.			
FORMS APPLICABLE TO ALL COVERAGE PARTS: (show numbers)			
IA102A	02/03	IA4104IA	06/04 IA4236 01/08 IA4238 01/08
IA4338	01/09*	IP446	08/01 GA501 10/01

DP3 02  
01-26-2009

Countersigned 3-5-2009 (Date) By Tamara J. Sherman (Authorized Representative)

IN WITNESS WHEREOF, this policy has been signed by our President and Secretary in the City of Fairfield, Ohio, but this policy shall not be binding upon us unless countersigned by an authorized representative of ours. This provision does not apply in Arizona, Virginia and Wisconsin.

*Kenneth W. Stecker*

*James E. Benock*

Secretary

President

ORIGINAL

ESTABLISHED 1865

**LaMair-Mulock-Condon Co.**

INSURANCE • BONDS • BENEFITS

4200 UNIVERSITY AVENUE, SUITE 200  
WEST DES MOINES, IA 50266-5945  
800-677-1529 • 515-244-0166  
<http://www.lmcins.com>

40

**THE CINCINNATI INSURANCE COMPANY**  
 A STOCK INSURANCE COMPANY  
**COMMERCIAL GENERAL LIABILITY COVERAGE**  
**PART DECLARATIONS**

Attached to and forming part of POLICY NUMBER: CAP 532 99 35 AMR Effective Date: 03-10-2009

Named Insured: **IS THE SAME AS IT APPEARS ON THE COMMON POLICY DECLARATION**

**LIMITS OF INSURANCE**

EACH OCCURRENCE LIMIT	\$ <u>1,000,000</u>	
GENERAL AGGREGATE LIMIT	\$ <u>2,000,000</u>	
PRODUCTS-COMPLETED OPERATIONS AGGREGATE LIMIT	\$ <u>2,000,000</u>	
PERSONAL & ADVERTISING INJURY LIMIT	\$ <u>1,000,000</u>	ANY ONE PERSON OR ORGANIZATION
DAMAGE TO PREMISES RENTED TO YOU LIMIT \$100,000 limit unless otherwise indicated herein:	\$ _____	ANY ONE PREMISES
MEDICAL EXPENSE LIMIT \$5,000 limit unless otherwise indicated herein:	\$ _____	ANY ONE PERSON

CLASSIFICATION	CODE NO.	PREMIUM BASE A - Area B - Payroll C - Gross Sales D - Units E - Other	RATE		ADVANCE PREMIUM	
			Products / Completed Operations	All Other	Products / Completed Operations	All Other
CLUBS - CIVIC, SERVICE OR SOCIAL INCL PROD &/OR COMPL OP HIRED & NON-OWNED AUTO	41670	E 30 MEMBERS		.931		95 MP
						32
PREMIUM TO MEET COVERAGE PART MINIMUM						155

The General Liability Coverage Part is subject to an annual minimum premium.

TOTAL ANNUAL PREMIUM \$ **282**

**FORMS AND / OR ENDORSEMENTS APPLICABLE TO THIS COVERAGE PART:**  
 GA101 12/04 CG2002 11/85 GA207 12/04 GA4250 11/05  
 GA351 12/04



MidAmerican Energy Company  
666 Grand Avenue  
P.O. Box 657  
Des Moines, Iowa 50303-0657  
515 242-4300 Telephone

April 20, 2009

Larry James  
Drake Area Business Association  
P.O. Box 41252  
Des Moines, Iowa 50311

Dear Mr. James:

Re: Installation of banners in Drake Business District (various locations), Des Moines

MidAmerican Energy Company is willing to grant the Drake Area Business Association a license to use its utility poles for double bracket banners subject to the following:

1. The facilities included in this agreement are located in the following described area:

Forest Avenue from 21<sup>st</sup> Street to 32<sup>nd</sup> Street  
University Avenue from 22<sup>nd</sup> Street to 32<sup>nd</sup> Street  
30<sup>th</sup> Street from University Avenue to Forest Avenue  
25<sup>th</sup> Street from Cottage Grove to Carpenter Avenue

2. The Drake Area Business Association shall during the license period indemnify and hold harmless MidAmerican Energy Company, its parent, subsidiaries and affiliated companies and their agents, officers, and employees from and against any loss or damage to the facilities, all claims, actions, suits, proceedings, cost, expenses, damages and liabilities (including legal expense and including damage to property, injury to or death of any persons in any manner resulting from the use of the facilities if such liability is caused in whole or in part by using said utility poles by the Drake Area Business Association and/or in whole or in part by any act, omission or negligence of and/or its agents, officers or employees.
3. The Drake Area Business Association shall maintain insurance of self-insure, to cover the risks specified in paragraph 2. The Drake Area Business Association will provide MidAmerican Energy with a letter of self-insurance/insurance as proof of coverages required in paragraph 2.

April 20, 2009  
Page 2

- 4. The Drake Area Business Association acknowledges that MidAmerican Energy Company MAKES NO WARRANTY OR REPRESENTATION, EXPRESSED OR IMPLIED, AS TO THE FITNESS, DESIGN, OR CONDITION OF THE FACILITIES OR THEIR FITNESS FOR ANY PARTICULAR PURPOSE that, MidAmerican Energy HAS AGREED TO ALLOW THE DRAKE AREA BUSINESS ASSOCIATION TO USE AND THE UNDERSTANDS THAT THE FACILITIES ARE PROVIDED AS IS, WITH ALL FAULTS.
- 5. The agreement shall become effective on April 24, 2009 and shall continue unless terminated by either MidAmerican Energy Company or Drake Area Business Association giving the other party thirty (30 days written notice of termination, or immediately without notice if Drake Area Business Association fails to comply with any provision of this agreement.)

Enclosed are two copies of this license agreement. Please indicate your acceptance of the terms and conditions stated herein by dating and signing in the space provided below and return one original and a copy of your insurance certificate to me. If you have any questions or comments regarding this matter, please call me at 515-252-6497.

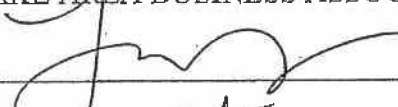
Sincerely,  
MidAmerican Energy Company



Eric Heikes  
Distribution Technical Supervisor

Accepted and agreed to this 20th day of April, 2009

DRAKE AREA BUSINESS ASSOCIATION

By:   
Title: President

40

**Herzberg, Karen M.**

---

**From:** Dakovich (Rouse), Jennifer L.  
**Sent:** Tuesday, April 21, 2009 6:45 AM  
**To:** Herzberg, Karen M.  
**Cc:** Schultz, Mark J.  
**Subject:** RE:

Karen –

I think the e-mail from MidAmerican Energy is sufficient to move forward with the approval. However, it would be good to have a letter on letterhead in the file.

Thanks. - Jen

---

**From:** Herzberg, Karen M.  
**Sent:** Monday, April 20, 2009 4:34 PM  
**To:** Dakovich (Rouse), Jennifer L.; Schultz, Mark J.  
**Subject:**

Attached all of the papers that have been submitted. There is a letter from MidAmerican. Please confirm your approval.

Thank you.

Karen

---

Karen Herzberg  
Executive Administrative Assistant  
City of Des Moines  
City Clerk's Office  
Phone: (515) 237-1389  
email: kmherzberg@dmgov.org

40

**Herzberg, Karen M.**

---

**From:** Schultz, Mark J.  
**Sent:** Monday, April 20, 2009 4:39 PM  
**To:** Herzberg, Karen M.  
**Subject:** RE:

Approved.

---

**From:** Herzberg, Karen M.  
**Sent:** Monday, April 20, 2009 4:34 PM  
**To:** Dakovich (Rouse), Jennifer L.; Schultz, Mark J.  
**Subject:**

Attached all of the papers that have been submitted. There is a letter from MidAmerican. Please confirm your approval.

Thank you.

Karen

.....  
Karen Herzberg  
Executive Administrative Assistant  
City of Des Moines  
City Clerk's Office  
Phone: (515) 237-1389  
email: kmherzberg@dmgov.org