

★ Roll Call Number

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Date October 8, 2007

Agenda Item Number

3A

Application from Des Moines Marathon requesting approval for banners across the streets on Locust between 3rd/4<sup>th</sup> and finish on 3<sup>rd</sup> between Locust and Walnut Streets on Sunday, October 21, 2007.

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

COUNCIL ACTION	YEAS	NAYS	PASS	ABSENT
COWNIE				
COLEMAN				
HENSLEY				
KIERNAN				
MAHAFFEY				
MEYER				
VLASSIS				
TOTAL				
MOTION CARRIED			APPROVED	
_____ Mayor				

**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.

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



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

**Applicant: IMT Des Moines Marathon**

**Address: 4801 Grand Avenue, Des Moines, IA 50312**

**Contact Person: Chris Burch      Alternate Contact: Tom Bernau**

**Daytime Telephone: 515.288.2692      Cell: 515.707.2293**

**E-Mail address: cburch@desmoinesmarathon.com      Fax: 515.225.9051**

**Date(s) the banner(s) will be displayed:      Sunday, October 21, 2007**

**Purpose of the banner(s):      start and finish line for IMT Des Moines Marathon**

**Preferred location of banner(s) start on Locust between 3<sup>rd</sup>/4<sup>th</sup> finish on 3<sup>rd</sup> between  
Locust and Walnut**

**How will the banner(s) be anchored? They will be attached (rope) to scaffolding.**

**If you plan to anchor to the utility pole, please provide written permission from the  
utility company.**

**Banner(s) Size:      3'6" tall by 42'6"wide**

**Banner(s) Specifications:      mesh banner with rope attachments**

**Sketch of banner design:**



**I, Chris Burch, of the IMT Des Moines Marathon, agree that the aforementioned  
organization will provide all maintenance and upkeep of the banners for the  
duration that the banners are in place. Banners may be removed at the expense of  
the applicant if required by the City. I also agree to keep the required insurance in  
effect while the banner(s) are displayed.**

Chris Burch  
Signature

3.27.07  
Date

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

FILED  
2007 MAR 27 PM 4:34  
CITY CLERK  
DES MOINES, IOWA

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**ACORD CERTIFICATE OF LIABILITY INSURANCE** DATE (MM/DD/YYYY) 9/21/2007

PRODUCER (260)482-5455 FAX: (260)483-6297  
 STAR Insurance - Diller-Smith Office  
 2526 Scotswolde  
 P.O. Box 8517  
 Fort Wayne IN 46898

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.

INSURED  
 ROAD RUNNERS CLUB OF AMERICA  
 AND ITS MEMBER CLUBS  
 1501 LEE HWY, SUITE 140  
 ARLINGTON VA 22209

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: GREAT AMERICAN ASSURANCE	26344
INSURER B: NATIONWIDE LIFE INSURANCE	70750
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/ADD'L LTR/INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> LEGAL LIAB TO PART. \$1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	MAC0000568960002	12/31/2006 12:01 AM	12/31/2007 12:01 AM	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ NONE PRODUCTS - COMP/OP AGG \$ 1,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	MAC0000568960002	12/31/2006 12:01 AM	12/31/2007 12:01 AM	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY 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 \$
B	OTHER EXCESS ACCIDENT & MEDICAL	SPX0000002408400	12/31/2006 12:01 AM	12/31/2007 12:01 AM	EXCESS MEDICAL: \$10,000 \$250 DEDUCTIBLE: PER CLAIM AD & SPECIFIC LOSS \$2,500

OK  
*Mark Leffever*  
 9-21-07

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS  
 CERTIFICATE HOLDER IS NAMED AS AN ADDITIONAL INSURED AS RESPECTS THEIR INTEREST IN THE OPERATIONS OF THE NAMED INSURED.  
 DATE & EVENT: 10/21/07 IMT DES MOINES MARATHON  
 INSURED CLUB: IMT DES MOINES MARATHON, ATTN: CHRIS BURCH; 4801 GRAND AVENUE; DES MOINES, IA 50312

**CERTIFICATE HOLDER**  
 (515) 237-1668  
 10/21/07 CITY OF DES MOINES  
 ATTN: MARK SHULTZ  
 CITY CLERK'S OFFICE  
 400 ROBERT RAY DRIVE  
 DES MOINES, IA 50312

**CANCELLATION**  
 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 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  
 John Lefever/JRM *John Lefever*

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**Herzberg, Karen M.**

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**From:** Rouse, Jennifer L.  
**Sent:** Wednesday, September 12, 2007 4:55 PM  
**To:** Herzberg, Karen M.  
**Subject:** RE: IMT Des Moines Marathon Banner

Karen –

This meets with T&T's approval.

Thanks.

Jen

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**From:** Herzberg, Karen M.  
**Sent:** Wednesday, September 12, 2007 4:29 PM  
**To:** Rouse, Jennifer L.  
**Subject:** IMT Des Moines Marathon Banner

Attached is the banner for the subject event. Please let me know if this meets with your approval. I need to put this on the September 24 Council Agenda.

Thank you.

Karen Herzberg  
City Clerk's Office  
400 Robert D. Ray Drive  
Des Moines, IA 50309  
#237-1389

