

Date September 13, 2010

Des Moines Marathon requesting approval for banners across the streets on Locust for the starting line between 3rd and 4th and finish line on 3rd between Locust and Walnut on Sunday, October 17, 2010.

Moved by _____ to receive, file and approve banner.

COUNCIL ACTION	YEAS	NAYS	PASS	ABSENT
COWNIE				
COLEMAN				
GRIESS				
HENSLEY				
MAHAFFEY				
MEYER				
MOORE				
TOTAL				

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**

Applicant: IMT Des Moines Marathon

Address: 526 39th Street, 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: 515.27.1596

Date(s) the banner(s) will be displayed: Sunday, October 17, 2010

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

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

How will the banner(s) be anchored? (rope) to aluminum truss scaffolding.

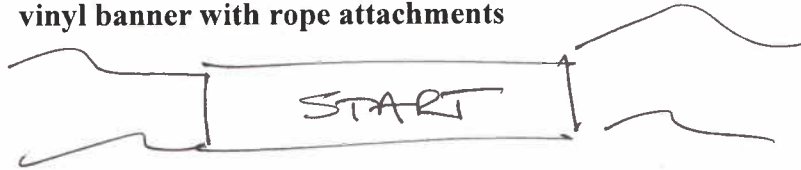
**If you plan to anchor to the utility pole, please provide written permission from the
utility company.**

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

Banner(s) Specifications: vinyl banner with rope attachments

Sketch of banner design:

See attached



**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

8/24/10

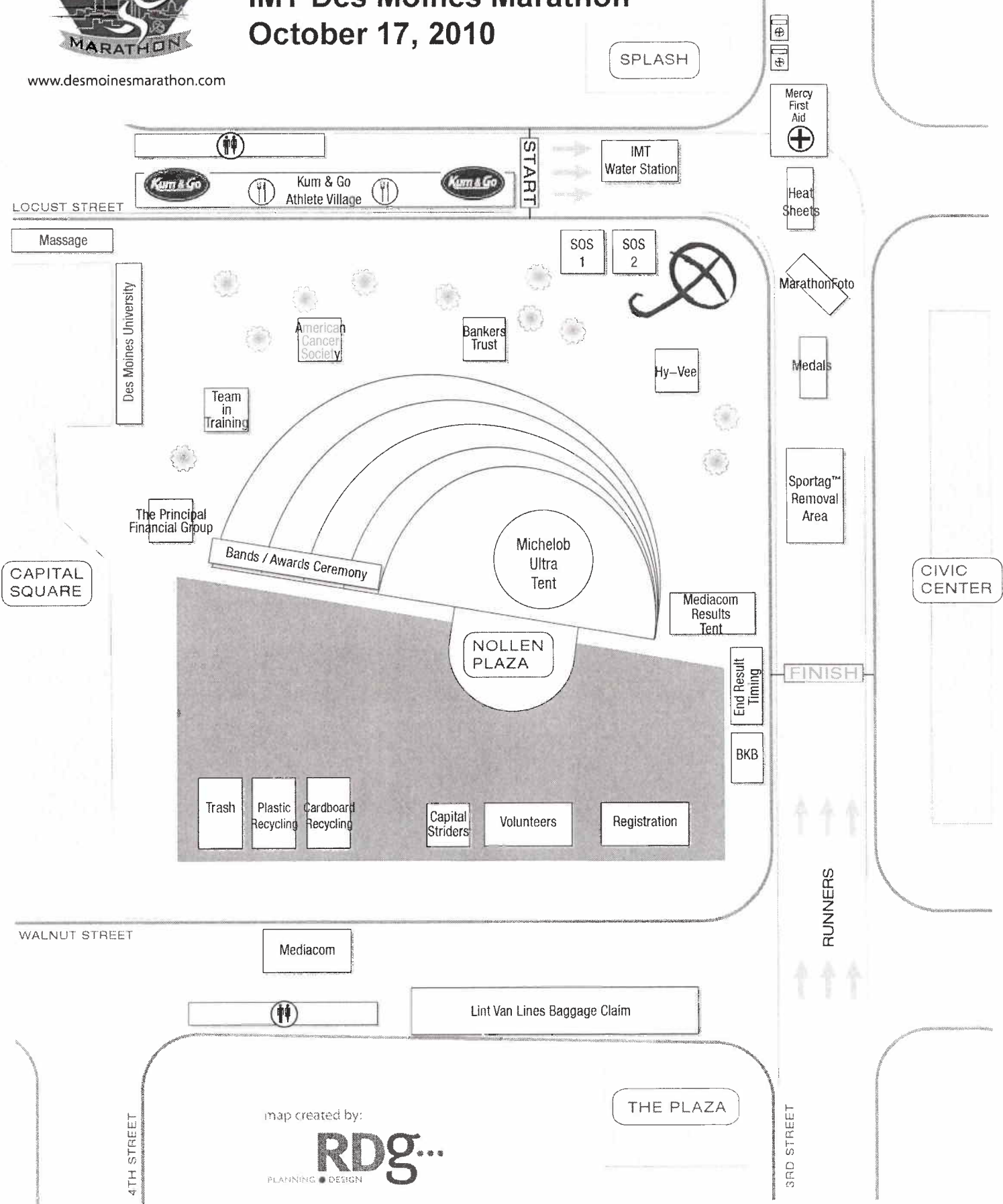
Date

FOR OFFICE USE ONLY:
Traffic Division approval _____
Risk Management approval _____
City Council approval _____



IMT Des Moines Marathon October 17, 2010

www.desmoinesmarathon.com



map created by:
RDg...
PLANNING • DESIGN

ACORD CERTIFICATE OF LIABILITY INSURANCE DATE (MM/DD/YYYY) 4/1/2010

PRODUCER (260)467-5690 FAX: (260)467-5651
STAR Insurance - Fort Wayne Office
2130 East DuPont Road

Fort Wayne IN 46825
INSURED
ROAD RUNNERS CLUB OF AMERICA/2010
AND ITS MEMBER CLUBS
7410 SKYLINE DRIVE
FREDERICK MD 21702-3652

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.

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: NATIONAL CASUALTY COMPANY	11991
INSURER B: NATIONWIDE LIFE INS. CO.	66869
INSURER C:	
INSURER D:	
INSURER E:	

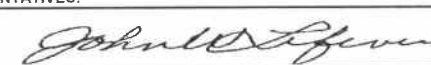
COVERAGES
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED 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 A&M AGGREGATE \$5,000,000	KRO 0000000754800	12/31/2009 12:01 A.M.	12/31/2010 12:01 A.M.	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ NONE PRODUCTS - COM/POP AGG \$ 1,000,000 ABUSE & MOLESTATION 500,000
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	KRO 0000000754800	12/31/2009 12:01 A.M.	12/31/2010 12:01 A.M.	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	SPX 0000003732100	12/31/2009 12:01 A.M.	12/31/2010 12:01 A.M.	EXCESS MEDICAL \$10,000 \$250 DEDUCTIBLE PER CLAIM AD & SPECIFIC LOSS \$2,500

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: 10/17/10 IMT Des Moines Marathon - running event
INSURED CLUB: Des Moines Marathon, Attn: Chris Burch; 4801 Grand Avenue, Des Moines, IA 50312

CERTIFICATE HOLDER

10/17/10 City of Des Moines
Attn: Mark Schultz
400 Robert Ray Drive
Des Moines, IA 50309

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/JR 

Herzberg, Karen M.

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From: Schultz, Mark J.
Sent: Tuesday, August 31, 2010 9:10 AM
To: Herzberg, Karen M.
Subject: RE: Des Moines Marathon Banner

Yes, this is okay.

From: Herzberg, Karen M.
Sent: Tuesday, August 31, 2010 9:05 AM
To: Schultz, Mark J.; Ring, Mike P.
Subject: Des Moines Marathon Banner

Please review the attached and let me know if it is okay to put on the Council Agenda for September 13.

Thank you.

Karen

Karen Herzberg
City Clerk's Office
(515) 237-1389
kmherzberg@dmgov.org

Herzberg, Karen M.

From: Ring, Mike P.
Sent: Tuesday, August 31, 2010 9:14 AM
To: Herzberg, Karen M.; Schultz, Mark J.
Subject: RE: Des Moines Marathon Banner

Karen –

This is o.k. from T & T perspective.

Mike

Michael Ring, P.E.
Principal Traffic Engineer
City of Des Moines, Iowa
phone: 515-283-4070
fax: 515-237-1640
email: mpring@dmgov.org

From: Herzberg, Karen M.
Sent: Tuesday, August 31, 2010 9:05 AM
To: Schultz, Mark J.; Ring, Mike P.
Subject: Des Moines Marathon Banner

Please review the attached and let me know if it is okay to put on the Council Agenda for September 13.

Thank you.

Karen

Karen Herzberg
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