

★ Roll Call Number

Agenda Item Number

36 I

Date May 21, 2012

Application from Kurt Schaeffer requesting approval for a banner across the street at 12<sup>th</sup> & Grand Avenue for the finish line for "Dam to Dam" on June 2, 2012.

Moved by \_\_\_\_\_ to approve.

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



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: Dam To Dam

Address: 1435 NW 131st Street Clive IA 50325

Contact Person: Kurt Schaeffer Alternate Contact Michelle Mullin

Daytime Phone: 515-247-5864 Cell Phone: 515-998-3452

E-Mail Address: Schaeffer.Kurt Fax: \_\_\_\_\_

Date(s) the banner(s) or item(s) will be displayed: June 2 2012 6:00 am  
To 11:00 am

Purpose of the banner(s) or item(s): Dam To Dam Finish Line

Preferred Location: Please provide a map or diagram of the street indicating  
banner location. 12th + Grand Ave

How will the banner(s) or item(s) be anchored?  
Generic sign - banner will be set up and taken down by contract  
Lighting and Equipment

If you plan to anchor to the utility pole, please provide written permission from  
the utility company or from the City (if poles are City-owned). Such permission  
is not a substitute for meeting the requirements for receiving this permit.

Size of banner(s) or item(s): 30' x 42'

Specifications of banner(s) or item(s): 30' x 42' Mesh Banner

Type of Material: Mesh Material

Number of grommets used to secure banner or item: Every 20' across top and 1  
each bottom corner

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

**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. 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

5-20-12  
\_\_\_\_\_  
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)237-2645

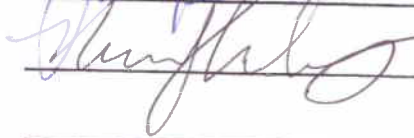
**FOR OFFICE USE ONLY:**

Traffic Division Approval:

  
\_\_\_\_\_

5-21-12

Risk Management Approval:

  
\_\_\_\_\_

5-21-2012

City Council Approval:

\_\_\_\_\_

**HOLD HARMLESS AGREEMENT AND EVIDENCE OF INSURANCE  
COVERAGE FOR THE CONSTRUCTION, ERECTION, MAINTENANCE AND  
REMOVAL OF STREET BANNERS IN  
CITY OF DES MOINES RIGHT-OF-WAY**

The undersigned, as an authorized representative of Dante Dan, acknowledges that the organization is a recognized group or association by the City of Des Moines, Iowa, or is a tax-exempt organization under Section 501 (c) (3) of the United States Internal Revenue Code.

On behalf of the organization or association, the undersigned states that the street banners which are the subject of this Agreement shall be placed in an area generally described as:

12th + Grand Avenue

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The organization or association acknowledges and agrees that it will solely provide for the construction, erection, maintenance and removal of street banners and that the City of Des Moines, its employees, agents and assigns shall have no obligation or responsibility whatsoever for the construction, erection, maintenance and removal of the street banners.

The undersigned acknowledges that any and all activity undertaken by any officer, agent, employee, volunteer and/or assign of the organization or association related to the placement of street banners and associated activity in City owned right-of-way pursuant to authorization of the City of Des Moines, Iowa given in Resolution Number 99-991 dated April 5, 1999 is done solely on behalf of the organization or association and that the undersigned, on behalf of the organization or association, releases and holds the City of Des Moines, Iowa, its officers, agents, employees and assigns harmless from any and all damages which may be asserted, claimed, or recovered against the City of Des Moines, Iowa, its officers, agents, employees and assigns by reason of property damage and/or personal injury, including bodily injury, which arises out of or which is in any way connected or associated with the activity undertaken for the construction, erection, maintenance and removal of the street banners from City owned right-of-way.

The organization or association assumes full responsibility for any and all damages or injuries which may result to any person or property by reason of or in connection with the activities undertaken by or on behalf of the organization or association.

The undersigned further acknowledges that any and all officers, agents, employees, volunteers and/or assigns of the organization or association are not employees or contractors of the City of Des Moines, Iowa and are exempt from the coverage (s) provided by Code of Iowa, Chapters 85, 85A, 85B and any succeeding legislation, and that such individuals shall have no right to make a claim for or receive any compensation from the City of Des Moines, Iowa as provided by Code of Iowa Chapters 85, 85A, 85B or any succeeding legislation.

The organization or association represents that it has the approval of Mid-American Energy Company to erect street banners on utility or like-poles within the designated area, and that the above-named organization or association has liability insurance (Policy Name and Number National Casualty Company RRO 00000) in 02210910 full force and effect which names the organization or association, and as an additional insured, the City of Des Moines.

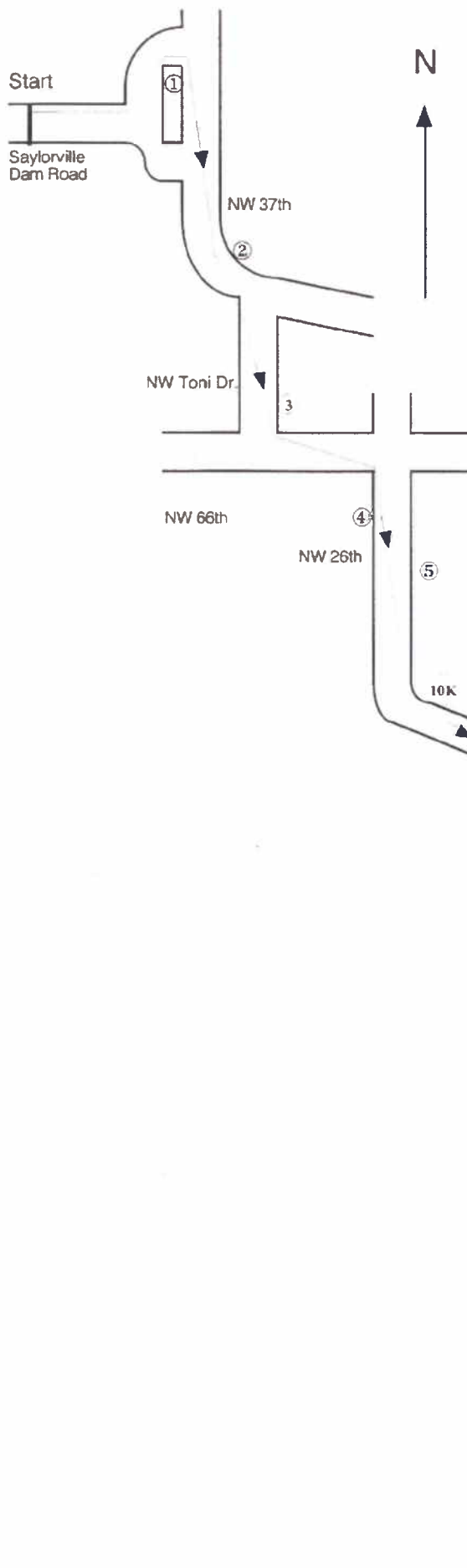
The undersigned further represents that the liability insurance will remain in full force and effect during the period the street banners are located in City owned right-of-way and agrees that upon expiration, termination or otherwise of the liability insurance coverage, or if any of the terms of this Agreement cannot or are not met, the authority of the organization or association to have the street banners placed in City owned right-of-way will immediately terminate and the banners will be removed.

This Hold Harmless Agreement and Evidence of Insurance Coverage is executed on this 20th day of May, 2007 on behalf of and by the authority of \_\_\_\_\_

  
\_\_\_\_\_  
Authorized Representative

# Dam to Dam 20 km

measured 5-13-12



**Start:** Between the first and the second parking area, from the east, on the Saylorville Dam Road. Directly in line with the western edge of the restroom building at the RV park at the bottom of the hill to the south.

**Mile 1:** 30' south of the fire hydrant next to the mail box at 8247 NW 37th

**Mile 2:** 80' north of the drive leading to Cottonwood Park on NW 37th.

**Mile 3:** 45' north of the stop ahead sign located on NW Toni Drive.

Approximately 0.2 miles north of NW 66th

**Mile 4:** 80 feet north of the drive leading to the cellular telephone tower on the west side of NW 26th. Approximately 0.4 miles south of NW 66th

**Mile 5:** In a line with the second telephone pole north of the house on the east side of NW 26th, and just north of 54th (James R Kern Ave), 70 meters north of the house.

**Mile 6:** 110' south of the "No Passing Zone" sign, located between the baseball complex and the I-80 overpass on the west side of NW Morningstar.

**10 km:** 18' north of the north drive leading to the baseball complex on the east side of NW Morningstar.

**Mile 7:** 120' north of the "Reduce Speed Ahead/No Parking" sign. The sign is located near the top of the hill, approximately 100 meters north of Aurora on the west side of NW Morningstar.

**Mile 8:** 6' east of the telephone pole, in front of 909 Oak Park Ave.

**Mile 9:** 45' north of the light pole with the "Dragoon Trail" sign, located between Holcomb and Birdland Dr. on the west side of 6th.

**Mile 10:** 30' south of the "No Parking" sign, just south of the southern drive into the Birdland Marina parking lot, on Saylor Rd. Approximately 150 meters south of Birdland Dr.

**Mile 11:** 10' south of the Botanical Center service drive, north of the Botanical Center building, on the east side of Robert D. Ray Dr.

**Mile 12:** 9' west of the "No Parking" sign, located in front of the front doors to the Convention Center between 5th and 6th on the north side of Grand.

**Finish:** Even with the first parking meter east of 12th on the north side of Grand.

Alfred Williams  
Dan  
Dan  
XIII



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/27/2012

36 I

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<br>STAR Insurance - Fort Wayne Office<br>2130 East DuPont Road<br><br>Fort Wayne IN 46825                   | CONTACT NAME: Judy Weaver               | FAX (A/C No): (260) 467-5651                  |        |
|  | PHONE (A/C No. Ext): (260) 467-5697     | E-MAIL ADDRESS: judy.weaver@starfinancial.com |        |
| INSURED<br>Road Runners Club of America/2012 & Its Member Clubs<br>1501 Lee Highway, Suite 140<br>Arlington VA 22209 | INSURER(S) AFFORDING COVERAGE           |   | NAIC # |
|  | INSURER A National Casualty Company     | 11991   |        |
|  | INSURER B Nationwide Life Insurance Co. | 66869   |        |
|  | INSURER C:                              |   |        |
|  | INSURER D:                              |   |        |
|  | INSURER E:                              |   |        |

COVERAGES CERTIFICATE NUMBER: 2012 - \$2M A.I. 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 SUBR INSR WVD                   | POLICY NUMBER             | POLICY EFF (MM/DD/YYYY)        | POLICY EXP (MM/DD/YYYY)  | LIMITS  |                                 |
|---|--|--------------------------------------|---------------------------|--------------------------------|--------------------------|---|---------------------------------|
| A   | GENERAL LIABILITY  |                                      | KRO 0000002210900         | 12/31/2011<br>12:01 A.M.       | 12/31/2012<br>12:01 A.M. | EACH OCCURRENCE \$ 2,000,000  |                                 |
|   | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY               | X                                    |                           |                                |                          | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000                |                                 |
|   | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR |                                      |                           |                                |                          | MED EXP (Any one person) \$ 5,000                                   |                                 |
|   | <input checked="" type="checkbox"/> Legal Liab. to Partic.                     |                                      |                           |                                |                          | PERSONAL & ADV INJURY \$ 2,000,000                                  |                                 |
| <input type="checkbox"/> \$2,000,000  | GENERAL AGGREGATE \$ NONE  |                                      |                           |                                |                          |   |                                 |
| GEN'L AGGREGATE LIMIT APPLIES PER:  |  |                                      | A&M Aggregate \$5,000,000 |                                |                          | PRODUCTS - COMP/OP AGG \$ 2,000,000                                 |                                 |
| <input checked="" type="checkbox"/> POLICY                                  | <input type="checkbox"/> PRO-JECT  | <input type="checkbox"/> LOC         |                           | ABUSE & MOLESTATION \$ 500,000 |                          |   |                                 |
| A   | AUTOMOBILE LIABILITY   |                                      | KRO 0000002210900         | 12/31/2011<br>12:01 A.M.       | 12/31/2012<br>12:01 A.M. | COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000                    |                                 |
|   | <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS                              | X                                    |                           |                                |                          | BODILY INJURY (Per person) \$                                       |                                 |
|   | <input checked="" type="checkbox"/> HIRED AUTOS                                |                                      |                           |                                |                          | <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS | BODILY INJURY (Per accident) \$ |
|   |  |                                      |                           |                                |                          | PROPERTY DAMAGE (Per accident) \$                                   |                                 |
|   |  |                                      |                           |                                |                          |   | \$                              |
| UMBRELLA LIAB   |  | <input type="checkbox"/> OCCUR       |                           |                                |                          | EACH OCCURRENCE \$  |                                 |
| EXCESS LIAB   |  | <input type="checkbox"/> CLAIMS-MADE |                           |                                |                          | AGGREGATE \$  |                                 |
| DED   |  | RETENTION \$                         |                           |                                |                          | \$  |                                 |
| WORKERS COMPENSATION AND EMPLOYERS' LIABILITY                               |  | Y/N                                  |                           |                                |                          | WC STATU-TORY LIMITS  |                                 |
| ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) |  | <input type="checkbox"/> N/A         |                           |                                |                          | OTH-ER  |                                 |
| If yes, describe under DESCRIPTION OF OPERATIONS below                      |  |                                      |                           |                                |                          | E.L. EACH ACCIDENT \$   |                                 |
| B   | EXCESS MEDICAL & ACCIDENT (\$250 DEDUCTIBLE/CLAIM)                             | X                                    | SPX 0000025293800         | 12/31/2011<br>12:01 A.M.       | 12/31/2012<br>12:01 A.M. | EXCESS MEDICAL \$10,000   |                                 |
|   |  |                                      |                           |                                |                          | AD & SPECIFIC LOSS \$2,500  |                                 |

*Ampley*  
5-4-2012

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

City of Des Moines, Iowa, (street use permit) IS NAMED AS AN ADDITIONAL INSURED AS RESPECTS THEIR INTEREST IN THE OPERATIONS OF THE NAMED INSURED. DATE OF EVENT: 06/02/12 Dam to Dam - 20k and 5k road races and youth runs INSURED CLUB: Dam to Dam, Inc., attn: Lisa N. Kilian, 12821 Sunset Terrace, Clive, IA 50325

|   |  |
|---|--|
| CERTIFICATE HOLDER  | CANCELLATION   |
| 06/02/12 City of Des Moines, Iowa<br>Attn: City Manager's Office<br>Attachment: PCN 0060, CG2404<br>400 Robert D. Ray Drive<br>Des Moines, IA 50309 | 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  |
|   | John Lefever/JWE <i>John Lefever</i>   |

ACORD 25 (2010/05)

INS025 (201005) 01

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