



Roll Call Number

Agenda Item Number

28

Date September 10, 2012

Application from the IMT Des Moines Marathon requesting approval for banners across the streets on Locust for the starting line between 3rd and 4th, and the finish line on 3rd between Locust and Walnut on Sunday, October 21, 2012.

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	
_____ 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**

**Applicant: IMT Des Moines Marathon**

**Address: 526 39<sup>th</sup> 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: 515.274.1596**

**Date(s) the banner(s) will be displayed:      Sunday, October 21, 2012**

**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? (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:**

**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*      2-20-12  
Signature      Date

2012 MAR -2 PM 3:55  
CITY CLERK  
DES MOINES, IA  
FILED

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



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
6/1/2012

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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).

<b>PRODUCER</b> STAR Insurance - Fort Wayne Office 2130 East DuPont Road  Fort Wayne IN 46825		<b>CONTACT NAME:</b> Judy Weaver <b>PHONE (A/C No. Ext):</b> (260) 467-5697 <b>FAX (A/C No.):</b> (260) 467-5651 <b>E-MAIL ADDRESS:</b> judy.weaver@starfinancial.com	
		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> National Casualty Company	<b>NAIC #</b> 11991
		<b>INSURER B:</b> Nationwide Life Insurance Co.	66869
		<b>INSURER C:</b>	
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	

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

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

CERTIFICATE HOLDER IS NAMED AS AN ADDITIONAL INSURED AS RESPECTS THEIR INTEREST IN THE OPERATIONS OF THE NAMED INSURED. DATE OF EVENT: 10/21/12 IMT Des Moines Marathon road race INSURED CLUB: IMT Des Moines Marathon, attn: Chris Burch; 526 39th Street, Des Moines, IA 50312

## CERTIFICATE HOLDER CANCELLATION

10/21/12 City of Des Moines 400 Robert Ray Drive 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
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IMT DES NOIRSES MARATHON  
**START**



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