



**Roll Call Number**

**Agenda Item Number**

42

**Date** September 14, 2015

Application from Capital Striders Running Group Club requesting approval to temporarily place banner at 1200 block of Locust Street for the annual Capital Pursuit road race on Sunday, September, 20, 2015.

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

COUNCIL ACTION	YEAS	NAYS	PASS	ABSENT
COWNIE				
COLEMAN				
GATTO				
GRAY				
HENSLEY				
MAHAFFEY				
MOORE				
<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

42



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: Capital Striders Running group/club

Address: P.O. Box 31069, Des Moines, IA 50310

Contact Person: Brad Dains Alternate Contact Ellen Wade

Daytime Phone: 515-267-5318 Cell Phone: 515-321-6867

E-Mail Address: www.capitalstriders.org Fax: \_\_\_\_\_

Date(s) the banner(s) or item(s) will be displayed: Sunday, September 20, 2015

Purpose of the banner(s) or item(s): The Capital Striders' annual Capital Pursuit road race through Des Moines

Preferred Location: Please provide a map or diagram of the street indicating banner location. 1200 block of Locust Street

How will the banner(s) or item(s) be anchored?  
Across a scaffolding structure

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):  
4 x 6

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

Type of Material: Vinyl

Number of grommets used to secure banner or item:  
4

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

**RECEIVED**

AUG 19 2015

CITY MANAGER'S OFFICE

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

The undersigned, as an authorized representative of \_\_\_\_\_,  
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:

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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.

**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 occurrence. The General Liability Insurance policy 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.

Louie Bergeson  
Signature

8-17-15  
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: \_\_\_\_\_

Risk Management Approval: \_\_\_\_\_

City Council Approval: \_\_\_\_\_



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/27/2015

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> Margaret M. Mayers <b>PHONE (A/C, No, Ext):</b> (260) 467-5689 <b>FAX (A/C, No):</b> (260) 467-5691 <b>E-MAIL ADDRESS:</b> margaret.mayers@starfinancial.com													
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: National Casualty Company</td> <td>11991</td> </tr> <tr> <td>INSURER B: Nationwide Life Insurance Co.</td> <td>66869</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: National Casualty Company	11991	INSURER B: Nationwide Life Insurance Co.	66869	INSURER C:		INSURER D:		INSURER E:		INSURER F:
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<b>INSURED</b> Road Runners Club of America/2015 and Its Member Clubs 1501 Lee Highway, Suite 140 Arlington VA 22209														

**COVERAGES**

CERTIFICATE NUMBER: 2015 - \$1M 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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Legal Liability to participant \$1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			KRO0000004913200	12/31/2014 12:01 AM	12/31/2015 12:01 AM	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
				Abuse & Molestation			GENERAL AGGREGATE \$ Unlimited
				Aggregate \$5,000,000			PRODUCTS - COMP/OP AGG \$ 1,000,000
							Abuse and Molestation \$ 500,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			KRO0000004913200	12/31/2014 12:01 AM	12/31/2015 12:01 AM	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
							\$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$						EACH OCCURRENCE \$
							AGGREGATE \$
							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Excess Medical & Accident (\$250 deductible/claim)			SFX0000026656100	12/31/2014 12:01 AM	12/31/2015 12:01 AM	Excess Medical \$10,000 AD & Specific Loss \$2,500

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

City of Des Moines is a certificate holder. DATE OF EVENT(S): 09/20/15 Capital Pursuit 10 Mile and 5k Road Race INSURED CLUB/EVENT MEMBER: Capital Striders Running Club, Att'n: Brad Dains, PO Box 31069, Des Moines, IA 50310

**CERTIFICATE HOLDER****CANCELLATION**

09/20/15 City of Des Moines  
 400 Robert D. 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/MMA

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