Roll Call Numl	ber
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Agenda Iter	n Nu	mber
	4	7

Date September 14, 2015

Application from Des Moines Oktoberfest, LLC requesting approval for a banner across The Depot Arch on 4th Street to promote the Oktoberfest event on September 24-27, 2015.

Moved by	to receive, file and approve banner
design.	

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

Morrow	City	Clerl
Mayor	 	

RECEIVED

JUL 21 2015 43



City of Des Moines

Application for Permission to Temporarily Slages MOINES

Banner(s) or Item(s) CITY CLERK'S OFFICE

Over/Across Public Street and/or Right-of-Way

Please submit application 45 days in advance (Print or Type)

Applicant: Des Moiros OKTODENTEST
Address: COBID Eagle Ridge DV Whyston, 14 5013
Contact Person: Mindy Toyre Alternate Contact Barb Diccum
Daytime Phone: 311-4742 Cell Phone: 360-8786
E-Mail Address: Wellvoge Many-eurl Fax:
Date(s) the banner(s) or item(s) will be displayed: 9/26 - 9/27.
Purpose of the bariner(s) or item(s): Welcome Signage for
Preferred Location: Please provide a map or diagram of the street indicating banner location. See Map - locations monitor w/ X
How will the banner(s) or item(s) be anchored?
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): 20 ×3
Specifications of banner(s) or item(s):
Type of Material: VINVI W/WIND Slots
Number of grommets used to secure banner or item:
Sketch of banner or item design: Will you need electricity provided for your item? If electricity is necessary, how would it be obtained; See atachical file - no electricity provided for your

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) in 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 day of July . 20 15 on behalf of and by the authority of

Authorized Representative

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 <u>Now Solves</u> 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:

Depo	+ 1	Arc	N	
	1		•	
		~		AND

The organization or association acknowledges and agrees that it will soley 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, lowa 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.

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.

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:

City Council Approval:

DESMOIN-02



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/26/2015

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(les) 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). CONTACT NAME: PRODUCER Robertson Ryan - La Crosse 602 State Street La Crosse, WI 54601 PHONE (A/C, No, Ext): (608) 784-4854 E-MAIL ADDRESS: FAX (A/C, No): (608) 784-4774 INSURER(S) AFFORDING COVERAGE NAIC# INSURER A: WEST BEND MUTUAL INSURANCE COMPANY 15350 INSURED

Des Maines Obtabanies					INSURER B : Scottsuale Insurance Company				-				
Des Moines Oktoberfest c/o: In-Any-Event, LLC						INSURER C:							
6810 Eagle Ridge Dr								INSURER D:					
	Johnston, IA 50131							INSURE	RE:				
								INSURE	RF:				
		RAGES					NUMBER:				REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICI INDICATED. NOTWITHSTANDING ANY F CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH					REQU PER POLI	IREM TAIN,	ENT, TERM OR CONDITIOI THE INSURANCE AFFORI LIMITS SHOWN MAY HAVE	n of a ded by	NY CONTRA THE POLIC REDUCED BY	CT OR OTHER IES DESCRIB PAID CLAIMS	R DOCUMENT WITH RESPE ED HEREIN IS SUBJECT 1	CT TO	WHICH THIS
INSR	_	TYPE OF IN			INSD	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
Α	X	CLAIMS-MADE	136	7			NST 2123156		09/24/2015	09/29/2015	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000 300,000
											MED EXP (Any one person)	\$	10,000
											PERSONAL & ADV INJURY	\$	1,000,000
	GEI	N'L AGGREGATE LIM		LIES PER:	ŀ						GENERAL AGGREGATE	\$	2,000,000
		POLICY PRO	T _	LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000
	A117	OTHER:			-	-					COMBINED SINGLE LIMIT	\$	
	AU	TOMOBILE LIABILITY									(Ea accident)	\$	
		ANY AUTO ALL OWNED	— e	CHEDULED							BODILY INJURY (Per person)	\$	
		AUTOS	_ ă	UTOS ON-OWNED							BODILY INJURY (Per accident)	\$	
		HIRED AUTOS	N	UTOS							PROPERTY DAMAGE (Per accident)	\$	
												\$	
		UMBRELLA LIAB		OCCUR							EACH OCCURRENCE	\$	
		EXCESS LIAB		CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION \$		l							\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICERMEMBER EXCLUDED?				1					PER OTH- STATUTE ER			
							- 1			E.L. EACH ACCIDENT	\$		
	(Mar	idatory in NH)	tory in NH)						E.L. DISEASE - EA EMPLOYEE	\$			
	If yes	s, describe under CRIPTION OF OPERA	ATIONS	S below							E.L. DISEASE - POLICY LIMIT	\$	
В		uor Liability					CPS2259142		09/24/2015	09/29/2015		•	1,000,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Des Moines Oktoberfest, September 24-27, 2015.													
CERTIFICATE HOLDER					CANC	ELLATION							
City of Des Moines 400 Robert D. Ray Drive Des Moines. IA 50309					THE	EXPIRATION	DATE TH	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL E Y PROVISIONS.					

OLIVII IOATE HOLDER	CANCELLATION
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
	Tim Kakh

びこそう PONSQR & 8.1 VIP Capacity BEER Truck Service Vehicles / Office STAGE Liscensed Area Additional *Coordinated **Fencing** with train Security schedules

