



Roll Call Number

Agenda Item Number

45

Date September 14, 2015

Application from the IMT Des Moines Marathon requesting approval for banner across the street on the Locust Street Bridge for the start and finish line from Saturday through Sunday, October 17-18, 2015.

Moved by _____ to receive, file and approve banner design.

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



45

**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: 515.274.1596

Date(s) the banner(s) will be displayed: Saturday, October 17, 2015

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

Preferred location of banner(s) start on Locust Street Bridge between Robert Ray Drive and 2nd Street.

How will the banner(s) be anchored? (rope/zip tie) 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.

Signature **Date** 10/23/14

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



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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 18, 2015

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

Preferred location of banner(s) start on Locust Street Bridge between Robert Ray Drive and 2nd Street.

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

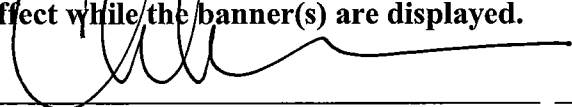
If you plan to anchor to the utility pole, please provide written permission from the utility company.

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Signature

10 | 23 | 14

Date

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



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: IMT DES MOINES MARATHON

Address: 1001 GRAND AVENUE - WEST DES MOINES, IA 50265

Contact Person: Chris Buech Alternate Contact _____

Daytime Phone: 288.2692 Cell Phone: 707.2293

E-Mail Address: CBUECH@DES MOINES MARATHON.COM Fax: 274-1596

Date(s) the banner(s) or item(s) will be displayed: OCTOBER 18, 2015

Purpose of the banner(s) or item(s): START / FINISH LINE FOR IMT DSM MARATHON

Preferred Location: Please provide a map or diagram of the street indicating banner location. SEE MAP
- LOCUST STREET BRIDGE

How will the banner(s) or item(s) be anchored?

ALUMINUM TRUSS / POLES - ZIP TIES.

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): 3'6" x 42'6"

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

Type of Material: VINYL

Number of grommets used to secure banner or item:
EVERY THREE FEET

Sketch of banner or item design: Will you need electricity provided for your item? If electricity is necessary, how would it be obtained:

YES - ELECTRICITY PROVIDED BY CUMMINS POWER

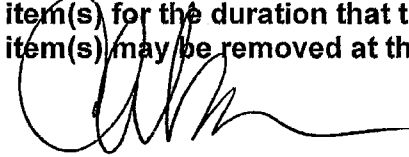
Indemnification:

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.

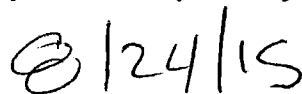
Insurance:

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.



Signature



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: _____

**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 IMT DES MOINES MARATHON 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:

LOCUST STREET BRIDGE

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 Road Runners Club of America / HART 2015 - SIM. A1) 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 24 day of August, 2015 on behalf of and by the authority of IMT Des Moines Marathon.



Authorized Representative

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/24/2015

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).

PRODUCER STAR Insurance - Fort Wayne Office 2130 East Dupont Road Fort Wayne IN 46825		CONTACT NAME: Margaret M. Mayers PHONE (A/C No. Ext): (260) 467-5689 FAX (A/C No.): (260) 467-5691 E-MAIL ADDRESS: margaret.mayers@starfinancial.com	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A National Casualty Company	
		INSURER B Nationwide Life Insurance Co.	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	
		NAIC #	
		11991	
		68869	

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.

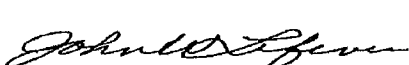
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Legal Liability to participant \$1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <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 GENERAL AGGREGATE \$ Unlimited PRODUCTS - COM/OP AGG \$ 1,000,000 Abuse and Molestation \$ 500,000 Aggregate \$5,000,000
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			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) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> 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						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Excess Medical & Accident (\$250 deductible/claim)			SPX0000026656100	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): 10/17/-10/18/15 IMT Des Moines Marathon - 5K and Kids Run and 10/18/15 IMT Des Moines Marathon INSURED CLUB/EVENT MEMBER: IMT Des Moines Marathon, Att'n: Chris Burch, 1001 Grand Ave., West Des Moines, IA 50265

(Effective 06/25/15 this voids and replaces previously issued certificate)

CERTIFICATE HOLDER

CANCELLATION

10/17/15 City of Des Moines 400 Robert D. Ray Dr. 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 



IMT Des Moines Marathon

October 18, 2015

