

# **City of Scottsbluff, Nebraska**

**Monday, November 6, 2017**

**Regular Meeting**

## **Item Public Inp2**

**Council to consider a Community Festival Permit for the Holiday Parade and special events on Broadway sponsored by the Downtown Scottsbluff Association on November 25, 2017, 4:00 p.m. to 8:00 p.m., including street closures, vendors and noise permit.**

Staff Contact: Cindy Dickinson, City Clerk

**APPLICATION  
COMMUNITY FESTIVAL, BUSINESS PROMOTIONAL EVENT, CARNIVAL  
PERMIT**

To be filed with the city Clerk at least 14 days, but no more than one year before proposed event.

1. Downtown Scottsbluff Assoc.  
(name of sponsoring organization)

\_\_\_\_\_  
(street) (city) (state) (telephone number)  
Angela Kumbel 308 765 0599  
(chairperson responsible for event) (day telephone number)

2. \_\_\_\_\_  
(name of co-sponsoring organization)

\_\_\_\_\_  
(street) (city) (state) (telephone number)  
\_\_\_\_\_  
(contact person) (day telephone number)

**3. Event Information**

Christmas Parade Activities 2017  
(name of event)

11/25/17 5-8pm  
(date(s) of event) (time(s) of event)

18th Street Plaza  
(location of event)

**4. Activity Information**

Describe general activities including whether there will be any vendors, music, loudspeakers. Serving or selling of alcoholic beverages\*, etc.)

Food vendors, YMCA kids' games, choir singing  
in gazebo, music & parade broadcast on speaker.

\*If alcoholic beverages will be sold or served, a special permit will be required. The applicant should contact the City Clerk for more information.

**5. Street Closure**

X  
Please note any streets to be closed and the times required for closure

**6. Flags/Banners/Signs**

0

**7. Carnivals - If event includes a carnival, the next sheet should be completed.**

NA

8. Have you provided for a public liability insurance policy naming the City as additional insured? Yes  
\_\_\_\_\_ No \_\_\_\_\_

Community Festival/Business Promotion

Street Carnival

\$200,000 for one person  
\$500,000 for any one accident  
\$ 50,000 for injuries to property

\$ 800,000 for one person  
\$2,000,000 for any one accident  
\$ 200,000 for injuries to property

9. Have you provided either a \$2,500.00 cash deposit or surety bond for clean up. (This will be returned after it is determined that no repairs or clean up is required by City).

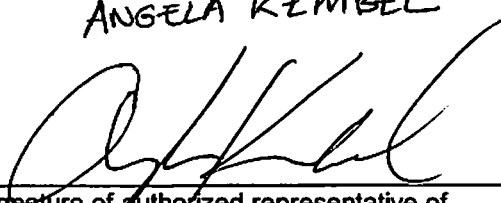
Yes X \_\_\_\_\_ No \_\_\_\_\_

I (We) agree to abide by all regulations as stated in the Scottsbluff Municipal code regulating this permit.

Dated: 11/1/17

Signed:

Downtown Scottsbluff Assoc.  
(name of sponsoring organization)

ANGELA KEMBEL  
  
(signature of authorized representative of sponsoring organization)

\_\_\_\_\_  
(name of co-sponsoring organization)

\_\_\_\_\_  
(signature of authorized representative of co-sponsoring organization)



# Western Surety Company

## CONTINUATION CERTIFICATE

Western Surety Company hereby continues in force Bond No. 61320962 briefly described as CLEAN UP CITY OF SCOTTSBLUFF

\_\_\_\_\_

for DOWNTOWN SCOTTSBLUFF ASSOCIATION

\_\_\_\_\_, as Principal,

in the sum of \$ TWO THOUSAND FIVE HUNDRED AND NO/100 Dollars, for the term beginning May 21, 2017, and ending May 21, 2018, subject to all the covenants and conditions of the original bond referred to above.

This continuation is issued upon the express condition that the liability of Western Surety Company under said Bond and this and all continuations thereof shall not be cumulative and shall in no event exceed the total sum above written.

Dated this 05 day of April, 2017.



WESTERN SURETY COMPANY

By Paul T. Bruflatt  
Paul T. Bruflatt, Vice President

**THIS "Continuation Certificate" MUST BE FILED WITH THE ABOVE BOND.**

Form 90-A-8-2012

# Western Surety Company

## POWER OF ATTORNEY

### KNOW ALL MEN BY THESE PRESENTS:

That WESTERN SURETY COMPANY, a corporation organized and existing under the laws of the State of South Dakota, and authorized and licensed to do business in the States of Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming, and the United States of America, does hereby make, constitute and appoint

Paul T. Bruffat of Sioux Falls,  
State of South Dakota, its regularly elected Vice President,  
as Attorney-in-Fact, with full power and authority hereby conferred upon him to sign, execute, acknowledge and deliver for and on its behalf as Surety and as its act and deed, the following bond:

One CLEAN UP CITY OF SCOTTSBLUFF

bond with bond number 61320962

for DOWNTOWN SCOTTSBLUFF ASSOCIATION

as Principal in the penalty amount not to exceed: \$2,500.00

Western Surety Company further certifies that the following is a true and exact copy of Section 7 of the by-laws of Western Surety Company duly adopted and now in force, to-wit:

Section 7. All bonds, policies, undertakings, Powers of Attorney, or other obligations of the corporation shall be executed in the corporate name of the Company by the President, Secretary, any Assistant Secretary, Treasurer, or any Vice President, or by such other officers as the Board of Directors may authorize. The President, any Vice President, Secretary, any Assistant Secretary, or the Treasurer may appoint Attorneys-in-Fact or agents who shall have authority to issue bonds, policies, or undertakings in the name of the Company. The corporate seal is not necessary for the validity of any bonds, policies, undertakings, Powers of Attorney or other obligations of the corporation. The signature of any such officer and the corporate seal may be printed by facsimile.

In Witness Whereof, the said WESTERN SURETY COMPANY has caused these presents to be executed by its Vice President Paul T. Bruffat with the corporate seal affixed this 05 day of April, 2017.

ATTEST

L. Nelson

L. Nelson, Assistant Secretary

WESTERN SURETY COMPANY

By Paul T. Bruffat

Paul T. Bruffat, Vice President

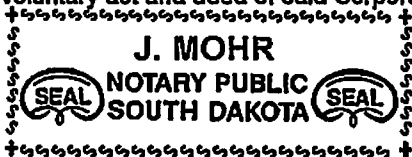
STATE OF SOUTH DAKOTA

COUNTY OF MINNEHAHA

} ss

On this 05 day of April, 2017, before me, a Notary Public, personally appeared Paul T. Bruffat and L. Nelson

who, being by me duly sworn, acknowledged that they signed the above Power of Attorney as Vice President and Assistant Secretary, respectively, of the said WESTERN SURETY COMPANY, and acknowledged said instrument to be the voluntary act and deed of said Corporation.



J. Mohr

Notary Public

My Commission Expires June 23, 2021

To validate bond authenticity, go to [www.cnasurety.com](http://www.cnasurety.com) > Owner/Obligee Services > Validate Bond Coverage.

Form F1975-1-2016



ADDISON INSURANCE COMPANY  
PO Box 73909, Cedar Rapids, IA 52407

POLICY NUMBER: 20208959

ACCOUNT NUMBER: 3000029794 (2) COMMERCIAL GENERAL LIABILITY  
DIRECT BILL - COMMERCIAL GENERAL LIABILITY COVERAGE PART

ISSUE DATE 04-16-2017 CK1 REPLACEMENT OF 0305 20208959		DECLARATIONS RENEWAL EXTENSION	
NAMED DOWNTOWN SCOTTSBLUFF ASSOC INSURED AND ADDRESS PO BOX 28 SCOTTSBLUFF NE 69363-0028		AGENCY & CODE 055160 J G ELLIOTT COMPANY PO BOX 1648  SCOTTSBLUFF NE 69363	
POLICY 12:01 A.M. Standard time FROM: 05-21-2017 TO: 05-21-2018 PERIOD: at your mailing address shown above.		And for successive policy periods as stated below.	
We will provide the insurance described in this policy in return for the premium and compliance with all applicable policy provisions. If we elect to continue this insurance, we will renew this policy if you pay the required renewal premium for each successive policy period, subject to our premiums, rules and forms then in effect. You must pay us prior to the end of the current policy period or else this policy will terminate after any statutory required notices are mailed to you. An insufficient funds check is not considered payment.			
<b>LIMITS OF INSURANCE</b>			
GENERAL AGGREGATE LIMIT (Other than Products-Completed Operations)	\$	2,000,000	
PRODUCTS-COMPLETED OPERATIONS AGGREGATE LIMIT	\$	2,000,000	
PERSONAL AND ADVERTISING INJURY LIMIT (Any one person or organization)	\$	1,000,000	
EACH OCCURRENCE LIMIT	\$	1,000,000	
DAMAGE TO PREMISES RENTED TO YOU LIMIT (Any one premises)	\$	100,000	
MEDICAL EXPENSE LIMIT (Any one person)	\$	5,000	
<b>RETROACTIVE DATE</b> (CG 00 02 Only) Coverage A of this insurance does not apply to "bodily injury" or "property damage" which occurs before the Retroactive Date, if any, shown here. (enter date or "None" if no Retroactive Date applies) NONE			
<b>BUSINESS DESCRIPTION</b> NON PROFIT ORG SPONSORS EVENTS			
<b>FORM OF BUSINESS:</b> ___ Individual ___ Joint Venture ___ Partnership ___ Corporation <u>X</u> Other <u>ASSOCIATION</u>			
<b>Classifications and Locations of All Premises You Own, Rent or Occupy</b>		<b>Codes</b>	<b>Premium Basis</b>
		<b>Rates</b>	<b>Advance Premiums</b>
		<b>Pr/CO</b>	<b>All Other</b>
		<b>Pr/CO</b>	<b>All Other</b>
NE LOC# 01 1708 BROADWAY SCOTTSBLUFF, NE 69361-2457			
CLUB-CIVIC/SERV/SOCIAL-NO BLDG OWNED - NON-PROFIT INCL PR/CO EA MEMBER		41670T)	30
		INCL	0.913 INCL 72MP
<b>Certified Acts of Terrorism Coverage</b>			17
<b>PREMIUM BASIS</b>	a) Area per 1000 sq ft	c) Total Cost per \$1000	g) Gallons per 1000
<b>DEFINITIONS</b>		m) Admissions per 1000	p) Payroll per \$1000
		s) Gross Sales per \$1000	t) Defined Above
			u) Units per unit
<b>Premium Charge Forms</b>		<b>Advance Premium</b>	
SEE UW7002		<b>Premium Charge Forms</b>	
		<b>Advance Premium</b>	
<b>Other Forms</b>		SEE UW7002	
<b>Amend Reason</b>			
<b>PREMIUM FOR THIS COVERAGE PART</b>		\$ 874	
<b>Endorsement Adjustment Premium</b>		\$	
This Declarations Page supersedes and replaces any preceding declarations page bearing the same policy number for this policy period.		X (COUNTERSIGNED BY AUTHORIZED REPRESENTATIVE)	

CG 70 01 02 05

INSURED COPY

\*06032010\*





\*07032020\*

INSURED COPY

CG 71 54 01 07

50	CLUB MEMBERS CG2002 -NEBRASKA DESIGNATED PERSON OR ORGANIZATION CG7086 -NEBRASKA OREGON TRAIL COMMUNITY FOUNDATION 115 RAILWAY SCOTTSBLUFF NE 69361
10	OWNERS, LESSEES OR CONTRACTORS SCHEDULED PERSON CG7085 -NEBRASKA Owners, Lessees or Contractors CITY OF SCOTTSBLUFF Location of covered operation SPECIFIC JOBSITE LOCATION DESCRIBED IN CONTRACT BETWEEN ADDITIONAL INSURED AND INSURED.
50	OWNERS, LESSEES OR CONTRACTORS SCHEDULED PERSON CG7085 -NEBRASKA Owners, Lessees or Contractors CITY OF SCOTTSBLUFF Location of covered operation SPECIFIC JOBSITE LOCATION DESCRIBED IN CONTRACT BETWEEN ADDITIONAL INSURED AND INSURED.

Schedule of Additional Insureds Premium

COMMERCIAL GENERAL LIABILITY SUPPLEMENTAL DECLARATIONS - ADDITIONAL INSUREDS

POLICY NUMBER: 20208959

0305 05-21-2017



Applicable to the state of Nebraska  
 CG0001(04-13) COMM GENERAL LIAB COV FORM  
 CG2002(11-85) ADDL INSURED-CLUB MEMBERS  
 CG2106(05-14) EXCL-ACCESS/DISCLOSURE OF CONFIDENTIAL/PERSONAL  
 CG2147(12-07) EMPLOYMENT-RELATED PRACTICES EXCL  
 CG2150(04-13) AMENDMENT OF LIQUOR LIAB EXCLUSION  
 CG2155-(09-99) TOTAL POLLUTION EXCL W/A HOSTILE FIRE EXCEPTION  
 CG2167(12-04) FUNGI/BACTERIA EXCL  
 CG2170(01-15) CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM  
 CG2187(01-15) CONDITIONAL EXCL OF TERRORISM  
 CG2196(03-05) SILICA/SILICA-RELATED DUST EXCL  
 \*CG7001(02-05) COMMERCIAL GENERAL LIABILITY COVERAGE PART  
 CG7012(07-10) SPECIAL EVENTS EXCL END  
 CG7085(02-15) ADDL INSURED-OWNER/LESSEE/CONTRACTOR-SCHEDULED  
 CG7086(02-15) ADDL INSURED-DESIGNATED PERSON OR ORGANIZATION  
 \*CG7154(01-07) COMM GENERAL LIAB SUPPLEMENTAL DECS-ADDL INSUREDS  
 CG7155(01-07) ABUSE/MOLESTATION EXCL  
 IL-0021(07-02) NUCLEAR ENERGY LIAB EXCL END  
 IL0017(11-98) COMMON POLICY CONDITIONS  
 IL0259(09-07) NE-CHGS CANCEL & NONRENEW  
 IL7009-(04-91) AMENDATORY END PUNITIVE/EXEMPLARY DAMAGES EXCL  
 IL7068(01-10) EXCL-LEAD-HAZARDOUS PROPERTIES  
 IL7069(01-10) EXCL-UNDERGROUND STORAGE TANKS  
 IL7070(09-12) ABSOLUTE ASBESTOS EXCL  
 IL7105(10-14) PRIMARY & NONCONTRIBUTORY-OTHER INSURANCE CONDITIO  
 \*ST1609(01-07) NOTICE ABUSE/MOLESTATION EXCL  
 \*ST1644(01-12) POLICY WEBSITE STUFFER  
 \*ST1882(06-16) NOTICE-LOCATION & PREMISES CLARIFICATION

Other Forms

Applicable to the state of Nebraska  
 \*SPECNDP(00-00) SPECIAL END-PREMIUM

Premium

The following coverage form(s) govern coverage that is not limited to any specific state even though they are specifically listed in only one state in the declarations.

FORMS SUPPLEMENTAL DECLARATIONS

POLICY NUMBER: 20208959

0305 05-21-2017





\*09032040\*

SPEC END P  
(0000)

PREMIUM 675

All other terms, conditions, limitations and agreements of the policy remain unchanged.

THE FOLLOWING SPECIAL EVENTS ARE INCLUDED 5/21/2017 - 5/21/2018

- 1) JULY SIDEWALK SALES & THE FARMERS MARKET
- 2) RENAISSANCE FESTIVAL (@ RIVERSIDE ZOO)
- 3) NATIONAL NIGHT OUT (AUGUST)
- 4) NOVEMBER HOLIDAY PARADE

SPEC END P  
(0000)

# ENDORSEMENT

20208959