City of Scottsbluff, Nebraska

Monday, November 6, 2017 Regular Meeting

Item Public Inp3

Council to consider a Community Festival Permit for Christmas on Broadway / Jingle Jog sponsored by the Scottsbluff YMCA and First State Bank on December 2, 2017, 3:00 p.m. to 5:30 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	(name of sponsoring organization)
(
-	(street) (city) Scottsbluff, NF 69357 635-2318
-	Trinity Burgnor (day telephone number)
,	(chairperson responsible for evenity (day telephone named)
	First State Bank
((name of co-sponsoring organization)
_	(street) (city) (state) (telephone number)
-	(street) (city) (state) (telephone number)
	Kebecca Tomokins 652-4158
	(contact person) (day telephone number)
3.	
	Tingle Tog/Christmason Broadway
	Dec 2, 2017 3:00-5:30
	(date(s) of event) (time(s) of event)
	(control of the control of the contr
	(location of event)
	(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.)
	Christmas music, rarolers, treats, Santa, decorations + props
	*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 4 por laig lot
	Street Closure Along run. route. When through 18th Street plaza Please note any streets to be closed and the times required for closure
6.	Flags/Banners/Signs
	activities in 18th street plaza
7.	Carnivals - If event includes a carnival, the next sheet should be completed.

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 cas after it is determined that no repairs or clear	h deposit or surety bond for clean up. (This will be returned an up is required by City).					
	Yes No/						
I (We) agree to abide by all regulations as stated in the Scottsbluff Municipal code regulating this permit. Dated:							
Się	gned:						
(na	ame of sponsoring organization)	(signature of authorized representative of sponsoring organization)					
(na	City of Scottsbluff ame of go-sponsoring organization)	(signature of authorized representative of co-sponsoring organization)					

YMCAOFS-01

DWICK

1,000,000

2,000,000

\$

POLICY

AUTOMOBILE LIABILITY

EXCESS LIAB

DED X RETENTIONS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MIN/DD/YYYY)

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 THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED BELOW. REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) must have ADDITIONAL INSURED provisions or 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	CONTACT Dedra Wick		
J.G. Elliott insurance Center 1111 East 20th Street	PHONE (AJC, No, Ext): (308) 633-9704 (AJC, No): (308)	632-7359	
Scottsbluff, NE 69361	Appress service@jgelliott.com		
	INSURER(S) AFFORDING COVERAGE		
	INSURER A : Crum & Forster Specialty Insurance		
INSURED	INSURER B : FIRST COMP	27626	
YMCA of Scottsbluff	INSURER C: Philadelphia Indemnity Insurance Company	18058	
P O Box 2423 Scottsbluff, NE 69363-2423	INSURER D :		
	INSURER E :		
	INSURER F:	<u> </u>	
ACCEDIAGES APPLICATE MINISTRA			

COVERAGES **CERTIFICATE NUMBER:** 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. TYPE OF INSURANCE POLICY NUMBER LIMITS 1,000,000 X COMMERCIAL GENERAL LIABILITY **EACH OCCURRENCE** DAMAGE TO RENTED PREMISES (Ea occurrence) 100,000 CLAIMS-MADE X OCCUR 5068874439 01/01/2017 01/01/2018 X **Blanket Al Coverage** 5,000 MED EXP (Any one person) 1,000,000 PERSONAL & ADV INJURY 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: **GENERAL AGGREGATE** 1.000.000 PRO-JECT X LOC

01/01/2017 01/01/2018 ANY AUTO 5068874439 **BODILY INJURY (Per person)** SCHEDULED AUTOS OWNED AUTOS ONLY **BODILY INJURY (Per accident)** PROPERTY DAMAGE (Per accident) X HIRED ONLY X NON-SWNED 2.000.000 X UMBRELLA LIAB X OCCUR EACH OCCURRENCE 01/01/2017 01/01/2018

WORKERS COMPENSATION AND EMPLOYERS' LIABILITY X | ER PER STATUTE__ WC0148278-04 09/15/2016 09/15/2017 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) 1,000,000 E.L. EACH ACCIDENT N N/A 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ if yes, describe under DESCRIPTION OF OPERATIONS below 1,000,000 **Directors and Office** PHSD1195318 12/26/2016 12/26/2017 1,000,000

5821069023

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) 2017 Jingle Jug 5K Run/Walk - 12/2/2017

0

CERTIFICATE HOLDER	CANCELL ATION	

City of Scottsbluff 2525 Circle Dr Scottsbluff, NE 69361 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

ACORD 25 (2016/03)

© 1988-2015 ACORD CORPORATION. All rights reserved.

PRODUCTS - COMP/OP AGG

COMBINED SINGLE LIMIT (Ea accident)

AGGREGATE

The ACORD name and logo are registered marks of ACORD