

# **City of Scottsbluff, Nebraska**

**Monday, November 2, 2020**

**Regular Meeting**

## **Item Public Inp1**

**Council to discuss and consider action on a Community Festival Permit for the Holiday Parade on Broadway sponsored by the Downtown Scottsbluff Association on November 29, 2020 from 5:00-8:00 p.m., including street closure, vendors and noise permit.**

Staff Contact: Kim Wright, 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.

DSA (Downtown Scottsbluff Association)  
1. \_\_\_\_\_  
(name of sponsoring organization)  
1703 Broadway, Cappuccino and Company  
\_\_\_\_\_  
(street) (city) (state) (telephone number)  
Angela Scanlan 308.765.0599  
\_\_\_\_\_  
(chairperson responsible for event ) (day telephone number)  
N/A

2. \_\_\_\_\_  
(name of co-sponsoring organization)  
\_\_\_\_\_  
(street) (city) (state) (telephone number)  
\_\_\_\_\_  
(contact person) (day telephone number)

**3. Event Information**

Downtown Scottsbluff Christmas Parade - 2020

\_\_\_\_\_  
(name of event)  
Sunday, November 29, 2020 5:00 - 8:00 p.m.  
\_\_\_\_\_  
(date(s) of event) (time(s) of event)  
Broadway, 18<sup>th</sup> 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.)

Plaza food vendors, some sidewalk vending along Broadway; music (floats, speakers.) NO ALCOHOL.

\_\_\_\_\_  
\_\_\_\_\_

\*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**

**4PM – Broadway, 15<sup>th</sup> Street up to Bluffs Middle School. Parade begins at 6:00 p.m., lasts up to 90 minutes.**

\_\_\_\_\_

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

**6. Flags/Banners/Signs**

**As part of parade groups or floats.**

\_\_\_\_\_

**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  
\_\_\_\_\_X\_\_\_\_\_ 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 \_\_\_\_\_ No \_\_\_\_\_

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

Dated: \_\_\_\_\_

Signed:

\_\_\_\_ANGELA SCANLAN\_\_\_\_\_  
(name of sponsoring organization)

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

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

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



Coverage Is Provided In:  
Ohio Security Insurance Company

Policy Number:  
**BLS (21) 61 21 40 28**

Policy Period:  
**From 05/21/2020 To 05/21/2021**  
12:01 am Standard Time  
at Insured Mailing Location

**Commercial General Liability**  
**Declarations**  
Basis: Occurrence

**Named Insured**

**Agent**

DOWNTOWN SCOTTSBLUFF ASSOCIATION

(308) 635-2023  
J G ELLIOTT COMPANY

**SUMMARY OF LIMITS AND CHARGES**

Commercial General Liability Limits of Insurance	DESCRIPTION	LIMIT
	Each Occurrence Limit	1,000,000
	Damage To Premises Rented To You Limit (Any One Premises) .	300,000
	Medical Expense Limit (Any One Person)	15,000
	Personal and Advertising Injury Limit	1,000,000
	General Aggregate Limit (Other than Products - Completed Operations)	2,000,000
	Products - Completed Operations Aggregate Limit	2,000,000

Explanation of Charges	DESCRIPTION	PREMIUM
	General Liability Schedule Totals	338.00
	Policy Writing Minimum Premium Adjustment	61.00
	Certified Acts of Terrorism Coverage	1.00

**Total Advance Charges: \$400.00**

*Note: This is not a bill*

To report a claim, call your Agent or 1-844-325-2467

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Policy Number:  
**BLS (21) 61 21 40 28**  
Policy Period:  
**From 05/21/2020 To 05/21/2021**  
**12:01 am Standard Time**  
**at Insured Mailing Location**

**Commercial General Liability**  
**Declarations Schedule**

Named Insured	Agent
DOWNTOWN SCOTTSBLUFF ASSOCIATION	(308) 635-2023 J G ELLIOTT COMPANY

**SUMMARY OF CLASSIFICATIONS - BY LOCATION**

0001 1708 Broadway, Scottsbluff, NE 69361-2457

Insured: DOWNTOWN SCOTTSBLUFF ASSOCIATION

**CLASSIFICATION - 41670**

Clubs - Civic, Service Or Social - No Buildings Or  
Premises Owned Or Leased Except For Office Purposes -  
Not For Profit  
Products-Completed Operations Are Subject To The General  
Aggregate Limit.

COVERAGE DESCRIPTION	PREMIUM BASED ON -	RATED / PER EACH	PREMIUM
Premise/Operations Minimum Premium Adjustment	30 Number of Members	1.780	\$53.00 \$135.00
Total:			Included

**SUMMARY OF OTHER COVERAGE**

COVERAGE DESCRIPTION	PREMIUM
CG20100413 Additional Insured - Owners, Lessees or Contractors - Scheduled Person or Organization	\$75.00
CG20100413 Additional Insured - Owners, Lessees or Contractors - Scheduled Person or Organization	\$75.00
Commercial General Liability Schedule Total	\$338.00

To report a claim, call your Agent or 1-844-325-2467

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POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY  
CG 20 10 04 13

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED - OWNERS, LESSEES OR  
CONTRACTORS - SCHEDULED PERSON OR  
ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

**SCHEDULE**

**Name Of Additional Insured Person(s) Or Organization(s):**

Oregon Trail Community Foundation

115 Railway Plaza

Scottsbluff, NE 69361

**Location(s) Of Covered Operations**

co-sponser

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. Section II - Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

- C. With respect to the insurance afforded to these additional insureds, the following is added to Section III - Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement;  
or
2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

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COMMERCIAL GENERAL LIABILITY  
CG 20 10 04 13

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**ADDITIONAL INSURED - OWNERS, LESSEES OR  
CONTRACTORS - SCHEDULED PERSON OR  
ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

**SCHEDULE**

**Name Of Additional Insured Person(s) Or Organization(s):**

City of Scottsbluff

2525 Circle Drive

Scottsbluff, NE 69361

**Location(s) Of Covered Operations**

Owner of city park and roads

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1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

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