Number

Agenda	Item	Number
	2/	

Date	September	23.	201	3

Application from Des Moines Oktoberfest, LLC requesting approval for a banner across The Depot Arch on 4<sup>th</sup> Street to promote the Oktoberfest event on September 27-28, 2013.

Moved by	to receive, file and approve banner
design.	

COUNCIL ACTION	YEAS	NAYS	PASS	ABSENT
COWNIE				
COLEMAN				
GRIESS				
HENSLEY				
MAHAFFEY				
MEYER				
MOORE				
TOTAL				
MOTION CARRIED	-	-	A	PPROVED

# 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 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: Des Morros OKtoberfest
Address: Louis Eagle Ridge DV. Whiston, IA SO
Contact Person: Mindy Toyne Alternate Contact Jeff Bruv
Davtime Phone: 371-4742 Cell Phone: 371-4747
E-Mail Address: Wellinda@inanyeund.com
Date(s) the banner(s) or item(s) will be displayed: 9/27 - 9/28/13
Purpose of the banner(s) or item(s): Welcome Signage for 3
Preferred Location: Please provide a map or diagram of the street indicating banner location. See Map 10(ahons Montach W)
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:

### 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.

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.

Mulinda	Layre	8.28.13	
Signature	U	Date	

Please return to City Clerk's Office 400 Robert D. Ray Drive Des Moines, IA 50309

Phone: (515)283-4209, Ext. 7

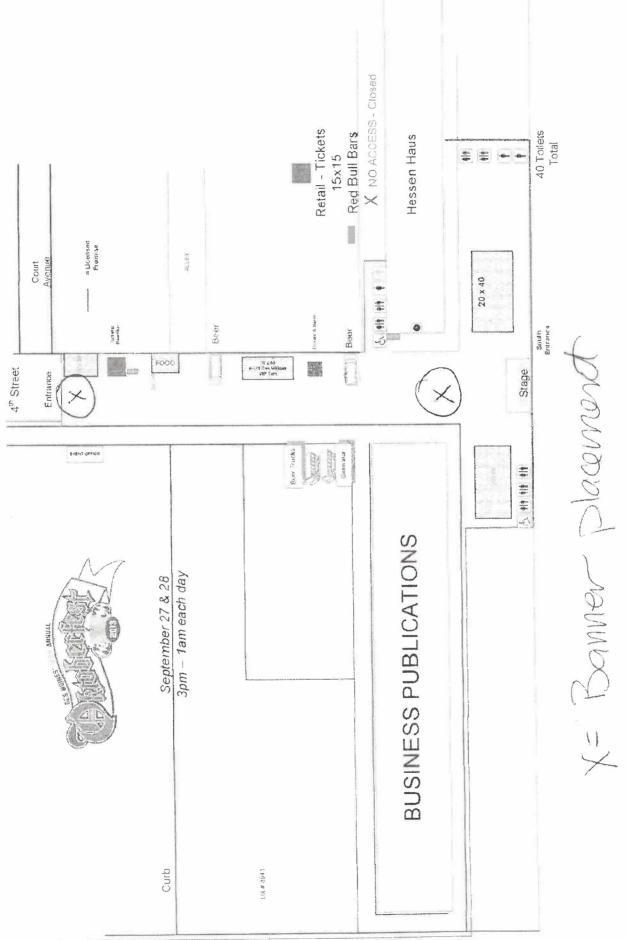
Fax: (515)237-2645

FOR OFFICE USE ONLY:

Traffic Division Approval:

Risk Management Approval:

City Council Approval:





## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/18/2013

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).

certificate fiolider in fied of such chaorsement(s).					
PRODUCER REYNOLDS & REYNOLDS INC Des Moines IA	CONTACT NAME: PHONE PHONE (A/C, No, Ext): (515)243-1724  FAX (A/C, No, Ext): (515)	5)243-6664			
C/O:SCOBIE GROUP-FIRST WESTERN INS.	E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC #				
1501 42ND ST. STE 100	INSURER A: CAPITOL INDEMNITY CORP				
INSURED /	INSURER B:				
Des Moines Oktoberfest LLC - c/o Kathleen Melinda Toyne	INSURER C:				
6810 Eagle Ridge Dr	INSURER D :				
JOHNSTON IA 50131	INSURER E :				
	INSURER F:				

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.

R	TYPE OF INSUR	ANCE		SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
	GENERAL LIABILITY  COMMERCIAL GENERA	AL LIABILITY	Х		CP02283902-FT-01	09/26/2013	09/29/2013	EACH OCCURRENCE  DAMAGE TO RENTED  PREMISES (Ea occurrence)	\$1,000,000 \$100,000
t	CLAIMS-MADE							MED EXP (Any one person)	s5000
ı								PERSONAL & ADV INJURY	\$1,000,000
ı								GENERAL AGGREGATE	\$2,000,000
ı	GEN'L AGGREGATE LIMIT A	PPLIES PER.						PRODUCTS - COMPIOP AGG	\$2,000,000
	POLICY PRO- JECT	LOC	8		7.1. 7.				\$
	AUTOMOBILE LIABILITY		1/2					COMBINED SINGLE LIMIT (Ea accident)	\$
	ANY AUTO							BODILY INJURY (Per person)	\$
ı	ALL OWNED AUTOS	SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
ı	HIRED AUTOS	NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
I			60		N. C.				\$
1	UMBRELLA LIAB	OCCUR						EACH OCCURRENCE	\$
	EXCESS LIAB	CLAIMS-MADE						AGGREGATE	\$
72	DED RETENTIO	N\$		2	No.	J.		1==2:	\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	/						WC STATU- OTH- TORY LIMITS ER	
	ANY PROPRIETOR/PARTNER	VEXECUTIVE (	N/A					E L EACH ACCIDENT	\$
	OFFICER/MEMBER EXCLUDE (Mandatory in NH)	:D?	117.0					E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATION	ONS below				-9		E.L. DISEASE - POLICY LIMIT	\$
	RIPTION OF OPERATIONS / L cial event	OCATIONS / VEHIC	LES (A	Attach	ACORD 101, Additional Remarks Sched	lule, if more space is	s required)		

CERTIFICATE HOLDER	CANCELLATION
	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
City of Des Moines 400 Robert D Ray Dr Des Moines, IA 50309	AUTHORIZED REPRESENTATIVE Thomas A Bonny

