

AGENDA ITEM

April 16, 2013

Subject: American Red Cross Traveled Portion of Right-of-Away Application

Department: Finance

The American Red Cross submitted an application and certificate of liability insurance on March 27, 2013 to hold a Traveled Portion of Right-of-Away Solicitation event.

The event is planned for May 4, 2013 from 9:00 a.m. to 3:00 p.m. at the intersection of Osage and Austin.

Temporary signage will be established. All solicitors are 18 years of age or older and safety vests will meet high visibility standards.

Proceeds will be used for services to the community.

RESOLUTION NO. 1363

A RESOLUTION OF THE CITY OF NEVADA, MISSOURI APPROVING A TRAVEL PORTION OF RIGHT-OF AWAY PERMIT FOR THE AMERICAN RED CROSS.

WHEREAS, The American Red Cross has submitted a Traveled Portion of Right-of-Away Solicitor's Application and certificate of liability insurance;

WHEREAS, Solicitation will occur at the intersection of Osage and Austin Boulevard;

WHEREAS, Solicitors are at least 18 years of age;

WHEREAS, Solicitors will wear appropriate safety vests meeting high visibility standards;

WHEREAS, The American Red Cross will establish temporary signage along the applicable roadways;

WHEREAS, The permit will be valid for May 4, 2013 from 9:00 a.m. to 3:00 p.m.;

NOW, THEREFORE, BE IT RESOLVED by the City Council of the City of Nevada, Missouri that the application for a Traveled Portion of Right-of-Away Solicitor's Permit, is hereby approved.

Seth Barrett, Mayor

(seal)

ATTEST:

Bev Baker, City Clerk

City of Nevada
Traveled Portion of Right-of-Away Solicitor's Application

110 S. Ash Nevada, Mo. 64772
Phone 417-448-2700 Fax 417-448-2707
www.nevadamo.org

Company Name: American Red Cross/Southern Missouri Region/Nevada office

Company Address: 201 E. Cherry Street, Suite 203, Nevada MO 64772

Phone: 417-667-5563

Fax: 417-667-2157

E-Mail: peggy.tedlock@redcross.org

Local Address: 201 E. Cherry Street, Suite 203, Nevada, MO 64772

Local Phone: 417-667-5563

Local Fax: 417-667-2157

Full Name of Applicant: American Red Cross/Southern Missouri Region/Nevada office
(Manager/ contact person)

Applicant's Address: 201 E. Cherry Street, Suite 203, Nevada MO 64772

Home Phone 417-667-5563

Birth date _____

S.S. _____

Drivers License _____

Number of solicitation events held in Nevada this year: 1

Dates of past events held: May 5, 2012

Proposed solicitation location: XX Osage and Austin intersection
_____ Washington and Cherry intersection

Proposed date(s) and time(s) of solicitation: May 4, 2013 9-3

Proceeds of solicitation will be used for American Red Cross Services in the community.

DECLARATION OF REVENUE AND EXPENSES:

Previous Revenue Collected \$795.00 in 2012 Current Revenue Expected \$ 1000.00 plus

Previous Collection Expenses \$ 0

Current Expenses Estimated \$ 0

Signature & Title: Peggy Tedlock, EHM. Officer

K. Moore 3-28-13

APPLICANT MUST ATTACH A COPY OF CERTIFICATION OF LIABILITY INSURANCE FOR \$1,000,000 COVERING THIS EVENT AND NAMING THE CITY OF NEVADA AS AN ADDITIONAL NAMED INSURED.

Names of all solicitors:

Address:

Date of Birth:

3/26/2013 Do not have a complete list of the volunteers at this time. Will have a list at a later date. All our volunteers have passed a background check. All will wear reflective Red Cross vests the day of the event.

***Additional solicitors can be listed on a separate sheet of paper.

I have received and read a copy of Article X, Section 16-128 of the Nevada City Code, (Soliciting money on portion of streets traveled by vehicular traffic).

I hereby release any law enforcement agency from all liability for furnishing information concerning me in response to this permit.

[Handwritten Signature]
Signature of Applicant

[Handwritten Signature]
Witness

Date 3/27/13



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/27/2013

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).

PRODUCER Marsh USA Inc. (Philadelphia) 1717 Arch Street Philadelphia, PA 19103 215.246.1000 fax 215.246.1399 Attn: Redcross.certrequest@marsh.com 849428-SIR-CAS-12-13 \$ MOR MO CLIE NONE MAIL	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
E-MAIL ADDRESS:		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Old Republic Insurance Co		24147
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

COVERAGES **CERTIFICATE NUMBER:** CLE-003789006-03 **REVISION NUMBER:** 2

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> SIR \$100,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC			MWZZ 50660	07/01/2012	07/01/2013	EACH OCCURRENCE	\$ 5,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 5,000,000
							MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 5,000,000
							GENERAL AGGREGATE	\$ 5,000,000
							PRODUCTS - COMP/OP AGG	\$ INCLUDED
								\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			WC STATUTORY LIMITS	OTHER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 RE: BOOT BLOCK FUNDRAISER TO BE HELD MAY 4, 2013.
 CITY OF NEVADA, MISSOURI IS INCLUDED AS ADDITIONAL INSURED WITH REGARDS TO COMMERCIAL GENERAL LIABILITY COVERAGE WHERE REQUIRED BY CONTRACT.

CERTIFICATE HOLDER CITY OF NEVADA ATTN: AMBER GULLIFORD 110 SOUTH ASH NEVADA, MO 64772	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. AUTHORIZED REPRESENTATIVE of Marsh USA Inc. Roger C Fall
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