

Agenda Item
October 30, 2012

Subject: Traveled Portion Right-of-Way Solicitor's Application

Department: Finance

Jeff Taylor LLC / The Windriders Motorcycle Org. met all of the requirements, including insurance, as stated in City Code Article X Section 16-132 for a Traveled Portion of Right-of-Way Solicitor's license.

Proposed dates: November 10, 2012 8:00am to 2:00pm

Location: Osage and Austin intersection

Proceeds will be used for needy families for Christmas.

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

Company Name: Jeff Taylor - Wind Riders Motorcycle Org.

Company Address: 124 E. Marvin

Phone: _____ Fax: _____

E-Mail: _____

Local Address: Same as above

Local Phone: _____ Local Fax: _____

Full Name of Applicant: Jeff Taylor

(Manager/ contact person)
 Applicant's Address: 124 E. Marvin

Home Phone 417-290-0002 Birth date 12-09-67

S.S. _____ Drivers License _____

Number of solicitation events held in Nevada this year: 1

Dates of past events held: Nov. 12, 2011

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

Proposed date(s) and time(s) of solicitation: Nov 10, 12 8am-2pm

Proceeds of solicitation will be used for TOLLS FOR TOTS

DECLARATION OF REVENUE AND EXPENSES:

2008 ¹¹ Revenue Collected \$ <u>1500.00</u>	2008 ¹² Revenue Expected \$ <u>1500.00</u>
2008 ¹¹ Collection Expenses \$ <u>Ø</u>	2008 ¹² Expenses Estimated \$ <u>Ø</u>

Signature & Title: _____

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.

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Names of all solicitors:	Address:	Date of Birth:
Chris Frazier	500 E. Marvin Walker, Mo. 64790	4/2/91
Dee Frazier	"	4/10/88
Belinda Mincks	701 S. Kirkpatrick El Dorado Springs, Mo. 64744	11/1/77
John Olson Jr.	7335 S. 1444 rd. Horton, Mo. 64778	8/27/48
Kyle Houchin	15518 S. 1391 rd. Nevada, Mo. 64772	12/20/87
Chris Scott	701 S. Kirkpatrick El Dorado Springs, Mo. 64744	8/16/75
Ricco Sua	300 W. Hickory El Dorado Springs, Mo. 64744	8/21/88
Dave Pratt	1002 E 9 th Lamar, Mo. 64759	9/10/51

*** 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.

Jeffrey W. Taylor
Signature of Applicant

[Signature]
Witness

Date 10/29/12

Josh Vunovich	19164 E. Quail Rd. Nevada Mo. 64772	8/24/81
Richard Taylor	73137 E. EE Highway Walker Mo. 64790	2/23/47
Jeff Taylor	124 E. Marvin Ave Walker, Mo. 64790	12/09/67
Kristina Taylor	"	2/12/66
Chris Hogan	1122 W. Cherry Nevada, Mo. 64772	7/24/89
David Little	412 S. Adams Nevada, Mo. 64772	3/11/72 3/11/72
David Hazel	513 E. Barrett Walker, Mo. 64772	5/02/73



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/9/2012

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 Danny Robinson (660) 679-4911 113 W Dakota PO Box 84 Butler, MO 64730 (083/188)	CONTACT NAME: Danny L Robinson PHONE (A/C No. Ext): (660) 679-4911 FAX (A/C No.): (660) 679-4811 E-MAIL ADDRESS:																				
	<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A:</td> <td>American Family Insurance</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td></td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	American Family Insurance		INSURER B:			INSURER C:			INSURER D:			INSURER E:			INSURER F:	
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INSURED Jeffery Taylor / Wind Riders 124 E Marvin Ave Walker, MO 64790																					

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.

INSR LTR	TYPE OF INSURANCE	ADOL INSR	SUBR WVO	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS								
	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC			24-XM3700-01-00	6/5/2012	6/5/2013	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMPOP AGG \$ 4,000,000								
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED 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"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$								
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<table border="1"> <tr> <td>WC STATUTORY LIMITS</td> <td>OTHER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$</td> </tr> </table>	WC STATUTORY LIMITS	OTHER	E.L. EACH ACCIDENT	\$	E.L. DISEASE - EA EMPLOYEE	\$	E.L. DISEASE - POLICY LIMIT	\$
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER City of Nevada 110 S Ash St 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 
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