



**CITIZEN/ORGANIZATION AGENDA REQUEST**

Council Meeting Date \_\_\_\_\_

(Requests may be faxed to City Clerk at 309-734-4943)

CITIZEN/ORGANIZATION: GRACE BIBLE Church (1215 H St.)

Citizen/Representative: Gary ROBERTSON

Address: 1046 E Euclid Ave

E-mail Address: robbie64@mtcnw.net

Phone Number: 309-299-2352

Event Date and Hours of Event: Aug 12th 2PM - 6PM RAIN DATE <sup>Aug.</sup> 17th

Type of Event and Reason for Request: Community outreach with games & food. Would like to close W. 1st Ave. from street corner of South H. Street & W. 1st Ave going East 100 feet to serve food & allow safe access to vacant lot activities.

Requirements for events (these requirements must accompany the request at time of meeting or before, **NO EXCEPTIONS**):

- 1) Certificate of Liability Insurance – (private citizen or not-for-profit group)
- 2) If request includes or affects other citizens, a form signed by such citizens showing their approval is to be brought to meeting. (Ex: vacating an alley, blocking off street)
- 3) Diagrams or maps, if pertinent to approving the request.

Gary Robertson  
Citizen/Organization Representative

7/12/12  
Date

Susan J. Trivette  
City Clerk

7-14-12  
Date

- PLEASE NOTE:**
- 1) In order to be placed on the agenda of a Council Meeting, **ALL** requests **MUST** be received the Wednesday morning prior to the next Council meeting!
  - 2) Representative must be present at meeting unless exempted under annual request policy.

N. H St.

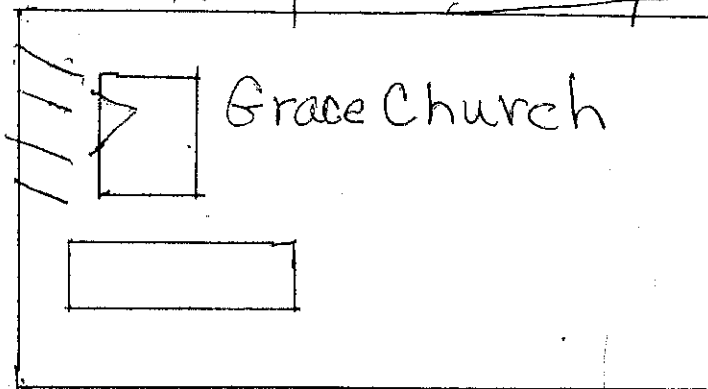
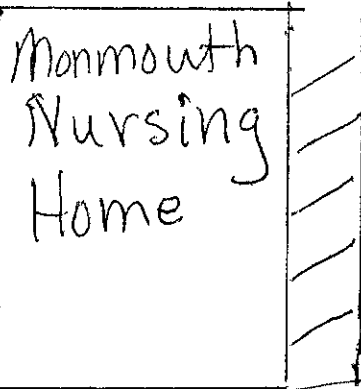
West

Broadway

South H Street



Alley or Driveway

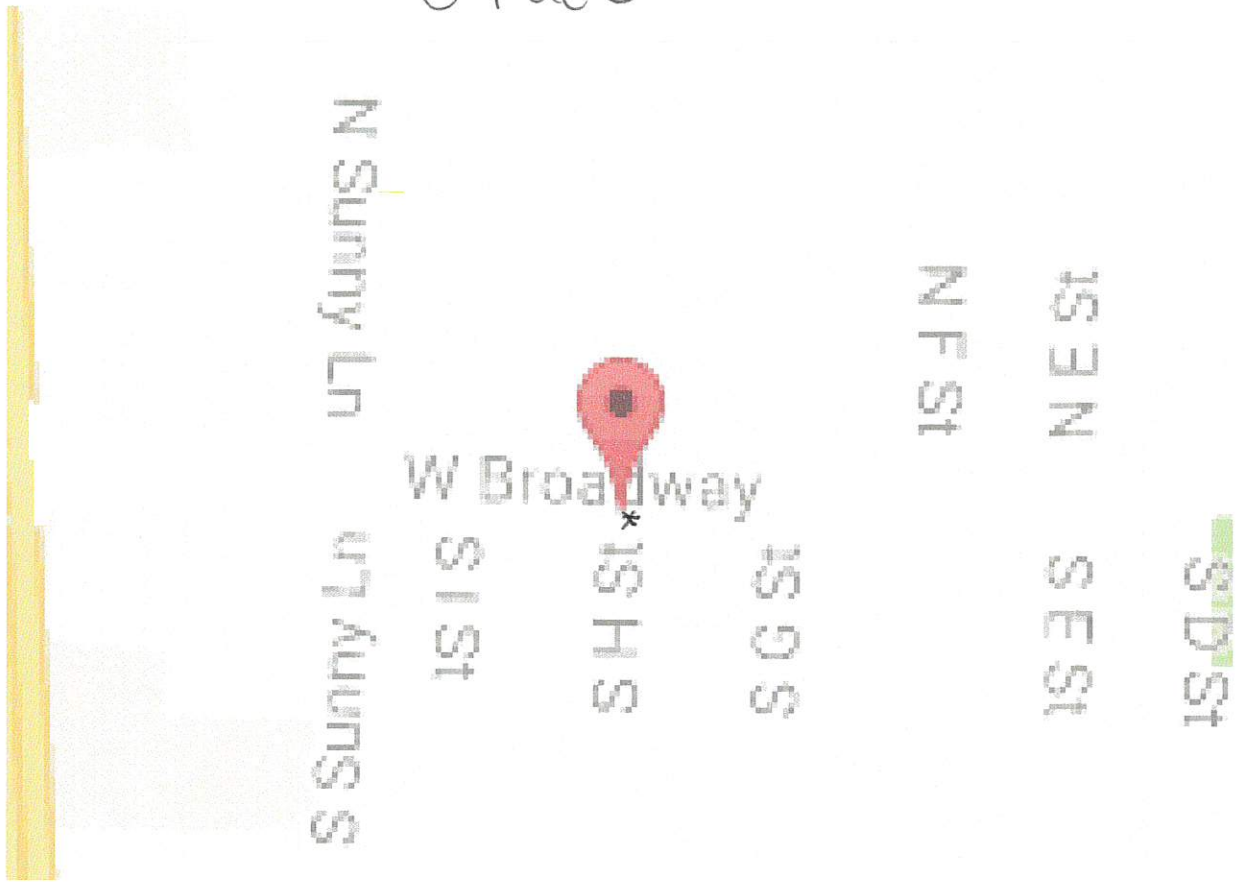


West

1<sup>st</sup> Avenue

vacant lot

Grace





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/10/2017

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 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).

<b>PRODUCER</b> Church Mutual insurance Company 3000 Schuster Lane P.O. Box 357 Merrill WI 54452		<b>CONTACT NAME:</b> Cathy J Dupuis <b>PHONE (A/C, No, Ext):</b> 1-800-554-2642 Option 1 <b>FAX (A/C, No):</b> 855-264-2329 <b>E-MAIL ADDRESS:</b> cs2@churchmutual.com																						
<b>INSURED</b> GRACE BIBLE CHURCH OF MONMOUTH  121 S H ST  MONMOUTH IL 61462-1542		<table border="1"> <thead> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A:</td> <td>Church Mutual Insurance Company</td> <td>18767</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> </tbody> </table>		INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Church Mutual Insurance Company	18767	INSURER B:			INSURER C:			INSURER D:			INSURER E:			INSURER F:		
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**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	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GENTL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			0181324-21-962309	02/01/2017	02/01/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Evidence of Liability Insurance for a block party on August 12, 2017, at Grace Bible Church of Monmouth, 121 South H Street, Monmouth, IL 61462 and the surrounding streets. Commercial General Liability Additional Insured = City of Monmouth, subject to the coverage provided by the referenced policy. RUAP 096 E206.

**CERTIFICATE HOLDER****CANCELLATION**

CITY OF MONMOUTH 100 EAST BROADWAY  MONMOUTH IL 61462-1764	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 