

CITY OF MUSCATINE  
TITLE 3, CHAPTER 14

License #
Wallet #
Sticker #
Receipt #
Issued
Expires

**APPLICATION FOR USE OF ANY STREET, SIDEWALK, ROADWAY, ALLEY,  
PARK, PUBLIC WAY, PROPERTY OR FACILITY**

1. Name of applicant and sponsoring organization, if any:

JAARS - Randy & Gin Popham

Address: PO Box 482 Durant IA 52747

Telephone number: 563-349-5543

E-mail address: virginia.popham@jaars.org

2. Type of event that is planned:

Mission at the Airport, an informative program that presents the work of JAARS & Wycliffe Bible Translators. We will display a number of technologies used on mission fields around the world. When weather conditions are favorable, the Helio-Courier aircraft demonstrates the amazing capabilities of its... see attached

3. Proposed location:

Muscatine Municipal Airport

4. Date(s)/Time(s): Wednesday, June 25, 2014

5. Expected length of use: open to public, 2pm - 8pm

6. Expected size of group: 200-300 people.

7. Names of any person or persons in charge of the proposed use at the specified location:

Virginia Popham - local

Mike Mower - Director, Missions at the Airport

Address(es): Popham - see above Mower JAARS, Box 248, Wauhaw NC 28173

Telephone Number(s): " " 104-576-1248

E-mail address(es): mike\_mower@jaars.org

short take off and landing (STOL) and maneuverability characteristics. People have the opportunity for an airplane or helicopter ride.

JAARS will provide a copy of the insurance certificate

- ① AIRCRAFT RIDES ARE CONDUCTED IN ACCORDANCE WITH AN FRAA LETTER OF AUTHORIZATION FOR COMMERCIAL AIR RIDES AND OPERATED UNDER FEDERAL AIR REGULATION 91.147. PILOTS ARE EXPERIENCED COMMERCIAL PILOTS AUTHORIZED UNDER THE LOA. AIRCRAFT ARE MAINTAINED BY CERTIFIED REPAIR STATION UNDER SD AND 100 HOUR INSPECTION PROGRAMS.
- ② ALL FLIGHT ACTIVITIES CARRY SUFFICIENT LIABILITY INSURANCE. THE CITY OR AIRPORT CAN BE NAMED ADDITIONAL ON THAT POLICY.
- ③ CAN PROVIDE NAMED ADDITIONAL ON OUR "EVENT SITE" INSURANCE POLICY AS WELL.

8. Names and addresses of any persons to be featured as entertainers or speakers:

NA

9. List mechanical or electronic equipment to be used:

Computers

10. Number and type of any motor vehicles or other forms of transportation to be used, including bicycles, boats, carriages and golf carts:

NA

11. Number and types of animals to be used:

NA

12. A description of any sound amplification to be used:

Portable PA system with 2 speakers

13. Proposed monitoring of the group and/or activity including the number of people who will direct traffic, set up, clean up and maintain order, if necessary:

5 or 6 people, or more if needed

14. All plans for the provision of security:

We will provide staff for loading & unloading of aircraft.

15. Beer or wine consumption? Yes  No

16. Describe any items to be sold or distributed:

Airplane & helicopter rides  
Miscellaneous small items - possibly  
④ BOOKS & HATS.

17. Is water connection requested? Yes  No  Not sure at this time

18. Is electricity requested? Yes  No

19. Have you provided a layout site plan for your proposed activity or event? Yes  No

If yes, please attach.

If no, please explain:

We will coordinate with city and airport staff, using available hanger space. Other outside activities will also be coordinated.

20. Do you understand that you will be financially responsible for all site restoration needed to restore the site to pre-event status? Yes  No

The applicant agrees to indemnify, defend and save harmless the City of Muscatine, together with its agents, officers and employees, from any and all claims, lawsuits, damages, losses and expenses, of whatever nature, which may result from or arise from the activity or event covered by the permit, including but not limited to the use of public ways, irrespective of whether said claims are frivolous or meritorious.

MAMOWER

Authorized Representative

2/28/2014

Date

**TO BE COMPLETED BY CITY DEPARTMENTS:**

I have reviewed the attached application with the following recommendations:

Recommend  
Approval

YES  NO

Richard Flores 3-3-14  
Parks & Recreation Date

**Comments:**

YES  NO

Building & Zoning Date

YES  NO

## Public Works

YES  NO

8-25 3/3/14  
Police Chief Date

YES  NO

 2/28/14  
Fire Chief Date

**FINAL APPROVAL:**

YES  NO

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**City Administrator**      **Date**

Date

COORDINATE ALL ACTIVITIES WITH  
THIS OFFICE & FBO. MUST PROVIDE  
INSURANCES CERTIFICATE NAME/CITY  
AS ADDITIONAL INSURER

NO PD INVOLVEMENT AT THIS  
POINT. IF IT BECOMES NECESSARY  
ORG MUST CONTACT PD WELL IN ADVANCE.

1. *What is the name of the author?*



# CERTIFICATE OF LIABILITY INSURANCE

5/1/2014

DATE (MM/DD/YYYY)

3/3/2014

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	Lockton Insurance Brokers, LLC CA License #OF15767 Two Embarcadero Center, Suite 1700 San Francisco CA 94111 (415) 568-4000	CONTACT NAME:		
		PHONE (A/C, No. Ext):	FAX (A/C, No.):	
INSURED 1045086	Wycliffe Bible Translators Inc., JAARS, Inc. Attn: Peter D'Amato 7500 W. Camp Wisdom Rd Dallas TX 75236	ADDRESS:		
		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A: ACE American Insurance Company		22667
		INSURER B:		
		INSURER C:		
		INSURER D:		
		INSURER E:		
INSURER F:				

COVERAGES WYCB101 CERTIFICATE NUMBER: 12808450 REVISION NUMBER: XXXXXXXX

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  X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	Y	N	CGO G2584001A	5/1/2013	5/1/2014	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	GENL AGGREGATE LIMIT APPLIES PER:  X POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC						COMBINED SINGLE LIMIT (Ea accident) \$ XXXXXXXX BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$ XXXXXXXX
	AUTOMOBILE LIABILITY  ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			NOT APPLICABLE			EACH OCCURRENCE \$ XXXXXXXX AGGREGATE \$ XXXXXXXX \$ XXXXXXXX
	UMBRELLA LIAB EXCESS LIAB			NOT APPLICABLE			WC STATU- TORY LIMITS <input type="checkbox"/> OTH- ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ XXXXXXXX E.L. DISEASE - EA EMPLOYEE \$ XXXXXXXX E.L. DISEASE - POLICY LIMIT \$ XXXXXXXX
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE <input type="checkbox"/> OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N  N/A		NOT APPLICABLE			

#### DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

RE: City of Muscatine, Iowa is included as additional insured as respects to their interests in the JAARS Missions at the Airport Exhibit at Muscatine Municipal Airport, 5701 South Highway 61, Muscatine IA 52761, to be held June 25, 2014, for liability arising out of the operations of the insured.

#### CERTIFICATE HOLDER

#### CANCELLATION See Attachment

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

12808450  
City of Muscatine, Iowa  
Attn: Steven Boka  
215 Sycamore Street  
Muscatine IA 52761

POLICY NUMBER: CGO G2584001A

COMMERCIAL GENERAL LIABILITY  
CG 20 26 07 04

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ADDITIONAL INSURED - DESIGNATED  
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)**

Any person or organization whom you have agreed to include as an additional insured under a written contract, provided such contract was executed prior to the date of loss.

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

**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 your acts or omissions or the acts or omissions of those acting on your behalf:

- A. In the performance of your ongoing operations; or**
- B. In connection with your premises owned by or rented to you.**

**CG 20 26 07 04**

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# CERTIFICATE OF INSURANCE / CONFIRMATION OF COVERAGE

Page 1 of 1

DATE ISSUED: March 3, 2014

This is to certify that the policies of insurance described herein have been issued to the insured named herein for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which the certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, conditions & exclusions of such policies. Limits shown may have been reduced by paid claims.

**CERTIFICATE HOLDER: (USA)**

City of Muscatine, Iowa  
Attn: Steven Boca  
215 Sycamore St.  
Muscatine, IA 52761-3839

**NAME & ADDRESS OF INSURED:**

JAARS, Inc. & as endorsed  
P.O. Box 248  
Waxhaw, NC 28173-0248

**COVERAGE:**

To cover the Assured's liability for Bodily Injury including Passengers & Property Damage arising out of the operation of aircraft as per schedule of aircraft as agreed by underwriters, including Non-Owned Aircraft Liability & Aviation General Third Party being Premises, Hangarkeepers (excluding in-flight) & Products & including Medical Expenses to Passengers & Crew.

**AMOUNT OF INSURANCE /  
LIMIT OF LIABILITY:**

\$3,000,000 Combined Single Limit Bodily Injury & Property Damage; Medical Expense \$25,000 any one person.

**INSURER**  
StarNet Insurance Co.

	<b>POLICY NUMBER</b>	<b>COVERAGE</b>	<b>EFFECTIVE DATE</b>	<b>EXPIRATION DATE</b>
	TBD	Aircraft Liability	May 31, 2014	May 31, 2015

**AIRCRAFT LOCATION**  
USA  
USA

	<b>REG. NO.</b>	<b>AIRCRAFT TYPE</b>	<b>SEATS</b>	<b>INSURED</b>	<b>VALUE</b>	<b>DEDUCTIBLES</b>
	N461FM	1971 Helio Courier H295	1+5	N/A	N/A	N/A
	N622	2002 Robinson R44 Raven II	1+3	N/A	N/A	N/A

**ADDITIONAL INSURED:**

City of Muscatine, Iowa is Additional Insured as respects the operations of the Named Insured at the event held June 25, 2014

Please note: in the event coverage is allowed to lapse, Lockton Companies will notify the City of Muscatine.

This Certificate is issued as a matter of information only & confers no rights upon the Certificate Holder other than those provided by this policy. This Certificate does not amend, extend or alter the coverage afforded by the policies described herein.



**LOCKTON COMPANIES, LLC**  
**AVIATION DIVISION**  
8110 E. Union Ave, Suite 700  
Denver, CO 80237-2966  
PH: (303) 414-6412 FAX: (303) 865-6412

**LOCKTON COMPANIES**

*Mary E. Bade*  
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Mary Bade, Aviation Manager