

CITY OF MUSCATINE

TITLE 3, CHAPTER 14

PARADE APPLICATION

LICENSE #

WALLET#

STICKER#

RECEIPT#

ISSUED

EXPIRES

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

ITEM 8H

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

Greater Muscatine Chamber of Commerce & Industry
102 Walnut St

2. Type of event that is planned:

Fourth of July Fireworks, Musc. Symphony
Orchestra Performance, parade

3. Proposed location:

Riverfront & Pearl City Station (M.S.D.)

4. Dates:
- July 4
- Time:
- 3 pm - 10 pm

Expected length of use: Afternoon - Evening

5. Expected size of group:
- 5000+

6. Names, addresses and telephone numbers of any person or persons in charge of the proposed use at the specified location:
- Jodi Hansen

102 Walnut St 563-263-8895Muscatine, IA 319-325-6381

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

Parade: KWPC / Local Access Channel 9
Symphony Concert will/may have programming
not determined at this time

8. List of mechanical or electronic equipment to be used:

Connection to local access channel at Musser
Public Library & Riverfront Speaker System

9. Number and type of any motor vehicles or other forms of transportation to be used, including bicycles, boats, carriage and golf carts:
- There will be approx. 80-100

entries in the parade w/ various bicycles, cars,
fire & police, pick ups w/ & w/o trailers, golf carts
ATV's, utility vehicles, farm tractors, mpw vehicles
Semi-tractors w/ & w/o trailers

10. Number and types of animals to be used: _____

Typically we have dogs + other small domestic animals along w/ horses w/ or w/o carriages

11. A description of any sound amplification to be used: _____

The entries may have small sound equipment for their purposes... Usually something like a boom box

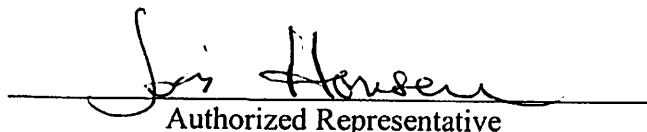
12. Proposed monitoring of the group and or activity including the number of people who will direct traffic, set up, clean up and maintain order, if necessary: _____

We provide block captains that assist w/ the line up + help to maintain order during the parade. 12 people. In the past we have sometimes assisted w/ traffic control to have IOWA one way from Fullum to 4th w/ flow toward river from 3-5

13. All plans for the provision of security: _____

Emcel requires a control access point on fireworks site. We have a master shooter that is responsible for the pyrotechnic crew + Rock Island County Sheriff's Dept. We use DNR + Muscatine Search + Rescue to maintain controlled access on Mississippi

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 what ever 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.


Authorized Representative

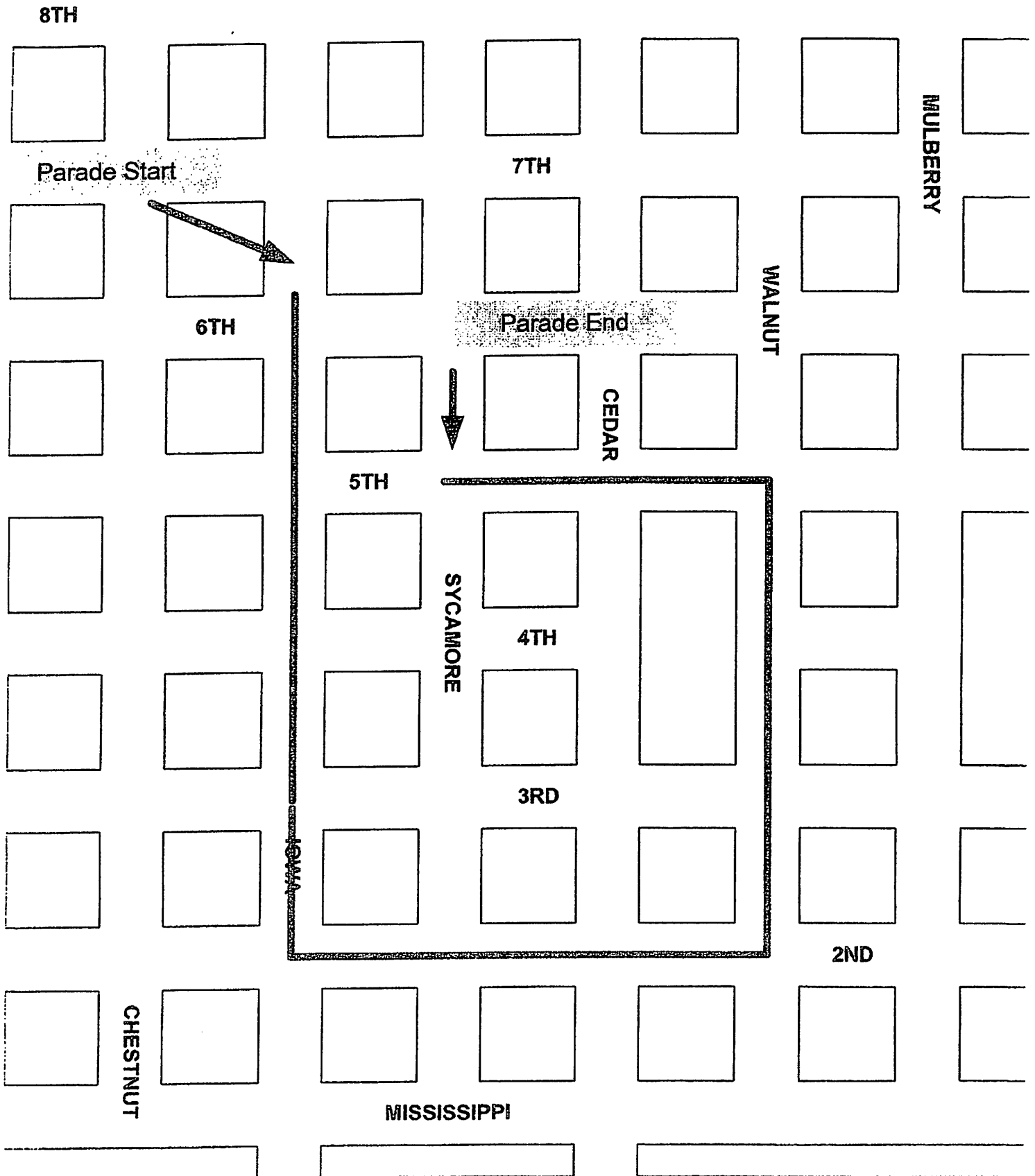
4/1/2013
Date

Parade Requirements:

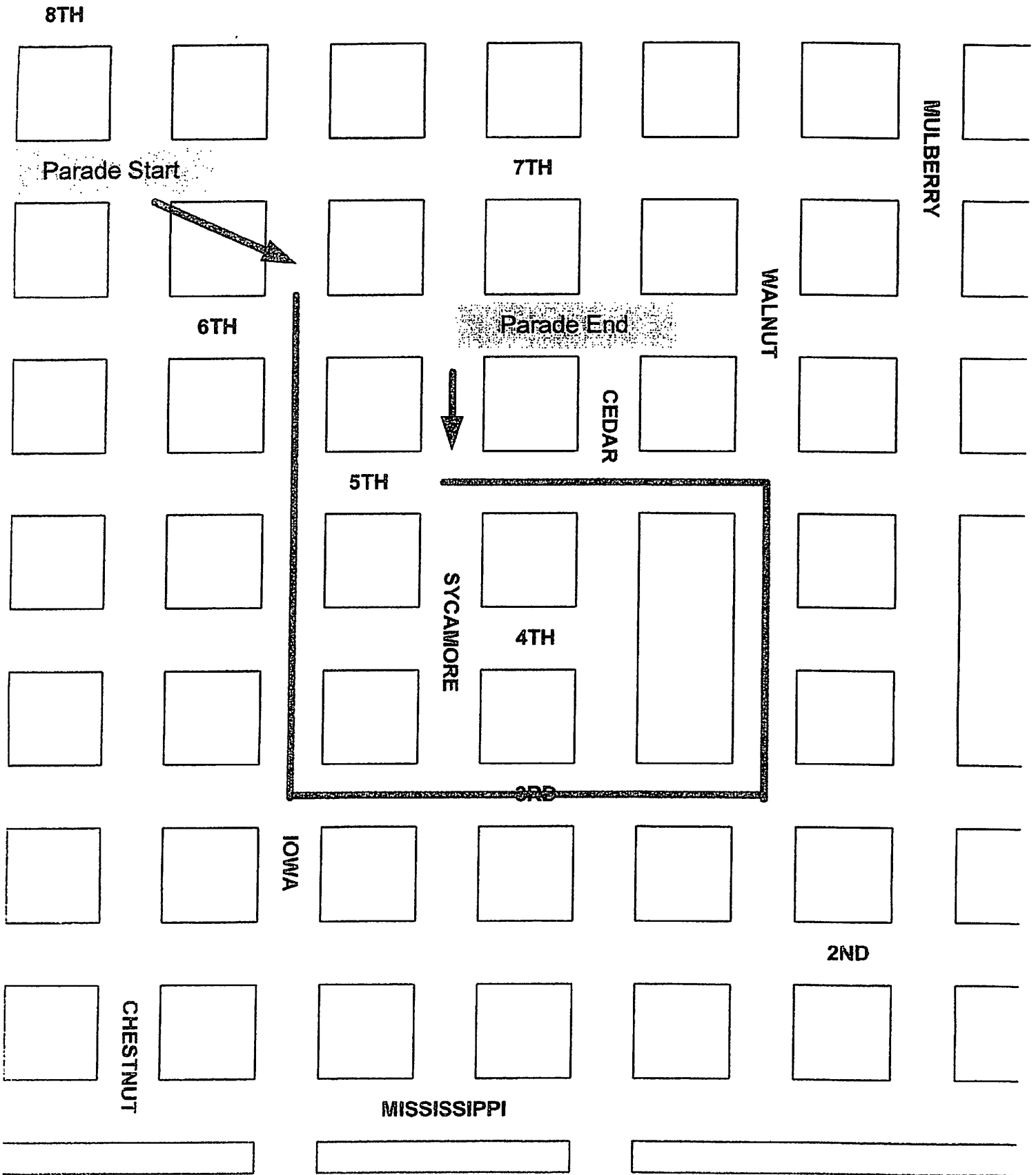
1. Attach sketch of parade route #1 or parade route #2 to be followed.
2. Submit \$30.00 permit fee with application. (Non-profit organizations exempt).
3. Insurance certificate with the following minimum requirements must accompany application:

General Liability - \$500,000 Bodily Injury & \$50,000 Property Damage
or \$500,000 Combined Single Limit.

Parade Route #1



Parade Route #2





CERTIFICATE OF LIABILITY INSURANCE

GREAT-3

OP ID: CH

DATE (MM/DD/YYYY)

04/04/2013

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 Miller-Harrison Insurance Services 100 W. Second St. Muscatine, IA 52761 Michael Harrison	Phone: 563-263-6044	CONTACT NAME:	FAX (A/C, No):
	Fax: 563-263-6667	PHONE (A/C, No, Ext):	E-MAIL ADDRESS:
INSURED Greater Muscatine Chamber of Commerce & Industry 102 Walnut Street Muscatine, IA 52761	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : EMC Insurance Companies		15350
	INSURER B : West Bend Mutual Insurance Co.		
	INSURER C :		
	INSURER D :		
	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.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
B	GENERAL LIABILITY			NSJ170546601	12/01/2012	12/01/2013	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 200,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
B	AUTOMOBILE LIABILITY			NSJ170546601	12/01/2012	12/01/2013	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$
								\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			NUJ170546801	12/01/2012	12/01/2013	EACH OCCURRENCE	\$ 3,000,000
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE	\$ 3,000,000
	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTIONS							\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			4Y6477313	12/01/2012	12/01/2013	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input type="checkbox"/> N					E.L. EACH ACCIDENT	\$ 100,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$ 100,000
							E.L. DISEASE - POLICY LIMIT	\$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
4th of July parade

CERTIFICATE HOLDER**CANCELLATION**

MUSC001

City of Muscatine
215 Sycamore St
Muscatine, IA 52761

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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TO BE COMPLETED BY CITY DEPARTMENTS:

I have reviewed the attached application with the following recommendations:

Recommend
Approval



YES



NO

Amel M. Hino

Parks & Recreation

4-9-13

Date

Comments:

*Approval subject to attendance
at pre-event meeting.*



YES



NO

[Signature]

Building & Zoning

4/4/13

Date



YES



NO

Randall E. Hine

Public Works

4/5/13

Date



YES



NO

B. Talley

Police Chief

4/8/13

Date

Pending Pre Event meeting



YES



NO

BC Cannon

Fire Chief

4-10-13

Date

FINAL APPROVAL:



YES



NO

City Administrator

Date