



CITIZEN/ORGANIZATION AGENDA REQUEST

Council Meeting Date 8-21-23

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

CITIZEN/ORGANIZATION: AMERICAN CANCER SOCIETY

Citizen/Representative: STACEY DUTTON

Address: P.O. BOX 10393, CHICAGO, IL 60610

E-mail Address: Stacey.Dutton@cancer.org

Phone Number: 309-214-9012

Event Date and Hours of Event: 4pm - 7:30pm / with Setup & Cleanup ^{2pm - 8pm}

Type of Event and Reason for Request: RELAY FOR LIFE WILL BE AT WEST PARK ON SEPTEMBER 16th. WOULD LIKE TO CLOSE 100 BLOCK OF S. C STREET. REQUEST 2 BARRICADES - ONE AT S.C + BROADWAY, ONE AT S.C STAND W. 1ST AVE.

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.

CAN PROVIDE PROOF OF COI ON 9-1-2023.

Stacey M Dutton
Citizen/Organization Representative

8-9-2023
Date

Susan S Trevar
City Clerk

8-9-2023
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.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
9/1/2022

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).

PRODUCER Commercial Lines -- (404) 923-3700 USI Insurance Services LLC 1 Concourse Parkway NE, Suite 700 Atlanta, GA 30328	CONTACT NAME: Jennifer Leffler PHONE (A/C, No. Ext): 470-875-0441 E-MAIL ADDRESS: jennifer.leffler@usi.com	FAX (A/C, No.): 610-537-1929
	INSURER(S) AFFORDING COVERAGE	
INSURED American Cancer Society, Inc. 3380 Chastain Meadows Pkwy. NW Suite 200 Kennesaw, GA 30144-0101	INSURER A: ACE American Insurance Company	NAIC # 22667
	INSURER B: Evanston Insurance Company	35378
	INSURER C: ACE Fire Underwriters Ins. Co.	20702
	INSURER D:	
	INSURER E:	
	INSURER F:	

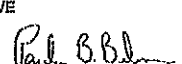
COVERAGES **CERTIFICATE NUMBER:** 15592831 **REVISION NUMBER:** See below

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	ADDITIONAL SUBROGATION WAIVED	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: Event		HDO G47289081	09/01/2022	09/01/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 2,500 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 25,000,000 PRODUCTS - COM/POP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input checked="" 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		ISA H10690857	09/01/2022	09/01/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		MKL2EUL105245	09/01/2022	09/01/2023	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	WLR C50670892 (AOS) SCF C50671021 (OR-WI)	09/01/2022 09/01/2022	09/01/2023 09/01/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

Evidence of Insurance

CERTIFICATE HOLDER American Cancer Society, Inc. 3380 Chastain Meadows Pkwy. NW Suite 200 Kennesaw, GA 30144	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 
---	---