



**CITIZEN/ORGANIZATION AGENDA REQUEST**

Council Meeting Date July 3rd

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

CITIZEN/ORGANIZATION: Buchanan Center for the Arts

Citizen/Representative: Kristhne Gilbert, Exec. Director

Address: 64 Public Square

E-mail Address: buchanancenter@mtc.nw.net

Phone Number: 309-734-3033

Event Date and Hours of Event: Saturday, July 29 8-12 midnight

Type of Event and Reason for Request: Movie night - block off

section of W. Broadway from Square to A

for seating during the movie. This is a private

event for members only. Complimentary food & liquor will be  
served prior to showing of movie within closed & secured garden.\*

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.

Kristhne Gilbert  
Citizen/Organization Representative

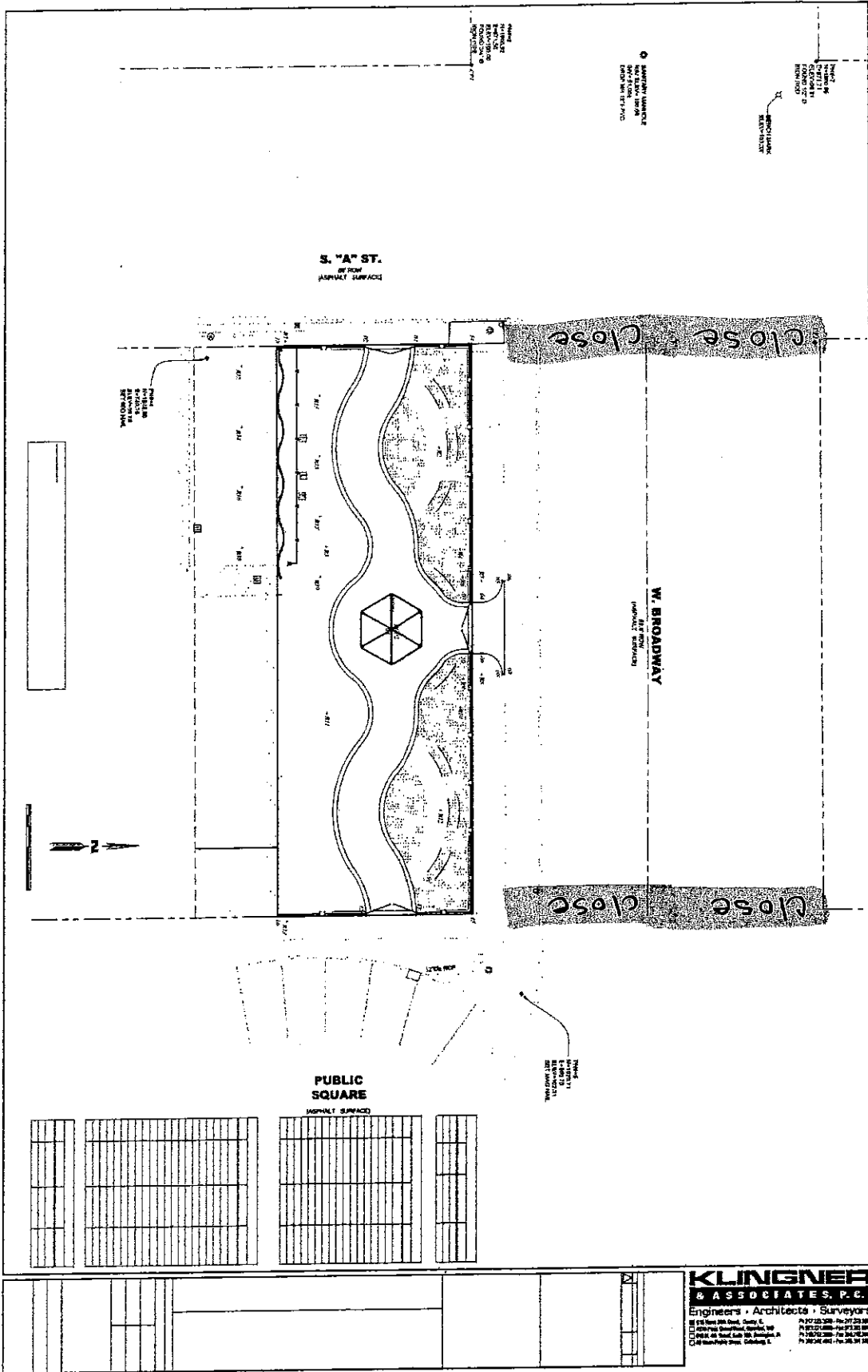
6-23-17  
Date

Ausonia Ferrer  
City Clerk

6-26-17  
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.

\* It is noted that once movie begins the viewing will be able to be seen by anyone in the public area.



**KLINGNER & ASSOCIATES, P.C.**  
 Engineers • Architects • Surveyors  
 2500 West 26th Street, Suite 201, Fort Lauderdale, FL 33311  
 407-551-3333 • Fax 407-551-3334  
 11155 NW 34th Street, Suite 201, Fort Lauderdale, FL 33331  
 407-551-3333 • Fax 407-551-3334  
 11155 NW 34th Street, Suite 201, Fort Lauderdale, FL 33331  
 407-551-3333 • Fax 407-551-3334



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
2/24/2017

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 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 Stanton Insurance, Inc. 96 Public Square Monmouth IL 61462	CONTACT NAME: Monmouth Office	FAX (A/C, No.): (309) 734-4661	
	PHONE (A/C, No., Ext): (309) 734-2171	E-MAIL ADDRESS:	
INSURED Buchanan Center For The Arts Inc 62-64 Public Sq Monmouth IL 61462-1756	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Owners Insurance Co.		32700
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
INSURER F:			

**COVERAGES**      **CERTIFICATE NUMBER: CL1722402472**      **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 SUBR INSD WVD	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"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		07975315	8/24/2016	8/24/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 Premises/Operations \$
	AUTOMOBILE LIABILITY  <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED 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"/> EXCESS LIAB <input type="checkbox"/> OCCUR <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	Y/N	N/A			<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER 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)

<b>CERTIFICATE HOLDER</b>  City of Monmouth 100 E Broadway Monmouth, IL 61462	<b>CANCELLATION</b>  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  Jeff Stanton/JEFF