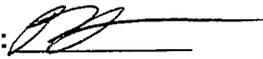


AGENDA ITEM SUMMARY

DATE: 11/09/2009 DEPARTMENT: Public Works

DEPT. HEAD SIGNATURE: 

SUBJECT:

Request approval for the Hailey Chamber of Commerce Hailey Hometown Holidays Parade Special Event.

AUTHORITY: ID Code _____ IAR _____ City Ordinance/Code _____
(IF APPLICABLE)

BACKGROUND/SUMMARY OF ALTERNATIVES CONSIDERED:

FISCAL IMPACT / PROJECT FINANCIAL ANALYSIS:

Budget Line Item # _____ YTD Line Item Balance \$ _____
Estimated Hours Spent to Date: _____ Estimated Completion Date: _____
Staff Contact: _____ Phone # _____
Comments: _____

ACKNOWLEDGEMENT BY OTHER AFFECTED CITY DEPARTMENTS: (IF APPLICABLE)

_____ City Attorney	_____ Clerk / Finance Director	__xx Engineer	__xx Building
_____ Library	__xx Planning	__xx Fire Dept.	_____
_____ Safety Committee	_____ P & Z Commission	__xx Police	_____
XX Streets	__xx Public Works, Parks	_____ Mayor	_____

RECOMMENDATION FROM APPLICABLE DEPARTMENT HEAD:

Special Event Heads have reviewed and approved with the following contingencies:
Signs and Banners displayed for more than 72 hrs. require a permit from the Hailey Planning & Zoning Department.
This special event is within the Business (B) zoning district and arts, recreation and entertainment is a permitted use.

ITD HIGHWAY CLOSURE APPLICATION IN FILE AND SUBMITTED TO IDAHO DEPARTMENT OF TRANSPORTATION.

FOLLOW-UP REMARKS:

*



SPECIAL EVENT PERMIT APPLICATION

I. EVENT NAME: Hailey Christmas Parade & Tree lighting

II. LOCATION FOR EVENT (Be specific e.g., Hop Porter Park, all of 1st Avenue between Walnut and Pine, 115 Main St. S.):

Public Property Private Property

5th St, Main St, Carbonate lot of Merweather Bldg

III. EVENT SCHEDULE

Special Events are limited to four days, including set-up and tear-down days. No more than eight events per calendar year can be conducted by a single party or organization, unless a modification is granted by the City Council. Please submit your modification requests in writing and attach to your application.

Date(s) of Event	Hours		Estimated # of Attendees
<u>Dec 4th</u>	Start Time: <u>6:00</u>	End Time: <u>9:00</u>	One Hour Interval: All Day: <u>200</u>
	Start Time:	End Time:	One Hour Interval: All Day:
Date of Set-Up			
<u>Dec 4th</u>	Start Time: <u>5:30</u>	End Time: <u>9:00</u>	
Date of Tear Down			
<u>Dec 4th</u>	Start Time:	End Time:	

IV. FEES

Special Event Permit Application Fee	\$125	<input checked="" type="checkbox"/>	<u>125-</u>	<u>ANNA</u>
Per Day Park Rental Fee	\$200	<input type="checkbox"/>	_____	
Security Deposit	\$500	<input type="checkbox"/>	_____	
Tax (on park rental fees only)	6%	<input type="checkbox"/>	_____	
TOTAL DUE			<u><u>125-</u></u>	
Additional Deposit Required		<input type="checkbox"/>	_____	

V. ORGANIZATION INFORMATION

Applicant's Name: SVMHA + Hailey Chamber Title: _____

Mailing Address: P.O. Box 100 Zip Code: 83333

Street Address: 309 S. main City: Hailey State: ID

Day Telephone: 788-3484 Evening Telephone: 309-2081

FAX Number: 578-1595 E-Mail Address: anna@haileyidaho.com

ANNA

Annex B

Applicant Driver's License #: FA112350J - Kim Garvin

Sponsoring Organization: HCOE & SUMA

Non-Profit: Yes No

Tax Exempt #: _____

Federal Tax #: 82-0420093

State Tax #: _____

VI. EVENT INFORMATION

New Event: Yes _____ No Annual Event: Yes No _____ Years Operating 5

Event Category: Commercial Noncommercial

Estimate of Gross Ticket Sales & Revenues (commercial event only): _____

Description of Event: Line up on East Pine
*Christmas Parade on Main Street
from Pine Street to Carbonate heading North
Amplified Sound - Announcements/music

Additional Details:
(1st Street) in front of Meriweather Festival
Closed for Santa, Bellevue Choir, & gathering
ITD Application to follow.

VII. INSURANCE REQUIREMENTS

It is the responsibility of your Special Event organizers to maintain a COMPREHENSIVE GENERAL LIABILITY insurance policy with coverage of not less than \$1,000,000.00 combined single limit per occurrence. Each policy shall be written as a primary policy, not contributing with or in excess of any coverage which the City may carry. A certificate naming the City of Hailey, Blaine County, Idaho as additional insured shall be delivered to the City of Hailey with this application. The adequacy of all insurance required by these provisions shall be subject to approval by the City Clerk. Failure to maintain any insurance coverage required by this agreement shall be cause for immediate termination of the application.

Insurance Company: Philadelphia/Bisnett Agent Name: Marty Miller

Address: _____ Phone: _____

Annex A

HOLD HARMLESS CLAUSE

Permittee (organization/applicant) shall indemnify and hold harmless the City of Hailey, its agents, its employees and authorized volunteers from and against all claims, damages, losses and expenses, including attorney's fees, arising out of the permitted activity or the conduct of Permittee's operation of the event if such claim (1) is attributable to personal injury, bodily injury, disease or death, or to injury to or destruction of property, including the loss of use there from, and (2) is not caused by any negligent act or omission of willful misconduct of the City of Hailey or its employees acting within the scope of their employment.

(Attach any additional pages as needed)

SPECIAL EVENT ACTIVITIES & CITY SERVICES REQUESTED

Your Event Organizer is responsible for providing a complete list of event activities including a list of suppliers providing services. An event logistics map is required, detailing the location for all road closures, event set up, canopies, stages, vendors, booths, and any other major services or activities planned.

Yes	No	Check all Planned Activities	Yes	No	Check all Planned Activities
✓		Street Closures & Access / Parade Detailed map listing areas of closure, parade route is required. An ITD permit is required for Main Street.		✓	Alcohol Served (Free of Charge) (name of provider)
				✓	Alcohol Sold Requires Alcohol Beverage Catering Permit (Hailey Code 5.13)
✓		Street Closures & Access /Parade require your Event Coordinator to notify all affected businesses, churches schools and neighborhoods	✓		Food/Beverages will be served (List Caterers): <i>Cowboy CUCING, Java.</i>
#	✓	Canopies/Tents/Membranes/Temporary Structures (Number & Size(s) City of Hailey Fire Department, Fire Code Enforcement	#		Vendors items sold/ solicitation
	✓	Medical Services (Circle) First Aid and/or EMS Services Who is providing services? _____		✓	
#	✓	Security (detail who, number of officers, times. Attach plan)	#	✓	Booths: Profit / Non-Profit
	✓	Traffic Control / Shuttle Buses (Number of buses / locations / hours of operation. attach plan.)		✓	Lighting plan: attach plan
#	✓	Electricity / Generators (Size _____) Attach detailed electrical plan.		✓	Activities / Entertainment (Agenda) Other equipment or entertainment
				✓	Signs or Banners: sign permit may be required by the City Planning and Zoning Department
	✓	Water Drinking / Washing (circle)		✓	Stages (Number and Size(s) _____)
	✓	Gray Water Barrel / Grease Barrel (circle /detail # and locations)	#	2	Barricades. How many <i>on each side on 1st street</i> identify locations and attach logistics map
	✓	Sanitation -Trash bins, Dumpsters, Recycle (circle /detail # and locations)	#	125	EVENT estimated attendance
#	✓	Porta Toilets / Wash Stations (Quantity ADA Regular _____)	#	1	Number of staff working event
			#	12	Number of volunteers working

I hereby certify that I have read and will abide by the laws, rules and regulations set forth by the City of Hailey, Blaine County, and the State of Idaho, and in signing this application, I hereby agree that I and the organization I represent, shall hold the City of Hailey and all of its agents or employees free and blameless from any claim, liability or damage which may arise from use of City facilities or equipment, whether or not the City of Hailey, its agents or employees are jointly negligent. I further agree to promptly reimburse the City of Hailey and all of its agents for any clean up loss or damage to City property resulting from this use, as well as permitting, staffing, equipment use/rental, property use/rental, clean up, inspections involving the use of public property, public employees or public equipment for the Special Event. In the event the deposit exceeds the actual charges, the City Clerk shall refund the balance to the applicant.

Event Organizer's Signature: _____

M. J. J. J.

Date: 10/23/09

Anna Svidgal

From: KASGARVIN@aol.com
Sent: Wednesday, October 21, 2009 11:14 AM
To: anna@haileyidaho.com
Cc: j.gunter@haileycityhall.org
Subject: Christmas Parade

December 4th from 6, starts at Pine Street to Carbonate Street(heads North)
turns at Christopher and Co. to end on 1st Street in front of The Meriwether Building
1st Street closed from Carbonate to Bullion from 6-PM
Santa at The Meriwether from 7-9
Bellevue Choir at The Meriwether immediately following Parade.

Those are all the details I have right now.

501-(6)C

Philadelphia Indemnity Insurance Company

COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS

Policy Number: PHPK309395

Agent # 30075

See Supplemental Schedule

LIMITS OF INSURANCE

\$	3,000,000	General Aggregate Limit (Other Than Products - Completed Operations)
\$	3,000,000	Products/Completed Operations Aggregate Limit (Any One Person Or Organization)
\$	1,000,000	Personal and Advertising Injury Limit
\$	1,000,000	Each Occurrence Limit
\$	100,000	Rented To You Limit
\$	0	Medical Expense Limit (Any One Person)

FORM OF BUSINESS: NON PROFIT ORGANIZATION

Business Description: Special Events

Location of All Premises You Own, Rent or Occupy: **SEE SCHEDULE ATTACHED**

AUDIT PERIOD, ANNUAL, UNLESS OTHERWISE STATED: N/A

Classifications	Code No.	Premium Basis	Rates		Advance Premiums	
			Prem./ Ops.	Prod./ Comp. Ops	Prem./ Ops.	Prod./ Comp. Ops.
SEE SCHEDULE ATTACHED						
TOTAL PREMIUM FOR THIS COVERAGE PART:					\$ 1,090.00	\$

RETROACTIVE DATE (CG 00 02 ONLY)

This insurance does not apply to "Bodily Injury", "Property Damage", or "Personal and Advertising Injury" which occurs before the retroactive date, if any, shown below.

Retroactive Date: _____

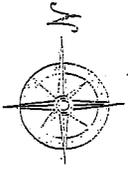
FORM (S) AND ENDORSEMENT (S) APPLICABLE TO THIS COVERAGE PART: Refer To Forms Schedule

Countersignature Date

Authorized Representative

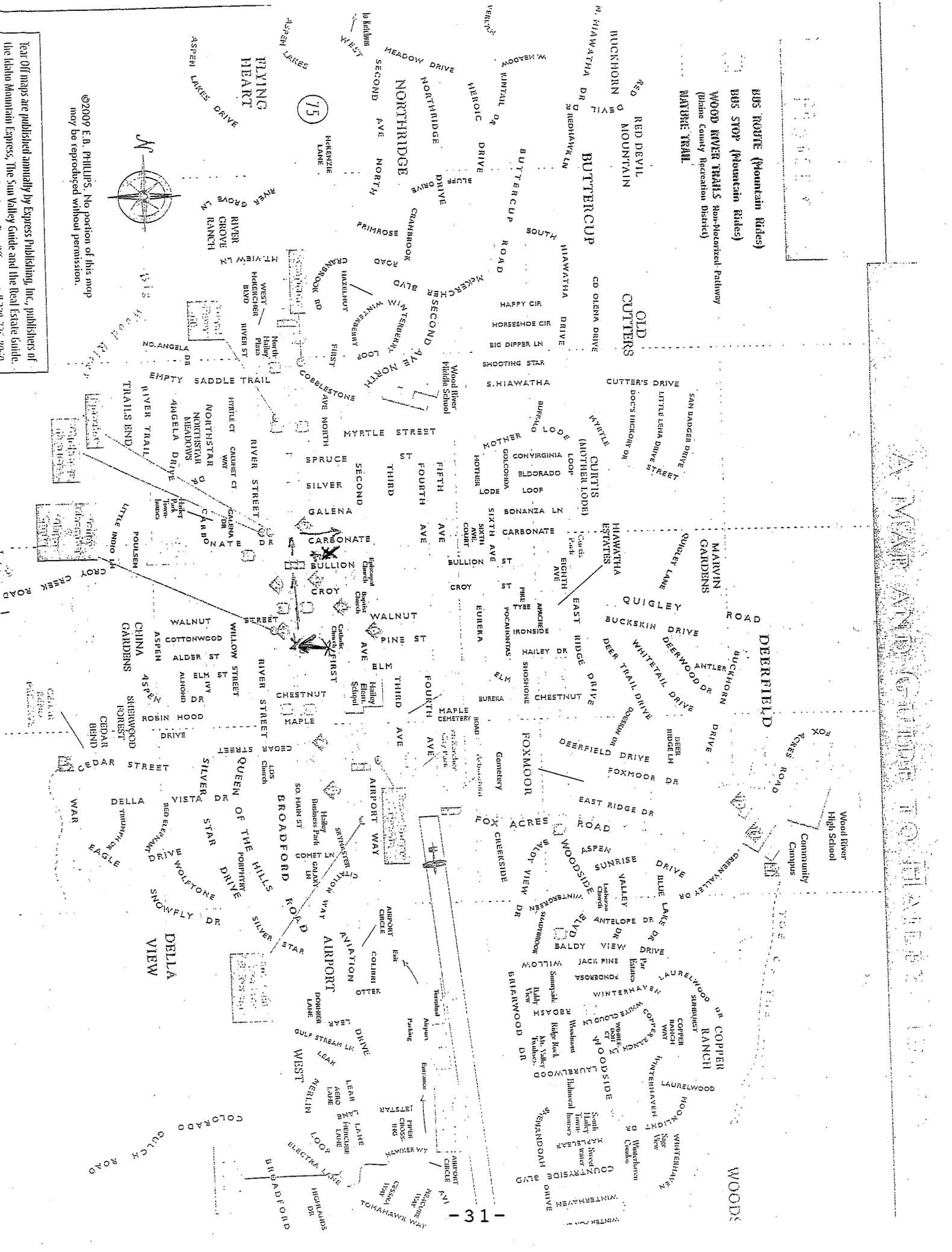
A MAP AND GUIDE TO HALL COUNTY

BUS ROUTE (Mountain Rides)
BUS STOP (Mountain Rides)
WOOD RIVER TRAILS Non-Plantation Parkway
(Hall County Recreation District)
NATURE TRAIL



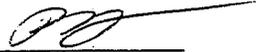
©2009 E.B. PHILLIPS. No portion of this map may be reproduced without permission.

Year-Of maps are published annually by Express Publishing, Inc., publishers of the White Mountain Express, The Sun Valley Guide and the Real Estate Guide.



AGENDA ITEM SUMMARY

DATE: 11/09/09 DEPARTMENT: Public Works

DEPT. HEAD SIGNATURE: 

SUBJECT:

Request approval for Hailey Turkey Trot 5K Fun Run & Walk Special Event Start and Stop at vacant lot across from BC Aquatic Center, remainder of route is through the Deerfield Subdivision and the Curtis Subdivision and small section of bike path on November 26, 2009, 10:00 AM – 11:00 AM.

AUTHORITY: ID Code _____ IAR _____ City Ordinance/Code _____
(IF APPLICABLE)

BACKGROUND/SUMMARY OF ALTERNATIVES CONSIDERED:

- The representative believes there may be up to 500 people in attendance.
- The event route is the same as approved in previous years.

FISCAL IMPACT / PROJECT FINANCIAL ANALYSIS:

Budget Line Item # _____	YTD Line Item Balance \$ _____
Estimated Hours Spent to Date: _____	Estimated Completion Date: _____
Staff Contact: _____	Phone # _____
Comments:	

ACKNOWLEDGEMENT BY OTHER AFFECTED CITY DEPARTMENTS: (IF APPLICABLE)

___ City Attorney	___ Clerk / Finance Director	__XX Engineer	__XX Building
___ Library	__XX Planning	__XX Fire Dept.	_____
___ Safety Committee	___ P & Z Commission	__XX Police	_____
__XX Streets	__XX Public Works, Parks	___ Mayor	_____

RECOMMENDATION FROM APPLICABLE DEPARTMENT HEAD:

Department Heads approved with the following comments:
 Signs and Banners displayed for more than 72 hrs. require a permit from the Hailey Planning & Zoning Department.
 This special event is within the LR-1 zoning district. No provisions exist within the zoning code to address special events within this zoning district; however the Special Event standards address and mitigate neighborhood impacts.

FOLLOW-UP REMARKS:



SPECIAL EVENT PERMIT APPLICATION

#804

I. EVENT NAME: Hailey Turkey Trot 5K Fun Run & Walk

II. LOCATION FOR EVENT (Be specific e.g., Hop Porter Park, all of 1st Avenue between Walnut and Pine, 115 Main St. S.):

Public Property Private Property

Hailey Community Campus & have lot across from Aquatic Center

III. EVENT SCHEDULE

Special Events are limited to four days, including set-up and tear-down days. No more than eight events per calendar year can be conducted by a single party or organization, unless a modification is granted by the City Council. Please submit your modification requests in writing and attach to your application.

Date(s) of Event	Hours		Estimated # of Attendees
11-26-09	Start Time: 10am	End Time: 11am	One Hour Interval: All Day: 500+
	Start Time:	End Time:	One Hour Interval: All Day:
Date of Set-Up			
11-25-09	Start Time: 5pm	End Time: 7pm	
Date of Tear Down			
11-26-09	Start Time: 11am	End Time: 1pm	

IV. FEES

Special Event Permit Application Fee \$125 \$125

Per Day Park Rental Fee \$200 _____

Security Deposit \$500 \$500

Tax (on park rental fees only) 6% _____

TOTAL DUE \$625

Additional Deposit Required _____

RECEIVED

V. ORGANIZATION INFORMATION

Applicant's Name: Blaine County Title Co Day/Travels Title: Sponsor

Mailing Address: PO Box 3176 Ketchikan Zip Code: 99901

Street Address: 360 Sun Valley Rd City: Ketchikan State: ID

Day Telephone: 208 726 0700 Evening Telephone: 208 720 5110

FAX Number: 208 726 8406 E-Mail Address: dafouth@skwert.com

Applicant Driver's License #: FA106658A

Sponsoring Organization: Blaine County Title / Girls on the Run

Non-Profit: Yes No Tax Exempt #: _____

Federal Tax #: BLT 82-0441331* State Tax #: _____

* All proceeds after expenses go to the "Souper Supper" and the Wood River Girls on the Run

VI. EVENT INFORMATION

New Event: Yes _____ No Annual Event: Yes No _____ Years Operating 5

Event Category: Commercial Noncommercial

Estimate of Gross Ticket Sales & Revenues (commercial event only): _____

Description of Event:
5K Fun Run and walk through a defined course in Hailey going through Deerfield, Mother Lode, and Old Hailey on Thanksgiving morning.

Additional Details:

VII. INSURANCE REQUIREMENTS

It is the responsibility of your Special Event organizers to maintain a COMPREHENSIVE GENERAL LIABILITY insurance policy with coverage of not less than \$1,000,000.00 combined single limit per occurrence. Each policy shall be written as a primary policy, not contributing with or in excess of any coverage which the City may carry. A certificate naming the City of Hailey, Blaine County, Idaho as additional insured shall be delivered to the City of Hailey with this application. The adequacy of all insurance required by these provisions shall be subject to approval by the City Clerk. Failure to maintain any insurance coverage required by this agreement shall be cause for immediate termination of the application.

Insurance Company: Wood River Insurance Agent Name: Rebecca Richter

Address: 4110 N. Main St. Hailey Phone: (208) 788-1100

* See last year's binder (attached)

HOLD HARMLESS CLAUSE

Permittee (organization/applicant) shall indemnify and hold harmless the City of Hailey, its agents, its employees and authorized volunteers from and against all claims, damages, losses and expenses, including attorney's fees, arising out of the permitted activity or the conduct of Permittee's operation of the event if such claim (1) is attributable to personal injury, bodily injury, disease or death, or to injury to or destruction of property, including the loss of use there from, and (2) is not caused by any negligent act or omission of willful misconduct of the City of Hailey or its employees acting within the scope of their employment.

(Attach any additional pages as needed)

SPECIAL EVENT ACTIVITIES & CITY SERVICES REQUESTED

Your Event Organizer is responsible for providing a complete list of event activities including a list of suppliers providing services. An event logistics map is required, detailing the location for all road closures, event set up, canopies, stages, vendors, booths, and any other major services or activities planned.

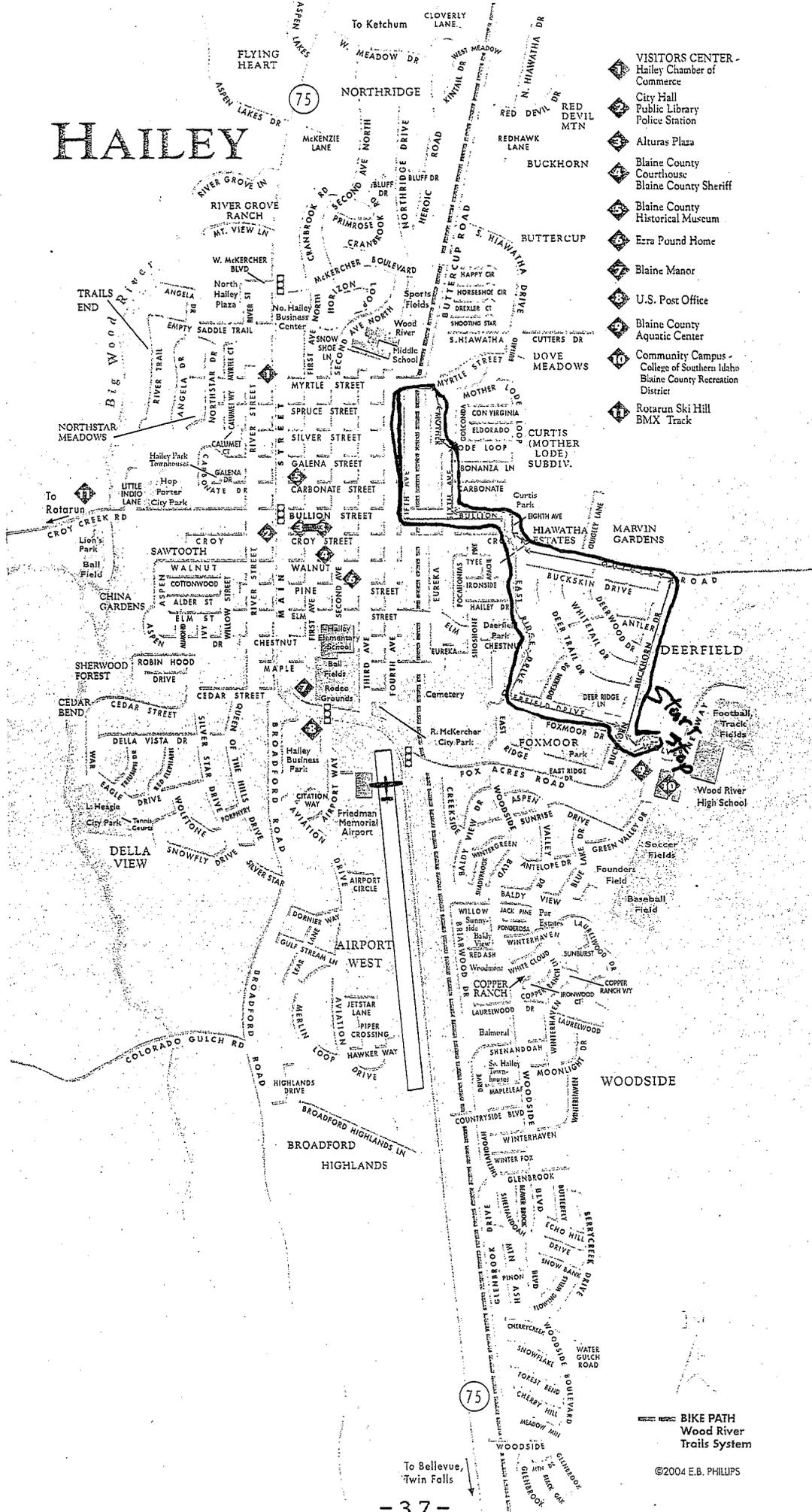
Yes	No	Check all Planned Activities	Yes	No	Check all Planned Activities
	X	Street Closures & Access / Parade Detailed map listing areas of closure, parade route is required. An ITD permit is required for Main Street.		X	Alcohol Served (Free of Charge) (name of provider)
		Street Closures & Access /Parade require your Event Coordinator to notify all affected businesses, churches schools and neighborhoods	X		Alcohol Sold Requires Alcohol Beverage Catering Permit (Hailey Code 5.13)
#		Canopies/Tents/Membranes/Temporary Structures (Number & Size(s) Canopy 10x10 City of Hailey Fire Department, Fire Code Enforcement	#		Food/Beverages will be served (List Caterers): <i>Hailey Coffee Company</i>
X		Medical Services (Circle) First Aid and/or EMS Services Who is providing services? _____		X	Vendors items sold/ solicitation
#	X	Security (detail who, number of officers, times. Attach plan)	#	X	Booths: Profit / Non-Profit
	X	Traffic Control / Shuttle Buses (Number of buses / locations / hours of operation, attach plan.)		X	Lighting plan: attach plan
#	/	Electricity / Generators (Size <i>small - running</i> Attach detailed electrical plan. <i>2 portable generators</i>)		X	Activities / Entertainment (Agenda) Other equipment or entertainment
					Signs or Banners: sign permit may be required by the City Planning and Zoning Department
X		Water <u>Drinking</u> / Washing (circle)		X	Stages (Number and Size(s) _____)
	X	Gray Water Barrel / Grease Barrel (circle /detail # and locations)	#	X	Barricades. How many identify locations and attach logistics map
X		Sanitation -Trash bins, Dumpsters, Recycle (circle /detail # and locations)	#		EVENT estimated attendance <i>500+</i>
#	4	Porta Toilets / Wash Stations (Quantity <i>4</i> ADA Regular _____)	#	2	Number of staff working event
X		<i>Regular (see attached photo)</i>	#	25	Number of volunteers working

I hereby certify that I have read and will abide by the laws, rules and regulations set forth by the City of Hailey, Blaine County, and the State of Idaho, and in signing this application, I hereby agree that I and the organization I represent, shall hold the City of Hailey and all of its agents or employees free and blameless from any claim, liability or damage which may arise from use of City facilities or equipment, whether or not the City of Hailey, its agents or employees are jointly negligent. I further agree to promptly reimburse the City of Hailey and all of its agents for any clean up loss or damage to City property resulting from this use, as well as permitting, staffing, equipment use/rental, property use/rental, clean up/inspections involving the use of public property, public employees or public equipment for the Special Event. In the event the deposit exceeds the actual charges, the City Clerk shall refund the balance to the applicant.

Event Organizer's Signature: _____

Date: *10/6/09*

HAILEY



- 1 VISITORS CENTER - Hailey Chamber of Commerce
- 2 City Hall Public Library Police Station
- 3 Alturas Plaza
- 4 Blaine County Courthouse Blaine County Sheriff
- 5 Blaine County Historical Museum
- 6 Ezra Pound Home
- 7 Blaine Manor
- 8 U.S. Post Office
- 9 Blaine County Aquatic Center
- 10 Community Campus - College of Southern Idaho Blaine County Recreation District
- 11 Rotarun Ski Hill BMX Track

BIKE PATH
Wood River
Trails System

©2004 E.B. PHILLIPS

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/07/2009

PRODUCER Wood River Insurance, Inc. 410 N. Main St Hailey, ID 83333 Phone No. (208) 788-1100 Fax No. (208) 788-4988	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.												
INSURED BLAINE COUNTY TITLE PO BOX 3176 Ketchum, ID 83340 Phone No. (208) 788-8300 Fax No.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">INSURERS AFFORDING COVERAGE</td> <td style="width: 20%;">NAIC #</td> </tr> <tr> <td>INSURER A: STP - St. Paul Fire and Marine Ins. Co.</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> </table>	INSURERS AFFORDING COVERAGE	NAIC #	INSURER A: STP - St. Paul Fire and Marine Ins. Co.		INSURER B:		INSURER C:		INSURER D:		INSURER E:	
INSURERS AFFORDING COVERAGE	NAIC #												
INSURER A: STP - St. Paul Fire and Marine Ins. Co.													
INSURER B:													
INSURER C:													
INSURER D:													
INSURER E:													

COVERAGES
 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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR	ADD'L	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
STP		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR LIQUOR LIABILITY EXCLUDED GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	EW06114440	11/26/2009	11/27/2009	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) ^{Max per Auto} _{Max Aggregate} \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATUTORY LIMITS <input type="checkbox"/> OTH ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ Coverage Deductible
		OTHER				\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 *Split Dates apply to all coverages in the specified section.

Coverage Location: United States & Canada
 Event: TURKEY TROT

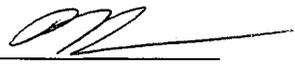
The Certificate holder is included as Additional Insured, but only as respects to claims arising out of the negligence of the Named Insured.

All coverages expire at 12:01 a.m. Standard Time.

CERTIFICATE HOLDER City of Hailey 115 Main St S, Ste H Hailey, ID 83333 United States Of America Phone No. Fax No.	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>1</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE
---	---

This certificate of insurance does not affirmatively or negatively amend, extend, or alter the coverage afforded by the insurance policy.

AGENDA ITEM SUMMARY

DATE: 11/09/09 DEPARTMENT: Public Works DEPT. HEAD SIGNATURE: 

SUBJECT:

Special Event Update:

An approved special event for Hailey Fire Dept Halloween Fun Run Special Event date has been changed from 10/31/09 to 11/07/09. The event name is also changed to HFD Fun Run.

AUTHORITY: ID Code _____ IAR _____ City Ordinance/Code Chapter 12.14
(IF APPLICABLE)

BACKGROUND/SUMMARY OF ALTERNATIVES CONSIDERED:

FISCAL IMPACT / PROJECT FINANCIAL ANALYSIS:

Caselle# _____
Budget Line Item # _____ YTD Line Item Balance \$ _____
Estimated Hours Spent to Date: _____ Estimated Completion Date: _____
Staff Contact: _____ Phone # _____
Comments: _____

ACKNOWLEDGEMENT BY OTHER AFFECTED CITY DEPARTMENTS: (IF APPLICABLE)

<input type="checkbox"/> City Attorney	<input checked="" type="checkbox"/> Clerk / Finance Director	<input type="checkbox"/> Engineer	<input checked="" type="checkbox"/> Building
<input type="checkbox"/> Library	<input checked="" type="checkbox"/> Planning	<input checked="" type="checkbox"/> Fire Dept.	
<input type="checkbox"/> Safety Committee	<input type="checkbox"/> P & Z Commission	<input checked="" type="checkbox"/> Police	<input type="checkbox"/> Streets
<input checked="" type="checkbox"/> Public Works	<input type="checkbox"/> Parks	<input type="checkbox"/> Mayor	

RECOMMENDATION FROM APPLICABLE DEPARTMENT HEAD:

FOLLOW-UP REMARKS:

