



1643 Lewis Avenue, Suite 12 ♦ Billings, Montana 59102  
Phone: 406.248.7145 ♦ Fax: 406.248.7478  
www.Billings.org ♦ BoardOffice@Billings.org

---

June 21, 2010

Susan Wellbrook  
Public Works Department – Engineering Division  
2224 Montana Ave  
Billings, MT 59101

Dear Susan,

Please find enclosed a Right-of-Way Activity permit application for the *Quality of Life Run* organized by the Billings Association of REALTORS®.

This is an annual event aimed at raising money for non-profits in our community. This year, the proceeds will benefit Friendship House.

The *Quality of Life Run* is slated for Saturday, August 21, 2010, beginning at 8 a.m., with all activities concluded by 10 a.m. The race includes two starting points, one for the 5-mile run and another for a 2-mile walk/run. The 5-mile begins atop the Rims near Masterson Circle while the 2-mile starts near MSU-Billings.

The racing path – down the Rims via Airport Road, through the Pioneer Park area and ending at the Transwestern Parking Lot – will be marked with orange cones, but will not obstruct traffic. A barricade will be in place to prohibit traffic from entering Rimrock Road off of Airport Road until all runners have passed that point.

Thank you for your consideration of this permit. If you have any questions, please contact me at 248-7145 or by email at [amber@billings.org](mailto:amber@billings.org).

Sincerely,

A handwritten signature in black ink that reads "Amber Sundsted".

Amber Sundsted  
Government Affairs Director





City of Billings
RIGHT-OF-WAY ACTIVITY
PERMIT

Please check the type of activity you are applying for:

[ ] Parade [X] Run/Walk/Procession [ ] Street/Alley Closure [ ] Block Party

Submit this application with attachments to either the: Public Works office, 2224 Montana Ave., Billings, MT 59101 or Downtown Billings office, 2815 2nd Ave North, Billings, MT 59101. Application packet should be turned in at least 60 days prior to the date of the proposed event for approval.

PERSON MAKING APPLICATION Amber Sundsted

ORGANIZATION MAKING APPLICATION Billings Association of Realtors

PHONE 406. 248. 7145

ADDRESS 1643 Lewis Ave, Ste 12, Billings, MT 59102

EMAIL ADDRESS amber@billings.org

APPROXIMATE TIME EVENT WILL:

Assemble 7 a.m. Start 8 a.m. Disband 11 a.m.

DATE OF EVENT Saturday, August 21, 2010

PURPOSE/DESCRIPTION OF EVENT: (Description and detail of the event.)

The Quality of Life Run benefits non-profits that improve quality of life in our community. This year's proceeds benefit Friendship House. The run includes a 5-mile and 2-mile event and will attract approximately 500 participants.

EVENT ROUTE DESIRED (IF APPLICABLE): (Please attach map.)

The run will have two starting locations - one atop the Rims and one at the base of the Rims. The run winds through Pioneer Park and ends in the Central Business District at the Transwestern parking lot.

BLOCK PARTY STREET LOCATION (IF APPLICABLE):

CLEAN UP IMPLEMENTATION: (Company contracted or services you will provide)

Volunteers from the Association provide cleanup at the start points, race route, and finish line. Cones and barricades also are promptly removed from the race route. (Cleanup plan attached)

**CERTIFICATION OF INSURANCE WHICH MUST SHOW:** (1) The limits of liability coverage for the period of this agreement as a minimum of \$750,000 per claim/ \$1.5 million per occurrence general liability, and (2) the City of Billings named on the Certificate of Insurance as the additional insured. (Refer to the sample insurance copy. Please note a certificate of insurance is not required for Block Parties)

**NOTICE:** ANY MARKINGS (NO PAINT ALLOWED) TO BE PLACED ON PUBLIC RIGHT-OF-WAY MUST BE APPROVED BY THE CITY TRAFFIC/ENGINEERING DEPARTMENT PRIOR TO PLACEMENT, BE ENVIRONMENTALLY SAFE, AND NOT CONFLICT WITH EXISTING MARKINGS.

**FOR DOWNTOWN EVENTS:** YOU OR THE ORGANIZATION YOU REPRESENT MUST "ASSIGN" THE FIRST TWO BLOCKS OF THE DOWNTOWN EVENT ROUTE FOR NO PARKING TWO HOURS PRIOR TO YOUR EVENT USING THE ROUTE SIGNS PROVIDED BY THE CITY. IT IS YOUR RESPONSIBILITY TO PROVIDE THE APPROPRIATE BARRICADES FOR THE STREET CLOSURE.

IF USING THE ESTABLISHED EVENT ROUTE, THE CITY WILL PROVIDE TWO POLICE OFFICERS WITH VEHICLES TO START THE EVENT, AND A STREET SWEEPER, IF NECESSARY, TO FOLLOW THE EVENT.

**COORDINATOR OF EVENTS AT WHICH ALCOHOL WILL BE CONSUMED IN PUBLIC RIGHT-OF-WAY ARE REQUIRED TO OBTAIN AN OPEN-CONTAINER PERMIT FROM THE POLICE DEPARTMENT**

**UPON SIGNING OF THIS APPLICATION, THE APPLICANT AGREES NOT TO VIOLATE ANY STATE OR CITY CODES IN THE PRESENTATION OF THE REQUESTED SPECIAL ACTIVITY.**

In consideration for permission to conduct its activity as requested, applicant agrees to indemnify, defend and hold harmless the City of Billings, its officers, agents, employees and volunteers from damage to property and for injury to or death of any person and from all liability claims, actions or judgments which may arise from the activity.

Applicants also agree to obtain valid "save or hold harmless agreements" from all participants in its activity, protecting the City of Billings from all losses arising out of its activity, including damages of any kind or nature.

APPLICANT SIGNATURE *Grindsted* DATE June 17, 2010  
APPLICATION APPROVED \_\_\_\_\_ DATE \_\_\_\_\_  
APPLICATION DENIED \_\_\_\_\_ DATE \_\_\_\_\_

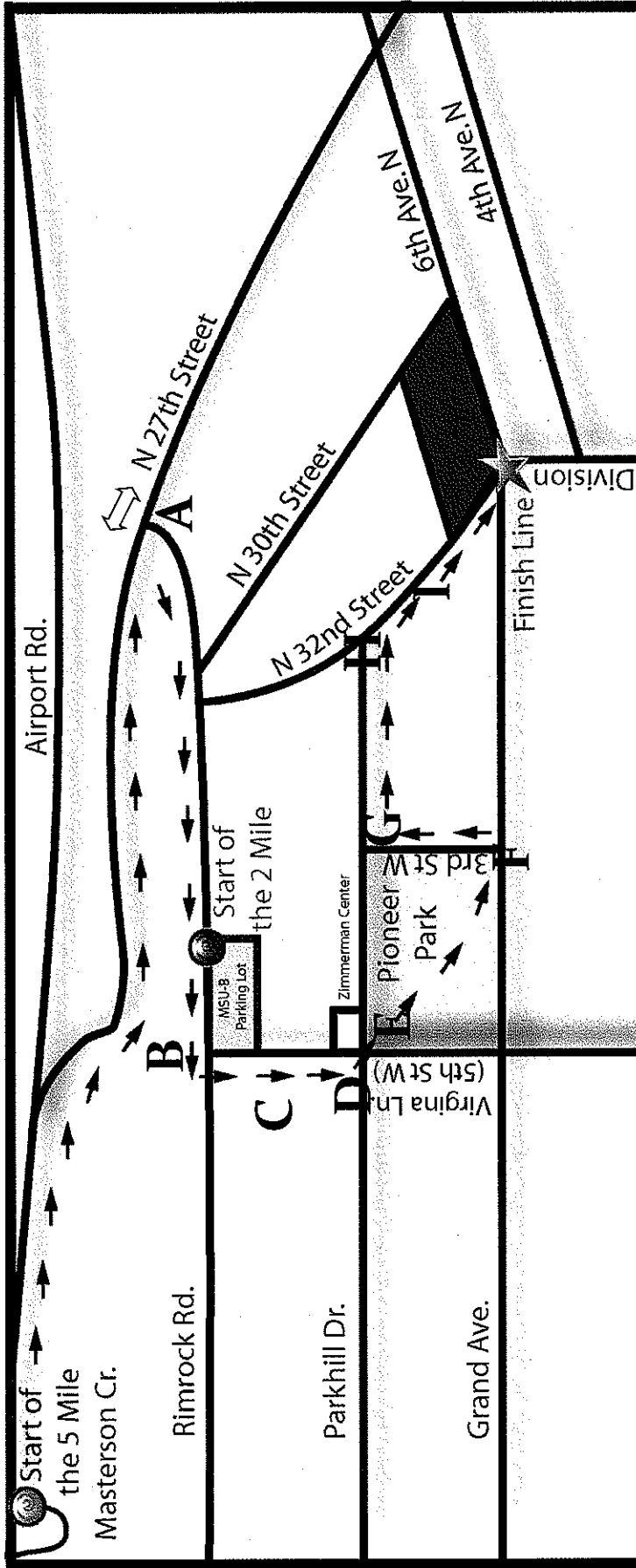
ADDITIONAL RESTRICTIONS OR SPECIAL CONDITIONS: YES [ ] NO [ ]  
(IF YES, ATTACH COPY)

**FOR CITY USE ONLY**

FEE: \_\_\_\_\_  
APPLICANT NOTIFIED BY: \_\_\_\_\_  
DATE: \_\_\_\_\_

- COPIES TO:**  
CITY ADMINISTRATOR  
DEPUTY CITY ADMINISTRATOR  
POLICE CHIEF  
FIRE CHIEF  
FIRE MARSHALL  
MET TRANSIT MANAGER  
STREET/TRAFFIC SUPERINTENDANT  
TRAFFIC ENGINEER  
PRPL DIRECTOR  
PARKING SUPERVISOR  
CITY ATTORNEY

# Road Guard and Water Station Placement



## Road Guards:

- A. One way turn onto Rimrock from 27<sup>th</sup>
- B. Rimrock and Virginia Lane intersection
- C. Virginia Lane and Poly intersection
- D. Virginia Lane and Parkhill intersection
- E. Virginia Lane to Pioneer Park turnoff
- F. 3<sup>rd</sup> Street and Pioneer Park
- G. 3<sup>rd</sup> Street and Parkhill
- H. Avenue E and North 32<sup>nd</sup>
- I. Avenue C and 9<sup>th</sup> Avenue N. off 32<sup>nd</sup> Street

## Water Station:

- 2-mile Start



Barricade Location

# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
4/6/2010

PRODUCER (260)467-5690 FAX: (260)467-5651  
STAR Insurance - Fort Wayne Office  
2130 East DuPont Road

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.

Fort Wayne IN 46825

INSURERS AFFORDING COVERAGE NAIC #

INSURED  
ROAD RUNNERS CLUB OF AMERICA/2010  
AND ITS MEMBER CLUBS  
7410 SKYLINE DRIVE  
FREDERICK MD 21702-3652

INSURER A: NATIONAL CASUALTY COMPANY 11991  
INSURER B: NATIONWIDE LIFE INS. CO. 66869  
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 LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> LEGAL LIAB. TO PART. \$1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	KRO 0000000754800	12/31/2009 12:01 A.M.	12/31/2010 12:01 A.M.	EACH OCCURRENCE \$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000				
	MED EXP (Any one person) \$ 5,000				
	PERSONAL & ADV INJURY \$ 1,000,000				
					GENERAL AGGREGATE \$ NONE
					PRODUCTS - COMP/OP AGG \$ 1,000,000
					ABUSE & MOLESTATION 500,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	KRO 0000000754800	12/31/2009 12:01 A.M.	12/31/2010 12:01 A.M.	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	BODILY INJURY (Per person) \$				
	BODILY INJURY (Per accident) \$				
	PROPERTY DAMAGE (Per accident) \$				
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$
					OTHER THAN EA ACC \$
					AUTO ONLY: 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 OTH-ER
					E.L. EACH ACCIDENT \$
					E.L. DISEASE - EA EMPLOYEE \$
					E.L. DISEASE - POLICY LIMIT \$
B	OTHER EXCESS ACCIDENT & MEDICAL	SPX 0000003732100	12/31/2009 12:01 A.M.	12/31/2010 12:01 A.M.	EXCESS MEDICAL \$10,000 \$250 DEDUCTIBLE PER CLAIM AD & SPECIFIC LOSS \$2,500

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS  
City of Billings, Department of Parks & Recreation are NAMED AS AN ADDITIONAL INSURED AS RESPECTS THEIR INTEREST IN THE OPERATIONS OF THE NAMED INSURED.  
DATE & EVENT: 08/21/10 Quality of Life Run  
INSURED CLUB: Quality of Life Montana Realtor Run, Attn: Amber Sundsted; 1643 Lem's Avenue, Suite 12, Poillings, MT 59102

## CERTIFICATE HOLDER

08/21/10 City of Billings, Department of Parks & Recreation  
390 N. 23rd Street  
Billings, MT 59101

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 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

John Lefever/JWE



# CERTIFICATE OF INSURANCE

05/27/2010

<b>PRODUCER</b> American Specialty Insurance & Risk Services, Inc. 142 North Main Street Coanoke, Indiana 46783	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 POLICY BELOW.
<b>INSURED</b> USA Track & Field, Inc. 132 East Washington Street, Suite 800 Indianapolis, IN 46204	<b>INSURERS AFFORDING COVERAGE</b> INS. A: AXIS Insurance Company INS. B: INS. C:
<b>BILLINGS ASSOCIATION OF REALTORS</b> 1643 LEWIS AVE, STE 12 BILLINGS, MT 59102	CERT NUMBER: 1000876691 EVENT CODE: 10-31-017

## COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOT WITHSTANDING 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 CONDITION OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INS LTR	POLICY TYPE	POLICY NUMBER	POLICY EFFECTIVE	POLICY EXPIRATION	LIMITS	
					General Aggregate	
A	GL	AXGL02100182-09	11/01/2009 12:01 a.m.	11/01/2010 12:01 a.m.	General Aggregate	3,000,000
					Products-Completed Operations Aggregate	3,000,000
					Personal and Advertising Injury	1,000,000
					Each Occurrence	1,000,000
					Damage to Premises Rented to You (Any One Premises)	1,000,000
					Medical Expense Limit (Any One Person)	Excluded

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS**

- Coverage applies to USA Track & Field sanctioned events and registered practices, including any directly related activities, such as event set-up and tear-down, participant check-in and award ceremonies.
- The Certificateholder is only an additional insured with respect to liability caused by the negligence of the Named Insured as per Form AXIS 1003-Additional Insured - Certificateholders, but only with respect to the QUALITY OF LIFE RUN on August 21, 2010.

## CERTIFICATE HOLDER

CITY OF BILLINGS  
 DEPARTMENT OF PARKS & RECREATION  
 390 N 23RD STREET  
 BILLINGS, MT 59101

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

**AUTHORIZED REPRESENTATIVE**  
