



City of Billings  
RIGHT - OF - WAY ACTIVITY  
PERMIT

Please check the type of activity you are applying for:

Parade  Run/Walk/Procession  Street/Alley Closure  Block Party

Submit this application with attachments to either: The Public Works office - 2224 Montana Ave. or Downtown Billings office - 2815 2<sup>nd</sup> Ave. N. (both - 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 JOE STOUT

ORGANIZATION MAKING APPLICATION BID / SPARE CHANGE FOR REAL CHANGE

ADDRESS 2815 2ND AVENUE N City BILLINGS State MT Zip 59101

EMAIL ADDRESS JOES@DOWNTOWNBILLINGS.COM

APPROXIMATE TIME EVENT WILL:

Assemble 4:00 PM Start 5:00 PM Disband 10:00 PM

DATE OF EVENT 26 MARCH, 2011

PURPOSE OF EVENT: (Description and detail of plans)

A DOWNTOWN BICYCLE RACE EVENT INTENDED TO RAISE MONEY AND AWARENESS FOR SPARE CHANGE FOR REAL CHANGE

EVENT ROUTE DESIRED (IF APPLICABLE) - Please attach map

BROADWAY BETWEEN 1<sup>ST</sup> AND 3<sup>RD</sup>, 2<sup>ND</sup> BETWEEN 30<sup>TH</sup> AND BROADWAY  
ONE LANE OF 3<sup>RD</sup> (SOUTH LANE) BETWEEN 28<sup>TH</sup> & 29<sup>TH</sup> WITH STRAW BERM,  
TYPE III BARRICADES, AND CONES DIVIDING THE LANES

BLOCK PARTY STREET LOCATION (IF APPLICABLE)

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

BID SERVICES WITH PURPLE PEOPLE, ECS PORTA POTIES

**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 not a certificate of insurance in NOT required for Block Parties.)

**NOTICE:** ANY MARKINGS (NO PAINT ALLOWED) TO BE PLACED ON THE PUBLIC RIGHT-OF-WAY MUST BE APPROVED BY THE CITY TRAFFIC/ENGINEERING DEPARTMENT PRIOR TO PLCEMENT, 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 EVEN ROUTE FOR NO PARKING TWO HOURS PRIOR TO YOU 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 EVEN ROUTE (PARADE),** THE CITY WILL PROVIDE TWO POLICE OFFICERS WITH VEHICLES TO START THE3 EVENT, AND A STREET SWEEPER (IF NECESSARY AND WEATHER PERMITTING) TO FOLLOW THE EVENT.

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

**UPON SIGNING OF THIS APPLICATION, THA 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 and The Downtown Billings Alliance, its officers, agents, employees and volunteers from damage to property and for injury to or death of any person 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 JOE SCOUT DATE 6 DEC. 2010

APPLICANT APPROVED \_\_\_\_\_ DATE \_\_\_\_\_

APPLICANT 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

2<sup>nd</sup> Annual Bicycle CRIT (March 26, 2011) and Purple 5K (March 27, 2011)

List All of the Businesses impacted by the closure and have them "sign off" on the event

	Business Name:	Address:	Signature:
1	Hippy Conquer	2813 2nd Ave N	[Signature]
2	Bottega	2814 2nd Ave N	[Signature]
3	Montaggio	2810 2nd Ave N	[Signature]
4	Douglas Edibles	2712 2nd Ave N	[Signature]
5	Earth Nations	207 N. Broadway	[Signature]
6	FELIZAS HILL	271N BROADWAY	[Signature]
7	Rosario Blossom	225 N. Broadway	[Signature]
8	CRICKET CATERING CO.	2814 2nd Ave N	[Signature]
9	Meridian	2818 2nd Ave N	[Signature]
10	Sham Dal	110 N. 29th St.	[Signature]
11	Lipton's Baking	116 N. 29th	[Signature]
12	Active Project	2423 2nd Ave N	[Signature]
13	Joe Akon	2917 2nd Ave N	[Signature]
14	Pam Vador	502 N. 50th	[Signature]
15	Pharm Store	373 N. 29th	[Signature]
16	Open the [unclear]	113 N. Broadway	[Signature]
17	J. Metzger Bin 119	119 N BROADWAY	[Signature]
18	Joe's [unclear]	131 N. Broadway	[Signature]
19	[unclear]	106 N. Broadway	[Signature]
20	EN STEP Inced	108 N Broadway	[Signature]



# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/28/2010

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).


<b>PRODUCER</b> Hub Int'l. Mountain States Ltd 3533 Gabel Road Billings, MT 59102 406.652-9151	<b>CONTACT NAME:</b> Brooke Overbeak <b>PHONE:</b> 4066529151 <b>FAX:</b> 4066527838 <b>EMAIL:</b> Rhonda.Schultz@hubinternational.com <b>ADDRESS:</b> <b>PRODUCER:</b> <b>CUSTOMER ID#:</b>													
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: Travelers Property Casualty Co</td> <td>25674</td> </tr> <tr> <td>INSURER B: Travelers Indemnity Company</td> <td>25658</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> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Travelers Property Casualty Co	25674	INSURER B: Travelers Indemnity Company	25658	INSURER C:		INSURER D:		INSURER E:		INSURER F:
INSURER(S) AFFORDING COVERAGE	NAIC #													
INSURER A: Travelers Property Casualty Co	25674													
INSURER B: Travelers Indemnity Company	25658													
INSURER C:														
INSURER D:														
INSURER E:														
INSURER F:														
<b>INSURED</b> Downtown Billings Association, Inc. 2815 2nd Ave. North Billings, MT 59101														

**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. CL. #	TYPE OF INSURANCE	ADDITIONAL SUBRS. INSR. WORD	POLICY NUMBER	POLICY EFF. (MM/DD/YYYY)	POLICY EXP. (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY		XGB04885M434TIL10	07/01/2010	07/01/2011	EACH OCCURRENCE \$1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Per accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
B	UMBRELLA LIAB	<input checked="" type="checkbox"/> OCCUR	XSMCUP0429T327IND1	07/01/2010	07/01/2011	EACH OCCURRENCE \$1,000,000
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				
	DEDUCTIBLE					\$
	<input checked="" type="checkbox"/> RETENTION \$ 10000					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	<input type="checkbox"/> Y/N				INC STATU- TORY LIMITS   10TH IER. E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
**RE:** Special Events-It is understood and agreed that the Certificate Holder is named as Additional Insured but only with respect to its liability arising out of the activities of the Named Insured per form CGD443 07 08.

<b>CERTIFICATE HOLDER</b> City of Billings PO Box 1178 Billings, MT 59104	<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 
--	--

© 1985-2009 ACORD CORPORATION. All rights reserved.

## EVENT APPLICATION – WITH STREET CLOSURE Permit Application

Below you will see a step by step process that must be implemented in order to close streets and hold an event. You may stage and implement your own event downtown or make use of the Business Improvement District's "Kit of Parts." In any case, you must obtain your own street closure permission and provide your own liability insurance.

**STEP 1:** Make sure you have a PLAN AND that your block neighbors are "on board" with the idea...or, at least, do not object to your plan.

-Date(s) of Event: 26 MAR 2011

-Does this event require any Street Closure?  Yes  No

-Do you have Liability Insurance that will cover this event?  Yes  No  
(You will be required to provide a "Binder" to the City of Billings showing coverage)

-Will you be serving alcoholic beverages?  Yes  No  
(A permit may be required from the Billings Police Department)

What Blocks will be closed: (Example: The 200 Block of N. Broadway)

List all: 100 BLOCK OF N. B. WAY, 200 BLOCK OF N. BROADWAY

2800, 2900 BLOCK OF 2ND N

200 BLOCK OF 29TH

3/4 SOUTH LANE OF 2800 BLOCK OF 3RD N.

Briefly Describe Your Event Activity/Participants:

A BICYCLE RACE TO RAISE MONEY FOR SPARE CHANGE FOR REAL CHANGE

-Specify the exact date and TIME the blocks noted above will be CLOSED: 3:30 PM

-Specify the exact date and TIME the blocks noted above will be REOPENED: 10 PM

-Indicate your traffic re-route plan: **BE SPECIFIC...SEE EXAMPLE**

(Example if closing the 200 Block of N. Broadway...Northbound traffic on N. 28<sup>th</sup> would be diverted west at 1<sup>st</sup> Ave. North then resume northbound at N. 29<sup>th</sup> & southbound traffic on N. 28<sup>th</sup> would be diverted east at 2<sup>nd</sup> Ave. North then resume southbound at N. 27<sup>th</sup>)

2ND AVE TRAFFIC WILL BE RE ROUTED SOUTH ON N. 30 TO MONTANA

NORTHBOUND ON BROADWAY WILL BE SENT WEST ON FIRST TO RESUME N ON N 31

SOUTHBOUND ON BROADWAY WILL BE SENT WEST ON 3RD TO RESUME S ON N 30TH



CITY OF BILLINGS  
RIGHT OF WAY ACTIVITY  
PERMIT

Please check the type of activity you are applying for:

Parade  Run/Walk/Procession  Street/Alley Closure  Block Party

Submit this application with attachments to either: The Public Works office – 2224 Montana Ave. or Downtown Billings office – 2815 2<sup>nd</sup> Ave. N. (both – 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: Joe Stout, BID Street Supervisor and Greg A. Krueger, Devel. Dir.

ORGANIZATION MAKING APPLICATION: Downtown Billings Association, Inc.

ADDRESS: 2815 2nd Ave. N. City: Billings State: MT Zip: 59101

EMAIL ADDRESS: jstout@downtownbillings.com or gregk@downtownbillings.com

APPROXIMATE TIME EVENT WILL:

Assemble 8:00 am Start 10:00 am Disband 2:00 pm

DATE OF EVENT Sunday, March 27, 2011

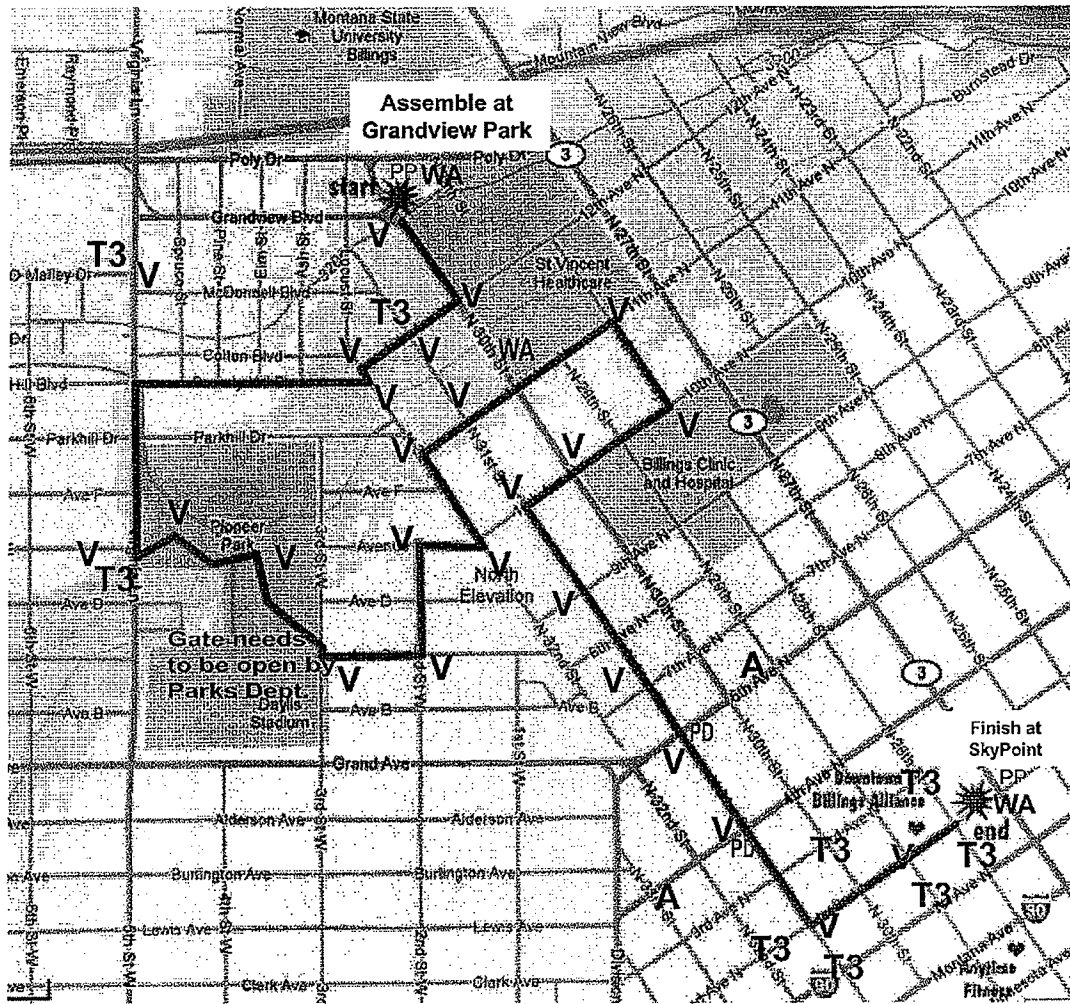
PURPOSE OF EVENT: (Description and detail of plans) Second annual Purple 5K run/walk/race to raise funds for and awareness of homelessness in Billings and the activities of the Spare Change for Real Change program.

EVENT ROUTE DESIRED (IF APPLICABLE) – Please attach map The race will begin at 10:00 with all runners and walkers starting together. Assembly will take place in Grandview Park by MSU Billings and the race will follow the route established and used successfully last year PLEASE SEE MAP FOR DETAILS. Awards and after-race party will take place under Skypoint with Broadway and 2nd remaining closed until disbanding at approximately 2:00 pm.

BLOCK PARTY STREET LOCATION (IF APPLICABLE) See above.

CLEAN UP IMPLEMENTATION: (Company contracted or services you will provide) Set up, closure and clean up will be handled by the B.I.D. Purple People and volunteers.





- T3** Type 3 Barricade - 9 total - Virginia Ln @ O Malley, Virginia Ln @ Zimmerman Center, 2nd N. @ N. 32nd, N. 31st @ 12th, N. 31st @ 1st N., N. 30th @ 3rd N., N. 29th @ 1st N., N. 28th @ 1st N. & 3rd N.
- V** Volunteer team - various locations (each team will have Stop/Slow sign and safety vests (see map))
- PD** Police Car - 4th N. @ N. 31st and 6th N. @ N. 31st St. (closed as needed for runner crossings)
- WA** Water Station - At start and Finish, At 11th @ N. 30th.
- A** Arrow Board Warning - @ 4th and N 33rd, @ 6th N. and N. 29th
- PP** Porta Pottie - in Park at start and by SkyPoint at finish.

Closures/times

Rolling and monitored closure of N. 31st just north of 12th would begin at 10 am at 10:15 am the T3 will be "rolled" to N. 31st at 11th. N. 31.

Virginia Ln (southbound) will be closed at 10 am at O'malley Dr. (traffic diverted right onto O'Malley) northbound will be closed at Zimmerman center. Virginia Ln. will reopen no later than 2 pm.

Downtown will be closed with T3 (see map) closures from 8:00 am to 1 pm with N. Broadway between 1<sup>st</sup> and 3<sup>rd</sup> and 2<sup>nd</sup> N. between N. 29<sup>th</sup> and N. 27<sup>th</sup> St. (SkyPoint) until 2 pm.

2<sup>nd</sup> Annual Bicycle CRIT (March 26, 2011) and Purple 5K (March 27, 2011)

List All of the Businesses impacted by the closure and have them "sign off" on the event

	Business Name:	Address:	Signature:
1	Hippy Concoct	2813 2nd Ave N.	[Signature]
2	Bottaega	2814 2nd Ave N	[Signature]
3	Montague	2810 2nd Ave N	[Signature]
4	Paula's Edibles	2712 2nd Ave N.	[Signature]
5	INDIAN NATIONS	207 N. Broadway	[Signature]
6	BELEZA SALON	217 N. BROADWAY	[Signature]
7	Rosarie Blossom	225 N. Broadway	[Signature]
8	Cricket Clothing Co.	2814 2nd Ave N	[Signature]
9	Mendocian	2818 2nd Ave N	[Signature]
10	Sherry Daly	110 N. 29th St.	[Signature]
11	Danial Bickman	116 N. 29th	[Signature]
12	Chokuba Perfect	2923 2nd Ave N	[Signature]
13	Jae AKIM	2917 2nd Ave N	[Signature]
14	Tom Uzoer	202 N. 50th	[Signature]
15	Chibuna Shirel	223 N. 29th	[Signature]
16	H. C. [unclear]	113 N. Broadway	[Signature]
17	J. Mentzer Bldg 119	119 N. BROADWAY	[Signature]
18	Q. [unclear] Manara	150 N. Broadway	[Signature]
19	M. [unclear] [unclear]	106 N. Broadway	[Signature]
20	IN STEP shoes	108 N. Broadway	[Signature]

# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/28/2010

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).


<b>PRODUCER</b> Hub Int'l. Mountain States Ltd 3533 Gabel Road Billings, MT 59102 406 652-9151	<b>CONTACT NAME</b> Brooke Overbeek <b>PHONE (A/C No. Ext.)</b> 4066529151 <b>FAX (A/C No.)</b> 4066527838 <b>E-MAIL ADDRESS:</b> Rhonda.Schultz@hubinternational.com <b>PRODUCER CUSTOMER ID #:</b>
	<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Travelers Property Casualty Co NAIC # 25674 INSURER B: Travelers Indemnity Company 25658 INSURER C: INSURER D: INSURER E: INSURER F:
<b>INSURED</b> Downtown Billings Association, Inc. 2815 2nd Ave. North Billings, MT 59101	

**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. CL. / TYPE OF INSURANCE	ADDITIONAL SUBR. INSR. NO. / TYPE	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXP. DATE (MM/DD/YYYY)	LIMITS
<b>A GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC		X6604885M434T1L10	07/01/2010	07/01/2011	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$300,000 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</b> <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) \$ \$ \$
<b>B UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 10000		XSMCUP0429T327IND1	07/01/2010	07/01/2011	EACH OCCURRENCE \$1,000,000 AGGREGATE \$1,000,000 \$ \$
<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A				IWC STATUTORY LIMITS <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
**RE: Special Events**-It is understood and agreed that the Certificate Holder is named as Additional Insured but only with respect to its liability arising out of the activities of the Named Insured per form CGD443 07 08.

<b>CERTIFICATE HOLDER</b>  City of Billings PO Box 1178 Billings, MT 59104	<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 
--	--

©1988-2008 ACORD CORPORATION. All rights reserved.