



City of Billings  
RIGHT - OF - WAY ACTIVITY  
PERMIT

BSHS  
Reunion  
July  
29th

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 Brad Von Bergen

ORGANIZATION MAKING APPLICATION Billings Senior High School Class of 1981

ADDRESS 1719 Augsburg Dr. City Billings State MT Zip 59105

EMAIL ADDRESS brvonbergen@msn.com

APPROXIMATE TIME EVENT WILL:

Assemble 5:00 pm Start 6:00 pm Disband 1 a.m.

DATE OF EVENT July 29, 2011

PURPOSE OF EVENT: (Description and detail of plans)

To celebrate the 30 yr reunion of the 1981  
graduating class of Billings Senior High school and  
Billings West High School.

EVENT ROUTE DESIRED (IF APPLICABLE) - Please attach map

BLOCK PARTY STREET LOCATION (IF APPLICABLE)

100 block of N. 28th street.

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

We will utilize the Clean Ambassadors (we will  
also help out.)

**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 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 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.

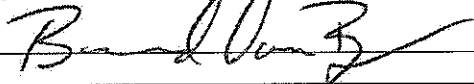
**IF USING THE ESTABLISHED EVEN ROUTE (PARADE),** THE CITY WILL PROVIDE TWO POLICE OFFICERS WITH VEHICLES TO START THE3 EVENT, AND A STREET SWEEPER (IF NECESSARY AND WEATHER PERMITTING) TO FOLLOW THE EVENT.

**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  DATE 2-14-2011

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

**Billings Senior High  
School Class of 1981  
Reunion Committee**

1719 Augsburg Dr Billings MT 59105

April 12, 2011

2815 2<sup>nd</sup> Ave. North Billings Mt 59101

Dear Sir or Madam:

The Billings Senior High School and Billings West High school classes of 1981 Alumni are requesting from the City of Billings a Right-of-Way Activity Permit. We will be celebrating our 30 year class reunion on July 29<sup>th</sup> and 30<sup>th</sup>, 2011. The first night we would like to have a block party on the 100 block of North 28<sup>th</sup> Street. We will be having a local band playing from 6:00pm to 10:00pm. MT Brewing Company will be catering food and beverage. We are asking that we be able to close both ends of the block (1<sup>st</sup> and 28<sup>th</sup> and 2<sup>nd</sup> and 28<sup>th</sup>). We will provide the equipment to block the road. We will be providing tables, chairs and a stage for the band. Portapotties will also be set up.

Please refer to our flyer or website for further information. If you have any questions please contact Brad Von Bergen at 406-698-8849. Thank you for your consideration.

Sincerely,



Brad Von Bergen  
bvonbergen@msn.com  
BSHS class of '81 30 year reunion organizing committee

ACORD™

Client#: 200 CITYOFBI  
**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)  
 3/24/2011

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 <b>Hoiness LaBar Insurance</b> A Member of Payne Financial Group P.O. Box 30638 Billings, MT 59107-0638	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No):
	E-MAIL ADDRESS: PRODUCER CUSTOMER ID #:
INSURED <b>City Of Billings</b> %Human Resources Dept P.O. Box 1178 Billings, MT 59104	INSURER(S) AFFORDING COVERAGE <b>INSURER A: Capitol Indemnity</b>
	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:
	INSURER F:

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 LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> BI/PD Ded:250 GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO <input type="checkbox"/> LOC		CP01378146	04/01/2011	04/01/2012	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000
	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) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE \$ RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				IWC STATUTORY LIMITS   OTHER 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)  
 Holder is Additional Insured for Billings Senior High School 30 year Class Reunion on 7/29/11 at 100 block of North 28th, Billings, MT

CERTIFICATE HOLDER  <b>Brad VonBergen/Billings Senior High School 30 yr Reunion</b> 1719 Augsburg Drive Billings, MT 59105	CANCELLATION 10 Days for Non-Payment  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 
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# Commercial Certificate of Insurance



**FARMERS**

Agency  
 Name  
 &  
 Address

- FARMERS INSURANCE GROUP
- TIM BEETER
- 2860 GRAND AVE
- BILLINGS, MT 59102

Issue Date (MM/DD/YY) 04/07/11

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 shown below.

St. 70 Dist. 05 Agent 09

Insured  
 Name  
 &  
 Address

- CSKT CORP
- MONTANA BREWING/HOOLIGANS
- 113 N BROADWAY
- BILLINGS, MT 59101

**Companies Providing Coverages**

- Company A Truck Insurance Exchange
- Company B Farmers Insurance Exchange
- Company C Mid-Century Insurance Company
- Company D

**Coverages**

This is to certify that the policies of insurance listed below have been issued in 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.

Co. Ltr.	Type of Insurance	Policy Number	Policy Effective Date (MM/DD/YY)	Policy Expiration Date (MM/DD/YY)	Policy Limits	
A X	General Liability Commercial General Liability - Occurrence Version Contractual - Incidental Only Owners & Contractors Prot.	065934922	10/19/10	10/19/11	General Aggregate Products-Comp/DPS Aggregate	\$ 2,000,000 \$ 1,000,000
	Personal & Advertising Injury Each Occurrence				\$ 1,000,000	\$ 1,000,000
	Fire Damage (Any one fire)				\$ 75,000	
	Medical Expense (Any one person)				\$ 5,000	
	Automobile Liability All Owned Commercial Autos Scheduled Autos Hired Autos Non-Owned Autos Garage Liability				Combined Single Limit	\$
					Bodily Injury (Per person)	\$
					Bodily Injury (Per accident)	\$
					Property Damage	\$
					Garage Aggregate	\$
A X	Umbrella Liability	065934930	10/19/10	10/19/11	Limit	\$ 1,000,000
	Workers' Compensation and Employers' Liability				Statutory	\$
					Each Accident	\$
					Disease - Each Employee	\$
					Disease - Policy Limit	\$

**Description of Operations/Vehicles/Restrictions/Special Items:**

A X	LIQUOR LIABILITY	065934930	10/19/10	10/19/11	General Aggregate	\$2,000,000
					Per Occurrence	\$1,000,000

**Certificate Holder**

Name  
 &  
 Address

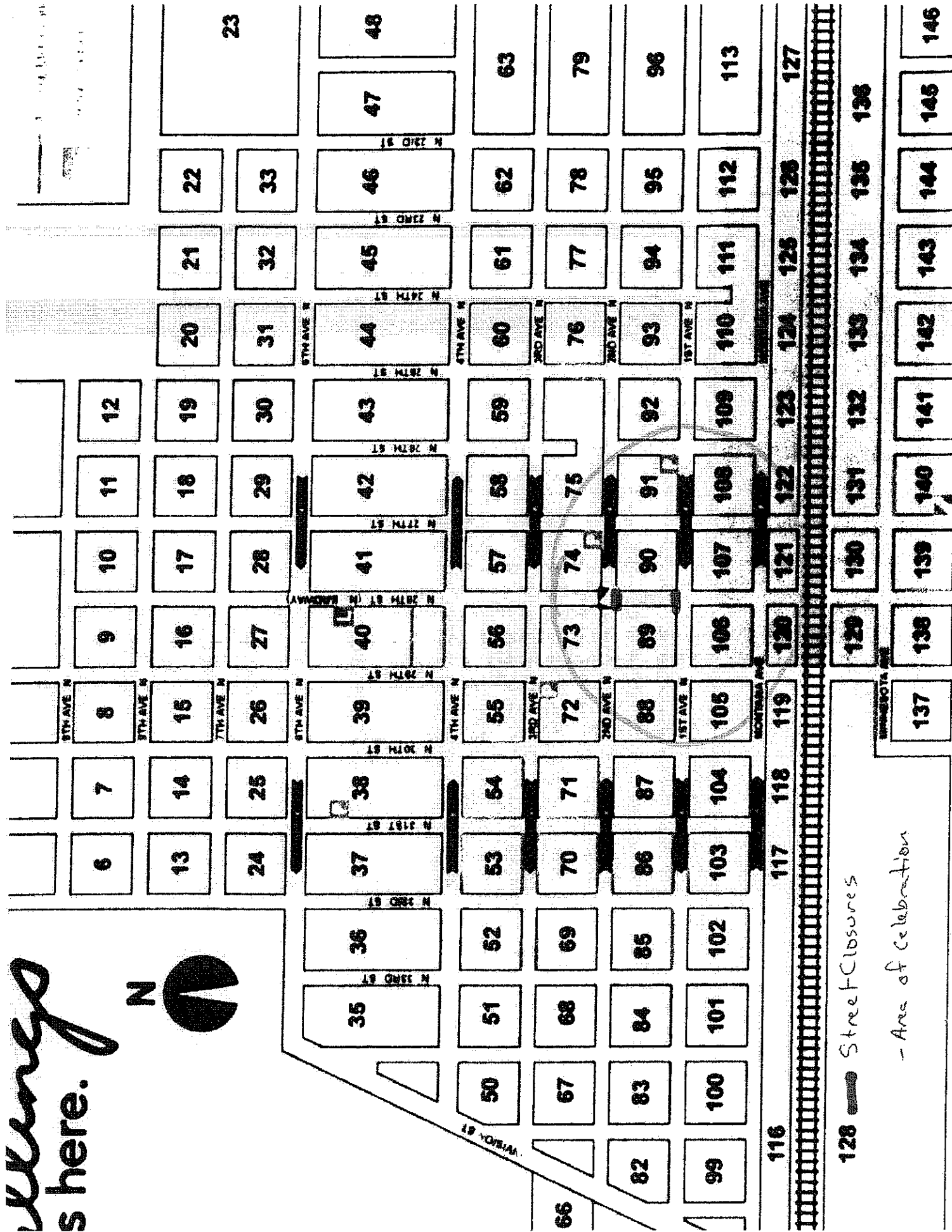
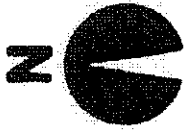
- CITY OF BILLINGS
- P.O. BOX 1178
- BILLINGS, MT 59103

**Cancellation**

Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the certificate holder named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

*Tim Beeter*  
 Authorized Representative

Things  
s here.



128 Street Closures  
- Area of Celebration