



**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. Cody R DATE 5/2/2011

APPLICATION APPROVED \_\_\_\_\_ DATE \_\_\_\_\_

APPLICATION DENIED \_\_\_\_\_ DATE \_\_\_\_\_

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

**FOR CITY USE ONLY**

FEE: 4100

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

Street Closed ahead

4<sup>th</sup> Ave North

ONE WAY →

No Right Turn

Street Closed

Street Closed

Street Closed

Type I with Candles

Two Type III with Candles  
North Broadway

Type I with Candles

Alley

Alley

Type I with Candles

Two Type II with Candles

Travel Cafe

Type I with Candles

Street Closed

Street Closed

Street Closed

No Right Turn

ONE WAY ←

3<sup>rd</sup> Ave North

Street Closed ahead



Downtown Business Improvement District (BID)
Event Kit of Parts Usage Packet

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 and make use of the BID's "Kit of Parts." You must obtain separate street closure permission and provide your own liability insurance AS WELL AS PROVIDE THE B.I.D. WITH AN INSURANCE BINDER NAMING THE B.I.D. AS CO-INSURED UNDER YOUR POLICY.

STEP 1: Make sure your 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: Saturday August 27th is the Street Party, Setup starts August 26, and Clean Up is August 28th

-Does this event require any Street Closure? [X] Yes [ ] No

-Do you have Liability Insurance that will cover this event? [X] Yes [ ] No
(You will be required to provide a "Binder" to the City of Billings AND to the B.I.D. showing coverage and co-coverage)

-Will you be serving alcoholic beverages? [X] 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: Please see the attached cover letter

Briefly Describe Your Event Activity/Participants: Please see the attached cover letter

-Specify the exact date and TIME the blocks noted above will be CLOSED: August 27th at 12:00 a.m.
REOPENED: August 29th at 5:00 p.m.

Indicate your traffic re-route plan: BE SEPCIFIC...SEE EXAMPLE
(Example if closing the 200 Block of N. Broadway...Northbound traffic on N. 28th would be diverted west at 1st Ave. North then resume northbound at N. 29th & southbound traffic on N. 28th would be diverted east at 2nd Ave. North then resume southbound at N. 27th)

Please see the attached traffic control plan

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

Table with 3 columns: BUSINESS NAME, ADDRESS, SIGNATURE. Contains 10 rows of business information and signatures.



# CERTIFICATE OF LIABILITY INSURANCE

OP ID: JM

DATE (MM/DD/YYYY)

05/05/11

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> Kahl Insurance Services, LLC 16 Inverness PL E Bldg D 200 Englewood, CO 80112 Steven Kahl		720-489-7189  720-489-7190	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: <b>BILLI-1</b>
<b>INSURED</b> Billings Clinic P.O. Box 37000 Billings, MT 59107		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: <b>Steadfast Insurance Company</b> INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
		<b>NAIC #</b>	

**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	
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	<b>X</b>				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPIOP AGG \$	
	<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>A</b>	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input checked="" type="checkbox"/> CLAIMS-MADE DEDUCTIBLE \$ RETENTION \$		<b>HPC 9266626 00</b>	<b>07/01/11</b>	<b>07/01/12</b>	EACH OCCURRENCE \$ <b>2,000,000</b> AGGREGATE \$ <b>2,000,000</b> \$ \$	
	<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	<b>Y/N</b>	<b>N/A</b>			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 \$	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 The City of Billings is Additional Insured as respects the 2011 Billings Clinic Classic Event held August 26-28, 2011.

**CERTIFICATE HOLDER****CANCELLATION**

<b>CITY OF</b>  City of Billings Department of Parks, Recreation & Public Lands 390 North 23rd Street Billings, MT 59103	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 Steven E. Kahl
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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
05/05/2010

<b>PRODUCER</b> Montana Healthcare Indemnity LLC P.O. Box 510 Bigfork, MT 59911	THIS CERTIFICATION 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.												
<b>INSURED</b> Billings Clinic P.O. Box 37000 Billings, MT 59107	<table border="1"> <tr> <th>INSURERS AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: Montana Healthcare Indemnity LLC</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: Montana Healthcare Indemnity LLC		INSURER B:		INSURER C:		INSURER D:		INSURER E:	
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INSURER A: Montana Healthcare Indemnity LLC													
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 LTR (INSRD)	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS								
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	2010-1 MH1PLGL	07/01/2010	07/01/2011	EACH OCCURRENCE \$ \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ \$4,000,000 PRODUCTS - COMPROP AGG \$ \$								
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	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$								
	<b>EXCESS / UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$								
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E.L. EACH ACCIDENT	\$												
E.L. DISEASE - EA EMPLOYEE	\$												
E.L. DISEASE - POLICY LIMIT	\$												
A	<b>OTHER</b> Professional Liability	2010-1 MH1PLGL	07/01/2010	07/01/2011	Per Occurrence \$2,000,000 Aggregate \$8,000,000								

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

The City of Billings is additional insured as respects to the 2010 Billings Clinic Classic Event 8/27, 8/28 and 8/29/2010

<b>CERTIFICATE HOLDER</b> City of Billings Department of Parks, Rec & Public Lands Attn: Sherry Sjolseth P.O. Box 590 390 North 23rd Street Billings, MT 59103	<b>CANCELLATION</b> 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 
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May 5, 2011

Downtown Billings Association, Inc.  
2815 2<sup>nd</sup> Avenue North  
Billings, Mt. 59101

Subject: Street Closure, Billings Clinic Foundation Classic

Billings Clinic is underway with our planning for the 2011 Classic Street Party. As you may know, over the last several years Billings Clinic has utilized north Broadway between 3<sup>rd</sup> & 4<sup>th</sup> Avenues North, together with US bank parking lot, to host this event. And, it would be our desire to do so again this year. This year's event is scheduled for Saturday August ~~28<sup>th</sup>~~ 27<sup>th</sup>.

As with the last seven (7) years, we would like to be able to close the street late Thursday night (i.e. midnight) and leave it closed through Sunday afternoon. To be clear, the request is then for all day Friday, all day Saturday and through 5:00 p.m. Sunday (8/26, 8/27 and 8/28). This allows adequate time to fully set up tents, stages, chairs, etc. and then to remove them after the party.

Also, as we did the last seven (7) years, we would also request the ability to close North 27<sup>th</sup> / North 28<sup>th</sup> Alley between 3<sup>rd</sup> and 4<sup>th</sup> Avenue North (i.e. alley east of / behind the US Bank building). We would request that we be allowed to close this alley beginning at 9:00 p.m. Friday, August 26<sup>th</sup> through 5:00 a.m. Sunday, August 28<sup>th</sup>. This closure provides for alley access through the business day on Friday. But, for Saturday, this closure provides for use and use by our beverage and ice trucks, additional solid waste dumpsters, site access by our outdoor bands, etc.

And, as we have done over the last seven (7) years, we would also request the ability to close the N.28<sup>th</sup> / N.29<sup>th</sup> Alley between 3<sup>rd</sup> and 4<sup>th</sup> Avenue North (i.e. the alley west of/behind the Alberta Bair Theater). We would request that we be allowed to close this alley beginning at 6:00 a.m. Saturday, August 27<sup>th</sup> through 2:00 a.m. Sunday, August 28<sup>th</sup>. This closure provides for alley access though the business day on Friday. For Saturday, this closure provides for use of the alley by refrigerated food service truck as well as tour bus associated with the Saturday night performance in the Alberta Bair Theater.

In past years, I know that the Fire Department has reviewed the layout of the party and the features (i.e. tents, tables, stages, etc.) that are placed in the street and the bank parking lot. After that review, they felt that the adjoining building could be accessed by emergency response personnel in the case of a fire or other emergency event.

Attached you will find a Right-of-Way Activity Permit Application, a copy of our certificate of insurance, and a map of the party area.

Billings Clinic has made initial contact with each of the fronting property owners (US Bank, Travel Café, Alberta Bair Theatre and 1<sup>st</sup> United Methodist Church) and discussed our plans with them. All are supportive

of the plans, including the all-day closure on Friday. As with past years, we will make arrangements with them to accommodate any special needs that they have during this closure.

We have traditionally made provisions for patrons of the Farmer's Market to be able to access the market through our party set-up, and would continue to do so this year.

As with past years, we would also contact the City Engineer's office directly to coordinate the street closure and to process a traffic control plan. Billings Construction Supply will once again be our traffic control contractor.

And, as with past years, we would be intending to serve beer and wine as part of the event. We do provide security personnel to insure that only ticketed guest are allowed inside the party venue and to limit removal of alcoholic beverages. We will contact the State of Montana for the necessary beverage license and the Billings Police Department to process the necessary Open Container Form.

In regards to clean-up: Billings Clinic uses a cadre of volunteers from the organization and the community at large to stage this event. A specific team will be assigned to the post-party clean-up. Initial clean-up is done immediately following the party. This includes garbage/litter patrol, removal of some tents, and removal of most decorative elements. At least one tent remains in place for use by First united Methodist Church to conduct an outdoor morning worship service. Following their services, we complete the removal of tents, decorative items, tables, chairs, etc. This is followed by another round of detailed garbage/litter patrol. Our food waste is removed in a volunteer provided trash trailer. We also coordinate with the Solid Waste Division to manage dumpsters before and after the event.

I believe that this should provide you with the basic information that you need to begin processing our block party/street closure request. However, should you need further information, please contact me at 657-4035 or [canderson3@billingsclinic.org](mailto:canderson3@billingsclinic.org)

Please advise of the date of the City council meeting on this item so that a Billings Clinic representative can plan to attend.

Sincerely,



Cody Anderson  
Billings Clinic