



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., 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 Suzanne Moran

ORGANIZATION MAKING APPLICATION Harvest Church - Heights Campus

PHONE 406-259-5648

ADDRESS 1235 Wicks Lane West, Billings, MT 59105  
CITY STATE ZIP

EMAIL ADDRESS Suzanne.morak@harvestweb.net

APPROXIMATE TIME EVENT WILL:

Assemble 7:00 AM Start 8:00 AM Disband 11:00 AM

DATE OF EVENT Saturday, July 2nd, 2011

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

Freedom 5K walk/Run is an annual event.

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

will begin and end at Harvest Church Heights Campus

BLOCK PARTY STREET LOCATION (IF APPLICABLE):

N/A

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

**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.

**GENERAL EVENT RULES:** ALL ALCOHOL CONSUMPTION IS PROHIBITED AT ALL TIMES. ALL VEHICLES MUST BE PARKED IN DESIGNATED AREAS. ALL VEHICLES MUST BE REMOVED 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 Suzanne Moran DATE 6/14/2011

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

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

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

FOR CITY USE ONLY

FEE: \$100.00

PAID: \_\_\_\_\_

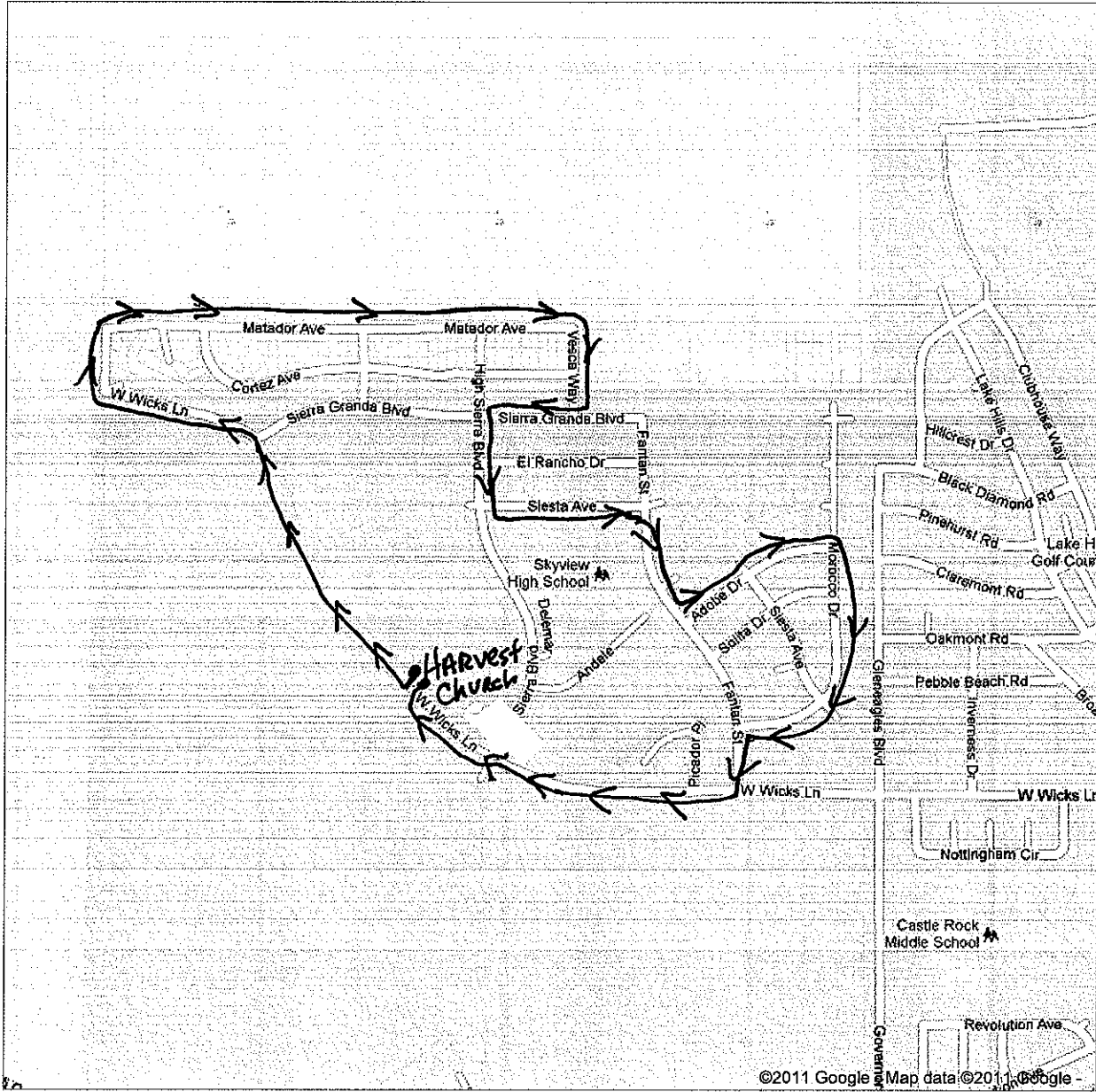
DATE: \_\_\_\_\_

- 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

Google maps

Address 1235 W Wicks Ln  
Billings, Mt 59105

Get Google Maps on your phone  
Text the word "GMAPS" to 466453





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
6/9/2011

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).

<b>PRODUCER</b> Glidewell Investments & Insurance Group, Inc. 2001 S Russell PO Box 4207 Missoula MT 59801-6621	<b>CONTACT NAME:</b> Glidewell Investment <b>PHONE:</b> (406)728-0793 <b>FAX:</b> (406)728-0711 <b>EMAIL:</b> <b>INSURER(S) AFFORDING COVERAGE:</b> Insurer A: Brotherhood Mutual Insurer B: Insurer C: Insurer D: Insurer E: Insurer F:
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**COVERAGES**      **CERTIFICATE NUMBER:** City of Big-Six Golf      **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.

CLASS	TYPE OF INSURANCE	ADDITIONAL INSURED (YES/NO)	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXP. DATE (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CHAUN-MADE <input checked="" type="checkbox"/> OCCUR	X	23H9A027441X	5/7/2011	5/7/2012	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (EN-RENTED) \$ 300,000 HOUSING (PER OCCURRENCE) \$ 10,000 PERSONAL & ADULTERY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS-COMP/OPERS \$ 3,000,000
	<input checked="" type="checkbox"/> GEN. AGGREGATE LIMIT APPLIES PER POLICY					
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OTHER AUTOS <input type="checkbox"/> SOLE-PLACED AUTOS <input type="checkbox"/> HYBRID AUTOS <input type="checkbox"/> NON-PLACED AUTOS					COURTESY REPAIR (Per accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input checked="" type="checkbox"/> EXCESS L&B <input type="checkbox"/> CHAUN-MADE <input type="checkbox"/> INDUSTRY <input type="checkbox"/> RETENTION \$		15H5A0374425	5/7/2011	5/7/2012	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$ \$
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY EMPLOYER OR PARTNER/EXECUTIVE (IF APPLICABLE) EXCELLENT (Mandatory to ME) If you check this option, a description of the job title(s) below	Y/N	N/A			\$ EL, DISEASE - SA EMPLOYEE \$ EL, DISEASE, WORKERS COMP \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 For Big Six Golf weekly leagues and tournament from 6/1/11-9/30/11. Certificate holder is listed as additional insured for this event, subject to policy terms, conditions and exclusions.

<b>CERTIFICATE HOLDER</b> fedinj@ci.billings.mt.us;  City of Billings Department of Parks & Recreation Allan Tom Pedin 390 N 23rd St PO Box 1178 Billings, MT 59103	<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 Bobi Davina/BAW <i>Bobbi Davina</i>
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