



CITY COUNCIL Agenda Item #18-306(e)

Date: October 10, 2018

Consent X Discussion _____

SUBJECT: Street Closure Permit Application, Veterans Day Parade, 11/12

SUBMITTING DEPARTMENT: City Manager's Office

RECOMMENDED ACTION: Approve application from the Montpelier Veterans Council for the rolling closure of Main Street to State Street to Montpelier High School for the annual Veterans Day Parade on Monday, November 12th from 9:30 – 11 AM

STRATEGIC OUTCOME/INITIATIVE: Inclusive, Equitable and Welcoming Community

PRIOR ACTION: N/A

EXPENDITURE REQUIRED: N/A

SOURCE OF FUNDS: N/A

LEGAL REQUIREMENTS: Requests for street closures requires Council approval.

BACKGROUND INFORMATION: This is an annual event.

SUPPORTING DOCUMENTS: Street Closure Application

INTERESTED PARTIES: Applicant; Residents; Fire; Police and Public Works

CITY MANAGER'S APPROVAL: 

1. Event Sponsor

Name: <u>Carole Baker</u> <u>Montpelier Veterans Council</u>	Email: <u>CAB72253 @</u>
Address: <u>21 Main St Montpelier VT 05602</u>	
Cell Phone:	Other Phone: <u>223</u>

2. Event Details

Name of Event: <u>Veterans Day Parade</u>	
General description of the event (1 to 3 sentences): <u>Montpelier Veterans Day Parade</u>	
Date of Event: <u>Nov 12, 2018 Monday</u>	Start and End Time of Event:
Street(s) to be Closed - Please attach a sketch of the event layout. <u>Rolling - From Main St. roundabout to State St to MHS</u>	
Time Street will close (recommend up to an hour before event): <u>9:30am - 11am</u>	Time Street will reopen (recommend 30 minutes after the event ends): <u>11am</u>
Number of Staff/Volunteers on site for Event:	
Number of people expected at event: <u>200</u>	Number of vendors and/or entertainers who will participate: <u>None</u>
Name of General liability insurance carrier – Please attach proof of insurance. (General liability insurance for Special Events in the downtown area must be obtained by the Event Sponsor.)	

3. Community Support

Is this a reoccurring event in Montpelier? <i>yes</i>	If no, do you have experience elsewhere with such events? Please explain.
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How does this event benefit the public (as outlined in the Street Closure Policy)?
Remembering Past, Present Veterans

4. Public Safety and Public Health

Please describe any discussions or arrangements that the Event Sponsor has made with public safety or public works professionals in Montpelier.

What arrangements have been made for food, water, and toilet facilities (if applicable)?
N/A

What arrangements have been made to assure that litter will be cleaned up and disposed of and that trash and recycling containers will be provided?
N/A

If additional law enforcement officials will be hired for your event, please list:

Please note any other unique aspects of this event:

Will noise levels or hours exceed the city's noise ordinance? If so, will this event require a request for variance from the noise ordinance?
NO

5. Accessibility

As this event will take place on public property, I, as the Event Sponsor, attest that this event and all related programming and facilities meet the Americans with Disabilities Act accessibility requirements. These requirements are available at the City's website.

Carole Baker Carole Baker 10-8-18
 Signature Printed Name Date

6. Signature

I, the undersigned, certify that the information provided above is valid and I will abide by any additional provisions note by Officials below. I acknowledge that I have read and understand the Montpelier Street Closure policy and that I am responsible for compliance with all requirements contained in that policy. I also agree to be onsite for the duration of the above mentioned street closure.

Carole Baker Carole Baker 10-8-18
 Signature Printed Name Date

Had to wait for Proof of Insurance
Notice Documentation

Name of Event: <u>Montpelier Veterans Day Parade</u>	
Date of Event: <u>Nov 12, 2018 Monday</u>	Start and End Time of Event: <u>9:30am - 11am</u>
Street(s) to be Closed: <u>Main to State to Bailey Ave</u>	
Time Street will close (recommend up to an hour before event): <u>9:30am - 11am</u>	Time Street will reopen (recommend 30 minutes after the event ends): <u>11am</u>
Date of City Council Meeting to consider permit request:	
Describe Efforts made to notify residents and businesses along the street to be closed. Notification must include both the date/time of the proposed event and the date/time of the City Council meeting where the street closure will be considered.	

FOR OFFICIAL USE ONLY

The following parties have reviewed and approved:

POLICE	
Reviewed by: <u>NEIL MARTEL</u> Print Name <u>[Signature]</u> Signature <u>10/2/18</u> Date	<input type="checkbox"/> Reviewed – recommend approval with no conditions <input checked="" type="checkbox"/> Reviewed – recommend approval with conditions: Police to assist w/ Traffic Control at Major Intersections, & if available a cruiser will lead parade. <input type="checkbox"/> Reviewed – do not recommend approval
PUBLIC WORKS	
Reviewed by: <u>TOM McARDLE</u> Print Name <u>[Signature]</u> Signature <u>10/4/18</u> Date	<input checked="" type="checkbox"/> Reviewed – recommend approval with no conditions <input type="checkbox"/> Reviewed – recommend approval with conditions: <input type="checkbox"/> Reviewed – do not recommend approval
FIRE DEPARTMENT	
Reviewed by: <u>Robert Gowans</u> Print Name <u>[Signature]</u> Signature <u>10.3.18</u> Date	<input checked="" type="checkbox"/> Reviewed – recommend approval with no conditions <input type="checkbox"/> Reviewed – recommend approval with conditions: <input type="checkbox"/> Reviewed – do not recommend approval

MONTPELIER ALIVE	
Reviewed by: <u> Dan Graberg </u> Print Name <u> [Signature] </u> Signature <u> 10/3/19 </u> Date	<input checked="" type="checkbox"/> Reviewed – recommend approval with no conditions <input type="checkbox"/> Reviewed – recommend approval with conditions: <input type="checkbox"/> Reviewed – do not recommend approval
OTHER	
Reviewed by: _____ Print Name _____ Signature _____ Date	<input type="checkbox"/> Reviewed – recommend approval with no conditions <input type="checkbox"/> Reviewed – recommend approval with conditions: <input type="checkbox"/> Reviewed – do not recommend approval

This permit request was reviewed at the _____ City Council meeting.
 (MONTH/DAY/YEAR)

This permit request was: APPROVED _____ DENIED _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/21/2018

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 have ADDITIONAL INSURED provisions or 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 Noyle W Johnson Insurance 119 River Street P.O. Box 279 Montpelier VT 05601-0279	CONTACT NAME: Carole Noury CIC, AAI, CPIW PHONE (A/C, No, Ext): (802) 223-7735 E-MAIL ADDRESS: cnoury@nwjinsurance.com	FAX (A/C, No): (802) 223-7515	
	INSURER(S) AFFORDING COVERAGE INSURER A: Cincinnati INSURER B: CSU Producer Resources Inc. INSURER C: INSURER D: INSURER E: INSURER F:		NAIC # 10677
INSURED Brown Johnson Post 792 Vets of Foreign Wars of the US Inc. 1 Pioneer Street Montpelier VT 05602			

COVERAGES **CERTIFICATE NUMBER:** CL1892134860 **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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<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 OTHER:	Y		EPP0115351	11/26/2017	11/26/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 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
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			EBA0115351	11/26/2017	11/26/2018	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ NON OWNED \$ 1,000,000
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						COMBINED SINGLE EACH OCCURRENCE \$ AGGREGATE \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	EWC036105302	11/26/2017	11/26/2018	PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
B	Liquor			CSU0008415	11/26/2017	11/26/2018	Limits \$1,000,000 deductible \$1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

officers are excluded from workers compenation coverage, City of Montpelier is included as an additional insured on the package policy per forms on policy.

CERTIFICATE HOLDER

CANCELLATION

City of Montpelier
Main Street

Montpelier VT 05602

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

ADDITIONAL COVERAGES

Ref #	Description Underinsured motorist combined single limit	Coverage Code UNCSL	Form No.	Edition Date	
Limit 1 1,000,000	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description HIRED COMBINED SINGLE LIMIT	Coverage Code HRCSL	Form No.	Edition Date	
Limit 1 1,000,000	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description Schedule Mod Factor 1	Coverage Code SCH01	Form No.	Edition Date	
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description	Coverage Code	Form No.	Edition Date	
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description	Coverage Code	Form No.	Edition Date	
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description	Coverage Code	Form No.	Edition Date	
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description	Coverage Code	Form No.	Edition Date	
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description	Coverage Code	Form No.	Edition Date	
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description	Coverage Code	Form No.	Edition Date	
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium
Ref #	Description	Coverage Code	Form No.	Edition Date	
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type	Premium



The Cincinnati Indemnity Company

A Stock Insurance Company

Headquarters: 6200 S. Gilmore Road, Fairfield, OH 45014-5141
 Mailing address: P.O. Box 145496, Cincinnati, OH 45250-5496
 www.cinfin.com ■ 513-870-2000

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY INFORMATION PAGE

Policy No.	Policy Period	Previous Policy No.	Billing Method
	From To		
EWC 036 02 15-03	12-01-2017 12-01-2018	EWC0360215-01	DIRECT BILL

Agency	Carrier	Risk ID No.	Entity
44-025	27197		NON PROFIT ORGANIZATION

Agent

NFP PROPERTY & CASUALTY SERVICES, INC.
 P.O. BOX 2127
 S BURLINGTON, VT 05407-2127

1. Named Insured and Address

AMERICAN LEGION MONTPELIER POST #03
 21 MAIN ST
 MONTPELIER, VT 05602

2. The Policy Period is from 12-01-2017 to 12-01-2018 12:01 am. The Standard Time at the insured's Mailing address.

3. A. Workers Compensation Insurance: Part ONE of the policy applies to the Workers Compensation Law of the states listed here: **VT**

B. Employers Liability Insurance: Part TWO of the policy applies to work in each state listed in Item 3A. The limits of our liability under Part TWO are:

Bodily Injury by Accident	\$ <u>100,000</u>	each accident
Bodily Injury by Disease	\$ <u>100,000</u>	each employee
Bodily Injury by Disease	\$ <u>500,000</u>	policy limit

C. Other States Insurance: Part THREE of the policy applies to all states except North Dakota, Ohio, Washington, Wyoming, and States Designated in Item 3A of the information page and Alaska

D. This policy includes these endorsements and schedules:
REFER TO ENDORSEMENT SCHEDULE

4. The premium for this policy will be determined by our Manual of Rules, Classifications, Rates, and Rating Plans. All information required below is subject to verification and change by audit.

04-10-2018 16:03

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