

**CITY of THE DALLES PUBLIC WORKS**1215 WEST FIRST STREET  
THE DALLES, OREGON 97058

(541) 298-5401

**STREET BANNER PERMIT**

**This application must be approved minimum of three (3) business days before the banner is to be displayed. The banner must meet all criteria in the Street Banner Permit Policy.**

**Please complete the entire form**

Applicant Name: Mid-Columbia Medical Center Date: 1/29/2020  
Address: 1700 E 19th Street Phone: 541-506-5704  
Contact Person: Stephanie Bowen Phone: \_\_\_\_\_  
Email Address: stephaniela@mcmc.net Cell: \_\_\_\_\_

Type of Event promoted on the Banner: ☐ Education ☐ Youth Event ☐ Fair  
☐ Community Market ☒ Other Civic Event \_\_\_\_\_

Event Title: Breast Cancer Awareness Month Date of Event: Oct. 2020

Date of Placement: From (Date/Time) 10/12 to (Date/Time) 10/26

Location of Banner: Second & Jefferson Street

**Office Use – Receipt of Required Items:**

☒ Liability Release for Street Banner Placement (Page 2)  
☒ Proof of Insurance (per Street Banner Permit Policy requirements)  
\$25 Banner Permit Fee ☐ Cash ☒ Check (Check # 442085)

**Checks will not be accepted more than 6 months in advance of the date of placement**

**ACKNOWLEDGEMENT OF APPLICANT RESPONSIBILITY**

**Failure of the applicant to meet the requirements of this permit will result in a Stop Work Order and possible revocation of the permit.**

**I certify that the event promoted is an activity sponsored by a user who may be any civic, charitable non-profit, government, school, social or other group promoting community events, activities, or items of special interest and not for commercial gain.**

Applicant Signature Stephanie Bowen Date 1/29/2020

Director Approval [Signature] Date 2/5/20

**This permit will be considered a public document. All information submitted will be accessible to the public, in its entirety, on the City's website.**

## Liability Release for Street Banner Placement

☒ PRIVATE ORGANIZATION

☐ PUBLIC AGENCY

☐ INDIVIDUAL

Release between Mid-Columbia Medical Center,

hereinafter known as "the Permittee" and the City of The Dalles.

The Permittee shall hold harmless and release the City of The Dalles, its employees, agents and representatives, against any and all damages, claims, demands, action, causes of action, cost, and expenses of whatsoever nature arising from the condition of the street banner which is provided to the City for placement.

For public agencies this release applies only to the extent permitted by Article XI, Section 7 of the Oregon Constitution and by the Oregon Tort Claims Act.

APPLICANT

Stephanie Boun  
Signature

Community Outreach Coordinator

Title

1/29/2020

Date

1700 E 19th St, TD

Address

541-506-5704

Phone

If a minor, signature of parent or guardian is required. Otherwise one signature is sufficient.

Signature

Title

Date

Address

Phone

CITY OF THE DALLES

P. W. J. Jr.  
Signature

Title

2/5/20  
Date





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
01/31/2020

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).

<b>PRODUCER</b> UMIA Insurance, Inc. 310 East 4500 South, Suite 600 Salt Lake City, Utah 84107 P: 801.531.0375 F: 801.531.0381	<b>CONTACT NAME:</b>		
	<b>PHONE (A/C, No, Ext):</b>	<b>FAX (A/C, No):</b>	
<b>INSURED</b>  Mid-Columbia Medical Center 1700 East 19 <sup>th</sup> Street The Dalles, OR 97058	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	INSURER A: UMIA Insurance, Inc.		36676
	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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			OR920041	01/01/2020	01/01/2021	EACH OCCURRENCE	\$1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
							GENERAL AGGREGATE	\$3,000,000
							PRODUCTS - COMP/OP AGG	\$
								\$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

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

Proof of coverage for Mid-Columbia Medical Center for hanging a street banner on Second & Jefferson Street for Breast Cancer Awareness Month. The banner will be up from October 12, 2020 to October 26, 2020.

<b>CERTIFICATE HOLDER</b> City of The Dalles 313 Court Street The Dalles, OR 97058	<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  <i>W. J. M. M. M.</i>
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## CHECK REQUEST

**DATE:** 1/30/2020

**PAY TO THE ORDER OF:**

City of The Dalles Public works (1052)

1215 W. 1<sup>st</sup> St

The Dalles, OR 97058

11.870.80.620009

**ACCOUNT#:** Marketing - 870

**REASON FOR REQUEST:** Breast Cancer Awareness Month Street Banner

**SPECIAL INSTRUCTIONS:** Stephanie will mail – return to MCHF office

**REQUESTED BY:** Stephanie B.

**AMOUNT:** \$25.00

**APPROVED BY:** Celeste Ann Thomas **CHECK #:** 442085

