

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

(541) 296-5401

**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 Health FoundationDate: 1/30/2020Address: 1700 E. 19th StreetPhone: 541-506-6494Contact Person Cynthia Kortge

Phone: \_\_\_\_\_

Email Address: Cynthiak@mcmc.netCell: 541-340-9039Type of Event promoted on the Banner: ☐ Education ☐ Youth Event ☐ Fair☐ Community Market ☒ Other Civic Event \_\_\_\_\_Event Title: Festival of TreesDate of Event: 12/2/2020-12/5/2020Date of Placement: From (Date/Time) 11-9-2020 11/20/2020 to (Date/Time) 11-30-2020 12/4/2020Location 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 # 442055)**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 [Signature]Date 1/30/2020Director Approval [Signature]Date 1/30/20

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 Health Foundation

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

  
Signature

Event Coordinator

Title

1/30/20220

Date

1700 E. 19th Street The Dalles, OR 97058

Address

541-506-6494

Phone

CITY OF THE DALLES

  
Signature

PW Dir  
Title

1/30/20  
Date

Signature

Title

Date

Address

Phone

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



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/04/2020

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).

PRODUCER  
UMIA Insurance, Inc.  
310 East 4500 South, Suite 600  
Salt Lake City, Utah 84107  
P: 801.531.0375  
F: 801.531.0381

## CONTACT

NAME:

PHONE  
(A/C, No, Ext):FAX  
(A/C, No):E-MAIL  
ADDRESS:

## INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: UMIA Insurance, Inc.

36676

## INSURED

Mid-Columbia Medical Center  
1700 East 19<sup>th</sup> Street  
The Dalles, OR 97058

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"/> COMMERCIAL GENERAL LIABILITY <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 <input type="checkbox"/> 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 \$ COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE \$ AGGREGATE \$
	<input type="checkbox"/> AUTOMOBILE LIABILITY <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						
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY 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 <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 (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 the Festival of Trees event. The banner will be up from November 20, 2020 to December 4, 2020.

## CERTIFICATE HOLDER

City of The Dalles  
313 Court Street  
The Dalles, OR 97058

## CANCELLATION

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