



## 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: United Church of Christ  
Address: 111 East Fifth The Dalles, OR 97058  
Contact Person Gene Parker  
Email Address: dixiegene@gorge.net

Date: 11/18/2020  
Phone: 541 296-2909  
Phone: \_\_\_\_\_  
Cell: 541 980-5138

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

Event Title: Longest Night Service Date of Event: 12/21/2020

Date of Placement: From (Date/Time) 12/14/2020 to (Date/Time) 12/21/2020

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 # \_\_\_\_\_)

**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 Via Mail Date 11.23.20

Director Approval Eric Hansen Date 11-24-2020

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 United Church of Christ,

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

CITY OF THE DALLES

*Gene E. Purker*

Signature

Signature

Chair Board of Trustees

Title

Title

November 18, 2020

Date

Date

2445 East 15th The Dalles, OR 97058

Address

541 980-5138

Phone

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

Signature

Title

Date

Address

Phone





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/18/2020

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><br>Marsh & McLennan Agency LLC<br>One South Jefferson Street<br>Roanoke VA 24011 | <b>CONTACT NAME:</b>                                            |               |
|                                                                                                  | <b>PHONE (A/C, No, Ext):</b> 800-283-1478 <b>FAX (A/C, No):</b> |               |
|                                                                                                  | <b>E-MAIL ADDRESS:</b> ibcertificates@MarshMMA.com              |               |
|                                                                                                  | <b>INSURER(S) AFFORDING COVERAGE</b>                            | <b>NAIC #</b> |
|                                                                                                  | <b>INSURER A :</b> Lexington Insurance Company                  | 19437         |
|                                                                                                  | <b>INSURER B :</b>                                              |               |
|                                                                                                  | <b>INSURER C :</b>                                              |               |
|                                                                                                  | <b>INSURER D :</b>                                              |               |
|                                                                                                  | <b>INSURER E :</b>                                              |               |
|                                                                                                  | <b>INSURER F :</b>                                              |               |

**INSURED**  
D005500 United Church Of Christ  
111 East 5th Street  
The Dalles OR 97058

INSURBOARD

**COVERAGES****CERTIFICATE NUMBER:** 872736723**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<br>A   | <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br><input type="checkbox"/> OTHER: | Y          |          | 011971558<br>048409888 | 1/1/2020<br>1/1/2020    | 1/1/2021<br>1/1/2021    | EACH OCCURRENCE \$2,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000<br>MED EXP (Any one person) \$10,000<br>PERSONAL & ADV INJURY \$2,000,000<br>GENERAL AGGREGATE \$5,000,000<br>PRODUCTS - COMP/OP AGG \$5,000,000<br>\$ |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY                                                                                                   |            |          |                        |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$                                                                                       |
|          | <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR<br><b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br><input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$                                                                                                                                                                |            |          |                        |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$<br>\$                                                                                                                                                                                                    |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/><br>If yes, describe under DESCRIPTION OF OPERATIONS below                                                                                                                              | Y/N<br>N/A |          |                        |                         |                         | PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/><br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$                                                                            |

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

Please contact your Insurance Board Agent, Barb Schimmel at 503-357-3154 for questions regarding your Certificate of Insurance. If you would like to speak to someone at the Insurance Board, please call 800-437-8830.

RE: Banner Hanging

The Certificate Holder is included as Additional Insured under the General Liability if required per written contract.

**CERTIFICATE HOLDER****CANCELLATION**

City of The Dalles Public Works  
1215 West 1st Street  
The Dalles OR 97058

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

*A. Andrew Perry*

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