## CITY of THE DALLES PUBLIC WORKS

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1215 WEST FIRST STREET THE DALLES, OREGON 97058

(541) 296-5401

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## 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: North Central Public Health Dist.	Date: 5-12-22 Phone: 541-980-2169
Address: 419 E. 7th St., The Dalles, OR, 97058	Phone: 541-980-2169
Contact Person Neita Cecil	Phone: 541-980-2169
Email Address: neitac@ncphd.org	Cell: 541-980-2169
Type of Event promoted on the Banner: ☐ Education ☐	Youth Event D Fair
☐ Community Ma	arket Other Civic Event vax clinic
Event Title: Vaccine Clinic	Date of Event: June 17-18
Date of Placement: From (Date/Time) June 6	to (Date/Time) June 20 (if possible)
Location of Banner: Second & Jefferson Street	
Office Use – Receipt of Required Items:	and the state of t
Liability Release for Street Banner Placement (Page 2)	
Proof of Insurance (per Street Banner Permit Policy requir	
\$25 Banner Permit Fee	
Checks will not be accepted more than 6 months in advan	nce of the date of placement
ACKNOWLEDGEMENT OF APPLICANT RESPONSIBILITY	
Failure of the applicant to meet the requirements of this perm possible revocation of the permit.	it will result in a Stop Work Order and
I certify that the event promoted is an activity sponsored by a non-profit, government, school, social or other group promotic special interest and not for commercial gain.	user who may be any civic, charitable ng community events, activities, or items of
Applicant Signature Texto Cocal	Date 5-12-22
Director Approval Eni Hande	Date 5-12-2022
This permit will be considered a public document. All informa	ntion submitted will be accessible to the public,

U:\Administrative Services Shared\Forms\Street Banner Permit

in its entirety, on the City's website.

# **Liability Release for Street Banner Placement**

☐ PRIVATE ORGANIZATION	PUBLIC AGENCY	□ INDIVIDUAL						
Release between North Central Publi	c Health Dist.	,						
hereinafter known as "the Permittee" and the City of The Dalles.								
The Permitee 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 I	DALLES						
Merto Coil	Eric -	Hanser						
Signature	Signature Asst. P.	W. Director						
Title	Title							
5-12-22	5-12-3	7077						
Date	Date							
Address	6)							
541-980-2169								
Phone								
If a minor, signature of parent or guardian is required. Otherwise one signature is sufficient	ent.							
Signature								
2-8								
Title								
Date								
Address								
Phone								

#### **CERTIFICATE OF COVERAGE** This certificate is issued as a matter of information only Agent and confers no rights upon the certificate holder other ISU Insurance Services-The Stratton Agency than those provided in the coverage document, This 318 West 2nd St. certificate does not amend, extend or alter the coverage The Dalles, OR97058 afforded by the coverage documents listed herein. citycounty insurance services cisoregon.org **Companies Affording Coverage** Named Member or Participant COMPANY A - CIS North Central Public Health District COMPANY B - National Union Fire Insurance Company of Pitts, PA 419 E 7th St COMPANY C - RSUI Indemnity The Dalles, OR 97058 COMPANY D - Federal Insurance Company

## LINES OF COVERAGE

This is to certify that coverage documents listed herein have been issued to the Named Member herein for the Coverage period indicated. Not withstanding any requirement, term or condition of any contract or other document with respect to which the certificate may be issued or may pertain, the coverage afforded by the coverage documents listed herein is subject to all the terms, conditions and exclusions of such coverage documents.

	Type of Coverage	Company Letter	Certificate Number	Effective Date	Termination Date	Coverage	Limit
XXXX	General Liability Commercial General Liability Public Officials Liability Employment Practices Occurrence	A	21LNCPH	7/1/2021	7/1/2022	General Aggregate: Each Occurrence:	\$30,000,000 \$10,000,000
XXX	Auto Liability Scheduled Autos Hired Autos Non-Owned Autos	A	21LNCPH	7/1/2021	7/1/2022	General Aggregate: Each Occurrence:	None \$10,000,000
X X X	Auto Physical Damage Scheduled Autos Hired Autos Non-Owned Autos	A/C	21APDNCPH	7/1/2021	7/1/2022		
X	Property	A/C	21PNCPH	7/1/2021	7/1/2022		Per Filed Values
X	Boiler and Machinery	D	21BNCPH	7/1/2021	7/1/2022		Per Filed Values
	Excess Liability						
X	Excess Crime	В	21ECNCPH	7/1/2021	7/1/2022	Per Loss:	\$250,000
	Excess Earthquake						
	Excess Flood						
	Excess Cyber Liability						
	Difference in Conditions						

### Description:

Certificate holder is additional named insured, per written agreement. Pursuant to CIS liability agreement definition of additional member Section 1, subsection K, #2 Banner Placement

#### Certificate Holder:

City of The Dalles 313 Court St. The Dalles, OR 97058 CANCELLATION: Should any of the coverage documents herein be cancelled before the expiration date thereof, CIS will provide 30 days written notice to the certificate holder named herein, but failure to mail such notice shall impose no obligation or liability of any kind upon CIS, its agents or representatives, or the issuer of this certificate.

By: Francis Weller

Date: July 1, 2021