



Internal Memo

September 28, 2020

TO: Mark C. Meyers, City Administrator

FROM: Shelly Stibitz, City Clerk

A handwritten signature in black ink, appearing to read "Shelly Stibitz", is written over the printed name.

SUBJECT: Intersection Solicitation Permit

Muskegon Kiwanis Club applied for an Intersection Solicitation Permit to conduct a fundraiser that would benefit Muskegon County students through scholarships. They are requesting approval to conduct their annual peanut sale solicitation on Friday, October 9th from 12 p.m. to 6 p.m. and Saturday, October 10th from 9 a.m. to 12 p.m. at five of the six permissible intersections. The date requested is available and their application and evidence of insurance determined to be satisfactory.

The application is attached for consideration at the October 6, 2020 regular City Council meeting.

Attachment

Intersection Solicitation Permit

Must provide proof that the organization is tax exempt.		Chairperson is responsible for conducting intersection solicitation and available at all times during the event.	
ORGANIZATION NAME: Kiwans Club of Muskegon		CHAIRPERSON LAST NAME: Cummings	FIRST NAME: David
ORGANIZATION ADDRESS (Street, City, Zip):		CHAIRPERSON ADDRESS (Street, City, Zip): 49441 167 W. Dale Ave. Muskegon, MI	
ORGANIZATION PHONE: 231-206-0347 (Cell)		PHONE: 231-722-6887	CELL PHONE: 231-206-0347
ORGANIZATION EMAIL: dac1968mich@yahoo.com		CHAIRPERSON EMAIL: david@shorelinememorial.com	
DATES & HOURS: Friday, October 9, 2020-12:00 noon until 6p.m. Sat. Oct. 10, 2020 9am til 12 noon			
LOCATIONS (permitted by ordinance): <input checked="" type="checkbox"/> Grand Haven Rd at East Hile Road <input type="checkbox"/> Norton Avenue at McCracken Street <input checked="" type="checkbox"/> Grand Haven Road at Airport Road <input checked="" type="checkbox"/> Norton Avenue at Roosevelt Road <input checked="" type="checkbox"/> Henry Street at Porter Road <input checked="" type="checkbox"/> Seminole Road at Lake Harbor Road			
DESCRIPTION OF REASON FOR SOLICITATION & MATERIALS BEING USED: Selling one ounce bags of peanuts for donations--for Scholarship Fund			
PROOF OF INSURANCE WITH THE CITY NAMED AS ADDITIONAL INSURED PROVIDED: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No UNDERSTAND AND AGREE TO CODE OF ORDINANCES ART. VI, CHAPTER 22, SEC. 161: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

I do hereby affirm that the information provided on this permit is true and complete to the best of my knowledge.

Signature of Applicant: David Cummings

Date: September 23, 2020

Signature of Chairperson: David Cummings

Date: September 23, 2020

THIS PORTION IS FOR CITY USE ONLY

	<u>RECOMMEND APPROVAL</u>	<u>DATE</u>
CITY CLERK:	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
POLICE DEPARTMENT:	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
CITY COUNCIL:	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

REASON FOR DENIAL:



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/24/2020

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).

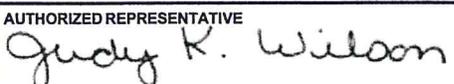
PRODUCER Hylant - Indianapolis 10401 North Meridian St, Ste 200 Indianapolis IN 46290	CONTACT NAME: Lisa Christenson
	PHONE (A/C, No, Ext): 317-817-5172
E-MAIL ADDRESS: kiwaniscert@hylant.com	
INSURER(S) AFFORDING COVERAGE	
INSURER A: Lexington Insurance Company	NAIC # 19437
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED KIWAN03 **CERTIFICATE NUMBER:** 885493773 **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 <input checked="" type="checkbox"/> Liquor Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		013136005	11/1/2019	11/1/2020	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Liquor Liability \$ 1,000,000
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			013136005	11/1/2019	11/1/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	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				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Self-Insured Retention			013136005	11/1/2019	11/1/2020	All Claims \$75,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 The Certificate Holder and others as defined in the written agreement are additional insured subject to the terms, conditions, and exclusions on the policy with respect to the General Liability only regarding the following Kiwanis event (setup, take down & rain date(s) during the policy term are included).
 October 9 & 10, 2020 or any future date(s) during the policy term.
 Peanut Day 2020
 Located @ Various Preapproved - Intersections in Muskegon County, MI
 Kiwanis Club of Muskegon

CERTIFICATE HOLDER City of Norton Shores 4814 Henry Street Norton Shores, MI 49441	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 

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