

ITALIAN FEST

The Main Street Event
Collinsville, Illinois

March 3, 2017

Mayor John Miller
City of Collinsville
125 S. Center St.
Collinsville, IL 62234

Dear Mayor and Members of the City Council,

The Italian Fest Committee would like to request permission to close Main Street from Seminary to SR 159 at 6pm on Thursday, September 14 and remain closed until the site cleanup is complete (no later than) 6am on Sunday, September 17. The committee is also requesting the closure of the cross streets, Center and Clinton, to be closed from alley to alley and the section of "Old Morrison" from the dead-end in the alley to Clay Street. We also request permission to use the City-owned parking lots adjacent to Computerease, Hurricanes, Gateway RC, Sizzor Shak, and Home Furniture.

For the 5K Run on Saturday, September 16, we request permission to close one lane of Clay Street from Center to Merrell and allow limited access to Merrell and Waverly that morning. The run will begin at 8am, with the last of the participants expected to finish around 9:30am. We have already coordinated with Collinsville Emergency Management Agency to have the appropriate people posted at all of the intersections along the route.

For the parade on Saturday, we request permission to close Clay Street from Seminary to Combs; Main Street from Combs to Seminary; and Hesperia, Guernsey and Seminary from Main to Clay at 4pm until after the parade ends. We also request permission to close the alleys within the defined parade area to be closed at 2pm.

Respectfully Submitted,



David Amsden
2017 Italian Fest Chairman



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/04/2017

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 L.E. Morris & Associates 514 West Main Street Collinsville IL 62234	CONTACT NAME: Anton Zeller	FAX (A/C, No): 618.344.3692	
	PHONE (A/C, No, Ext): 618.344.3690	E-MAIL ADDRESS: info@lemorrisinsurance.com	
INSURED Collinsville Chamber of Commerce 221 West Main St. Collinsville IL 62234-3002	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Owners Insurance Company		280-32700
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		

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 SUBR INSD 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"/>	104604-07551581-16	09/08/2016	09/08/2017	EACH OCCURRENCE \$ 2,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		104604-07551581-17	09/08/2017	09/08/2018	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000
						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
	GEN'L AGGREGATE LIMIT APPLIES PER:					
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
	OTHER:					
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB					EACH OCCURRENCE \$
	EXCESS LIAB					AGGREGATE \$
	DED RETENTION \$					
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$

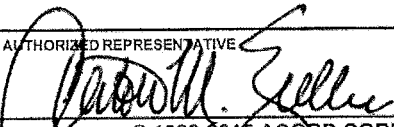
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Event: Italian Fest
Dates: 9/15-16/2017
Location: Main St., Collinsville, Madison County, IL

Certificate Holders are named as Additional Insureds.

CERTIFICATE HOLDER

CANCELLATION

Illinois Department of Transportation and City of Collinsville 125 South Center St. Collinsville IL 62234	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  Producer

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