MEMO

CITY OF JACKSONVILLE

To: **Banner Applicant**

From: **Kimberlyn Collins, City Recorder**

Subject: **Hanging Banner Across Hwy 238**

Banner Packets Need To Have The Following Before Being Turned Into the City For Processing:

- Check made out to the City of Jacksonville in the amount of $25.00
- Check made out to Jacksonville Engine Company #1 in the amount of $175.00
- Banner Packet completely filled out.
- Certificate of Liability for ODOT (Sample Attached)
    - Please make sure the sample certificate matches the certificate of liability from your insurance provider. (Check line by line for accuracy.) If the sample certificate of liability and the certificate of liability from your insurance provider do not match please go back to the insurance provider and make the necessary corrections prior to turning it into the City for processing.
- Certificate of Liability for the City of Jacksonville (Sample Attached)
    - Please make sure the sample certificate matches the certificate of liability from your insurance provider. (Check line by line for accuracy.) If the sample certificate of liability and the certificate of liability from your insurance provider do not match please go back to the insurance provider and make the necessary corrections prior to turning it into the City for processing.
- Please included the banner proof for your banner in the packet. If the banner proof is not included please do not submit to the City for processing until you are able to attach it to the packet.

We are unable to process any banner application until all documentation is included and correct.

City of Jacksonville
P.O. Box 7 – 110 E. Main Street
Jacksonville, OR. 97530
(541)899-1231 - www.jacksonvilleor.us

ORGANIZATION INFORMATION

Organization Name _____

Government or Nonprofit Organization? ☐ Yes ☐ No

Address/City/State/Zip _____

Phone _____

Email _____

Contact Person _____

EVENT DETAILS

Name _____

Date(s) _____

INSTALLATION/REMOVAL

Display Dates Requested from _____ to _____

APPLICATION AND INSTALLATION/REMOVAL FEES

Application processing fee payable to City of Jacksonville: $25.00

Installation/removal fee payable to Jacksonville Engine Company No 1: $175.00

I FURTHER UNDERSTAND AND AGREE TO: (please initial)

_____Proof of Liability insurance for the City and for ODOT will be received along with fees prior to approval. (See attached sample)

_____ Scheduling is on a first come first serve basis, for no longer than a two week period, running Monday to Monday. Date reservations are only valid once fees have been paid.

_____Banners will be scheduled for installation/removal on Mondays only. Jacksonville Engine Co. No. 1 reserves the right to alter installation/removal schedule.

_____Agree at its discretion, Engine Co. No.1 may hang two banners simultaneously to promote multiple events. In such cases both applicants will still be charged full installation and application fees.

_____Deliver banner to the Jacksonville Fire Department at 180 North 3rd Street between 8 am - 5 pm 5 days before the scheduled installation date.

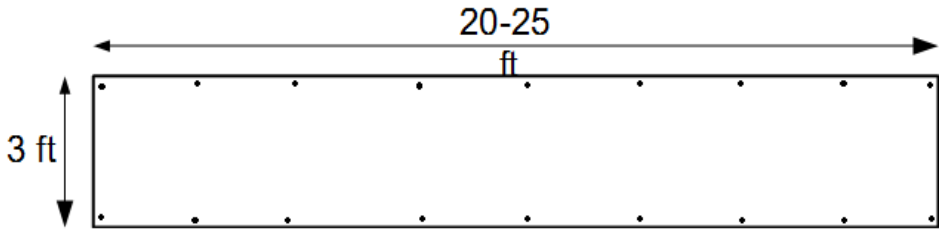
_____Pick banner up within 5 days after removal. Jacksonville Engine Company No. 1, The City of Jacksonville is not responsible for lost or stolen banners.

Application, all fees, certificate of liability and banner proof need to be submitted to the City Recorder before processing and approval. Please do not drop off banners for proof.

Jacksonville Engine Company No.1 ~ ***All proceeds help to provide charitable gifts, educational resources, and equipment for Jacksonville's volunteer and professional firefighters.***

CALIFORNIA STREET BANNER SPECIFICATIONS

Specifications: 20-25 ft. long x 3 ft. high. Grommets on all corners, top and bottom edges spaced approximately 3ft apart. Please do not reinforce corners, wind slits are optional.



PLEASE INTIAL EACH OF THE FOLLOWING. I HERBY CERTIFY THAT THE BANNER MENTIONED IN THIS APPLICATION MEETS THE FOLLOWING CRITERIA:

_____A) 36 – 34 inches high; no less than 34 inches high.

_____B) 20 – 25 feet wide; no less than 20 feet wide.

_____C) Grommets on all four corners & at 3ft intervals along top and bottom.

_____D) Banner contains no more than the name, logo, date, time and general location of event.

_____E) I have submitted a banner proof to the City Recorder for ODOT approval.

WAIVER, INDEMIFY, DEFEND AND HOLD HARMLESS

Applicant waives any and all claims against the City of Jacksonville, Jacksonville Fire Department, and Engine Company No. 1 for damages to the banner(s). Applicant further agrees to hold harmless, defend and indemnify Jacksonville Engine Company No. 1, the Jacksonville Fire Department, the City of Jacksonville, their employees, agents, and representatives from any claims for damages from any cause whatsoever, now and in the future, arising out of the storage, installation, display and removal of the banner(s).

Organization Signature_____**Date**_____

OFFICE USE ONLY

Date Submitted:_____ Application Fee Paid/Check #:_____

Date Banner Received:_____Install/Removal Fee Check #:_____

Proof of Insurance received: Yes___ No___ Date:_____

ODOT permit submitted date:_____
ODOT permit issued: Yes ___ No___Date:_____

City Approved: Yes___ No___ If not approved reason:_____

_____

Date called to pick up banner:_____
Date banner was picked up: _____

Jacksonville Engine Company No.1 ~ *All proceeds help to provide charitable gifts, educational resources, and equipment for Jacksonville's volunteer and professional firefighters.*

Banners Located on State Highway Right-Of-Way Signing Guidelines

The purpose of these guidelines is to allow for the temporary placement of banners within the state highway right-of-way to inform the travelling public of local event.

1. Definitions:
   - "Banner(s)" are flags or pennants made of plastic, cloth, or similar material suspended over or spanning the roadway to provide information to motorists on an event occurring in the general area.
   - "Event" is the celebration of a legal holiday, fair, rodeo, roundup, exposition, and other civic event.
2. The District Manager may allow for the placement of banners where the following criteria are met:
   - The event is sponsored or endorsed by a city, county, or state agency.
   - The event is two weeks or shorter in duration and open to the general public.
   - The banner contains no more than the name, logo, date, time and general location of the event.
3. The banner(s) and supports must:
   - Be located within a five-mile radius of the event
   - Have a vertical clearance of at least 20 feet over the roadway and 8 feet over a sidewalk.
   - Be made from a durable material and constructed to withstand wind pressure of 20 pounds per square foot (89N) of exposed surface.
4. The banner(s) and supports must not:
   - Be placed on an interstate highway.
   - Include any advertising, commercial message, brand or product name, or other information about the event such as cost, directions, or contact information.
   - Interfere with, imitate, or resemble any official traffic control device or attempt or appear to attempt to direct the movement of traffic
   - Prevent the driver of a motor vehicle from having a clear and unobstructed view of official traffic control devices and approaching or merging traffic.
   - Have any lighting, unless such lighting is shielded to prevent light from being directed at the highway or is of such low intensity or brilliance as not to cause glare or to impair the vision of the driver of a motor vehicle.
   - Be located such that it is a roadside safety or traffic hazard.
   - Be attached to any official sign, post, signal pole, or any other traffic control device or support.
5. If any banner(s) are allowed, the District Manager will determine the number and type, the date of installation and removal, and any other conditions necessary to protect the safety of the roadway and motoring public.

you are responsible for highlighted areas.

CERTIFICATE OF LIABILITY INSURANCE

OP ID DS

DATE (MM/DD/YYYY) 02/06/15

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 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

Insurance Marketplace, Inc.
1998 Skypark Dr Suite 100
Medford OR 97504
Phone:541-779-0177 Fax:FAX 772-8235

CONTACT NAME:
PHONE (A/C, No, Ext):
FAX (A/C, No):
E-MAIL ADDRESS:
PRODUCER CUSTOMER ID #: SANDA-1

INSURED

David Francis Sanders
6816 Lakeview Dr
Central Point OR 97502

COPY

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Allied Insurance Group	26093
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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	GENERAL LIABILITY							
A	X COMMERCIAL GENERAL LIABILITY			ACP7506024925	04/11/14	04/11/15	EACH OCCURRENCE	$ 1000000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100000
		X					MED EXP (Any one person)	$ 10000
							PERSONAL & ADV INJURY	$ 1000000
							GENERAL AGGREGATE	$ 2000000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$ 2000000
	POLICY X PRO-JECT LOC							$
	AUTOMOBILE LIABILITY							
A	X ANY AUTO			ACP7506024925	04/11/14	04/11/15	COMBINED SINGLE LIMIT (Ea accident)	$ 1000000
	ALL OWNED AUTOS						BODILY INJURY (Per person)	$
	SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS						PROPERTY DAMAGE (Per accident)	$
	NON-OWNED AUTOS							$
								$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$
	DEDUCTIBLE							$
	RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			NONE			WC STATU-TORY LIMITS / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH)	N / A					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 (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
ODOT is additional insured if required in written contract

CERTIFICATE HOLDER

ODOT
100 Antelope Rd
White City OR 97503

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

Insurance Marketplace Inc.

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9TESTHI OP ID: KW

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/20/2014

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.

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PRODUCER
Hart Insurance
P. O. Box 1240
Grants Pass, OR 97528
Hart Insurance / Medford

Phone: 541-479-5521
Fax: 541-474-1890

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

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Liberty Northwest	24732
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Name of Insured
Address of Insured
City, State, Zip

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC	X		POLICY #	01/01/2014	01/01/2015	EACH OCCURRENCE	$	1.000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$	100,000
							MED EXP (Any one person)	$	
							PERSONAL & ADV INJURY	$	1,000,000
							GENERAL AGGREGATE	$	2,000,000
							PRODUCTS - COMP/OP AGG	$	2,000,000
							Liq Legal	$	1,000,000
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)	$	
							BODILY INJURY (Per person)	$	
							BODILY INJURY (Per accident)	$	
							PROPERTY DAMAGE (Per accident)	$	
								$	
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION $			Sample			EACH OCCURRENCE	$	
							AGGREGATE	$	
								$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					WC STATU-TORY LIMITS OTH-ER		
							E.L. EACH ACCIDENT	$	
							E.L. DISEASE - EA EMPLOYEE	$	
							E.L. DISEASE - POLICY LIMIT	$	
A	Commercial Applica			TESTING	01/01/2014	01/01/2015			

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

The City of Jacksonville, it's council, officers and boards, agents, volunteers, and employees shall be Named as Additional Insured with Respects to General Laibility for the (insert event name or project) held on (insert date) at (insert location)

CERTIFICATE HOLDER

City of Jacksonville
~~Jan Garcia~~
PO Box 7
Jacksonville, OR 97530

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
Hart Insurance / Medford

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Sample

Sample