To:          Banner Applicant  
From:       Angela Watson, 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.
California Street Banner Application
All proceeds help provide charitable gifts, educational resources, and equipment for Jacksonville’s volunteer and professional firefighters.

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
$25 Application processing fee, payable to: City of Jacksonville
$175 Installation/removal fee, payable to: Jacksonville Engine Company No.1

BANNER SPECIFICATIONS
• 20-25 ft. long x 30-36 in. high.
• Grommets on all corners, top and bottom edges, spaced approximately 2-3 ft. apart.
• Please do not reinforce corners, wind slits are optional.
• Previously hung banners meeting prior specifications are permitted

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

continues on back
I hereby certify that the banner mentioned in this application meets the following criteria: (please initial)

_____ A) 36 – 30 inches high; no more then 36, no less than 30 inches high.
_____ B) 20 – 25 feet wide; no less than 20 feet wide.
_____ C) Has grommets on all four corners & 2-3ft intervals along top and bottom.
_____ D) Banner contains no more than the name, logo, date, time and general location of event. Must not include any advertising, commercial message, brand, product name, or other information about the event such as cost, directions, or contact information.
_____ E) I have submitted a banner proof to the City Recorder for ODOT approval.

I further understand and agree: (please initial)

_____ Scheduling is only available 6 months in advance on a first come first serve basis.  Hangings are for a two week period running Monday to Monday.  Reservation are only valid once fees have been paid.

_____ To provide banner proof and liability insurance for the City and for ODOT permit.  Proof must be received and any fees paid prior to approval.  (See attached sample)

_____ Banners will be installed/removed on Mondays only. Jacksonville Engine Co. No. 1 reserves the right to alter installation/removal schedule due to weather, personnel issues, or safety concerns.

_____ To deliver banner 5 days before the scheduled installation date.  Deliver banners to the Jacksonville Fire Department at 180 North 3rd Street Monday-Friday between 8 am - 5 pm.

_____ To Pick banner up at the Fire Department within 5 days of removal.  Jacksonville Engine Company No. 1 and The City of Jacksonville are not responsible for lost, stolen or unclaimed banners.

WAIVER, INDEMNIFY, 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: ____________________________
CERTIFICATE OF LIABILITY INSURANCE

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
Ashland Insurance Inc
801 O'Hare Parkway, Ste 101
Medford OR 97504

INSURED
The Storytelling Guild
PO Box 8359
Medford OR 97501

CONTACT NAME: Jodi Montoya
PHONE: (541) 857-0679
EMAIL: jmontoya@ashlandinsurance.com

INSURER/AFFORDING COVERAGE NAIC #
Alliance of Nonprofits Ins RRG 10023

COVERAGES CERTIFICATE NUMBER: CL1742407032

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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
The City Of Jacksonville, its council, officers and boards, agents, volunteers and employees are Additional Insured with respect to General Liability for the Banner Hanging held on June 26 - July 10, 2017 Over Hwy 238.

All Highlighted Areas must be exact

CERTIFICATE HOLDER
City of Jacksonville
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
Marcene Forney/MARC

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CERTIFICATE OF LIABILITY INSURANCE
OF ID DS

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

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

CONTACT

NAME: SANDA-1

INNSURED

David Francis Sanders
6816 Lakeview Dr
Central Point OR 97502

INSURER(S) AFFORDING COVERAGE

INSURER A: Allied Insurance Group
26093

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 REQUISITION, 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.

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

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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