



**REQUEST FOR COMMISSION ACTION**  
**CITY OF INDEPENDENCE**  
**September 10, 2020**

**Department** Park & Zoo

**Director Approval** Barbara Beurskens

**AGENDA ITEM** Consider approving ABATE of Kansas to use the Park Oval for their First Responder, Poker Run and Appreciation Day on September 19, 2020.

**SUMMARY RECOMMENDATION** Approve Request

**BACKGROUND** Bill Caldwell of ABATE of Kansas is requesting the use of the oval on September 19, 2020 for their First Responder, Poker Run and Appreciation Day. They plan on starting their Poker Run from the oval with first bikes out at 10:30 am. They are requesting placing a large crane in the middle of the oval to display the American Flag and they are inviting local area First Responders to be present. They also plan on having a couple of food vendors set up on the oval. The organization will also provide free Miniature Golf, Carousel and Train Rides for the public to enjoy. There is no cost to attend this event. The oval will provide plenty of room for families to enjoy the event while also social distancing.

**BUDGET IMPACT** Approval of this event will increase the park's cost for janitorial supplies and staff to prepare for set up and cleanup.

**SUGGESTED MOTION** I move to approve the request from Bill Caldwell of ABATE of Kansas to use the Park Oval for their First Responder Poker Run and Appreciation Day including food vendors on Saturday, September 19, 2020.

**SUPPORTING DOCUMENTS** Park Activity Application and Flyer

City of Independence  
Park Activity Application

Event Date: Sept 19 Time: Start 0900AM Ending 4:00 PM

Size of Group 100+

Type of Event: Concert:  Display:  Exhibit:  Other: Fund Raiser

Individual/Business/ Organization: ABATE OF KANSAS

Individual/Business Address: \_\_\_\_\_

Non-Profit Organization  Yes  No If yes - provide documentation.

If this activity is for profit and/or limiting or restricting free public access to the event, then said individual, business and/or organization will be required to obtain a "Park Event Permit" Contact the City Clerk Office at City Hall 811 W. Laurel Street, Independence, KS 67301 620-332-2500 for the proper form.

**If not for profit complete the following:**

Contact Person: Bill Caldwell Phone Number: 

Are you renting a building? NO

Please describe your event: First responder support, AWARENESS  
Fund Raiser - Food vendors - Crane on middle of oval  
w/ American flag, police, firetrucks set up

Area of the park you are planning on using: OVAL

Services Needed: Barricades  Yes  No If yes, provide a map for placement.  
**Barricades must be maned during the event. During breaks of event participates those that are renting facilities must be given access. Barricades must be removed 15 minutes past the end of the event.**

Street Closing Needed:  Yes  No If yes, provide a map for location.  
Time of street closing: From: \_\_\_\_\_ To: \_\_\_\_\_  
Times must be approved by park staff.

Electricity  Yes  No If so provide the location. \_\_\_\_\_

Trash Containers Needed: Yes - 6-10

Special Arrangements: \_\_\_\_\_

Police, EMS or Fire Department Needed:  Yes  No If yes, please provide details. this is a 1<sup>st</sup> responders fund Raiser - Just for appreciation

Other City Equipment Requested: \_\_\_\_\_

Attachments:

1. A site plan of the event indicating the area being requested and how it will be secured.
2. Proof of general liability insurance against damage caused by the applicant, agents, employees, guests and participants in the event in the amount of not less than \$500,000 single limit per occurrence for bodily injury, personal injury and property damage from a company licensed to do business in the State of Kansas and naming the City and its officers and employees as an additional insured.

Signature of Renter:  \_\_\_\_\_

Date: 8-8-20

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

# First Responder

## POKER RUN & APPRECIATION DAY

Hosted by ABATE of Kansas

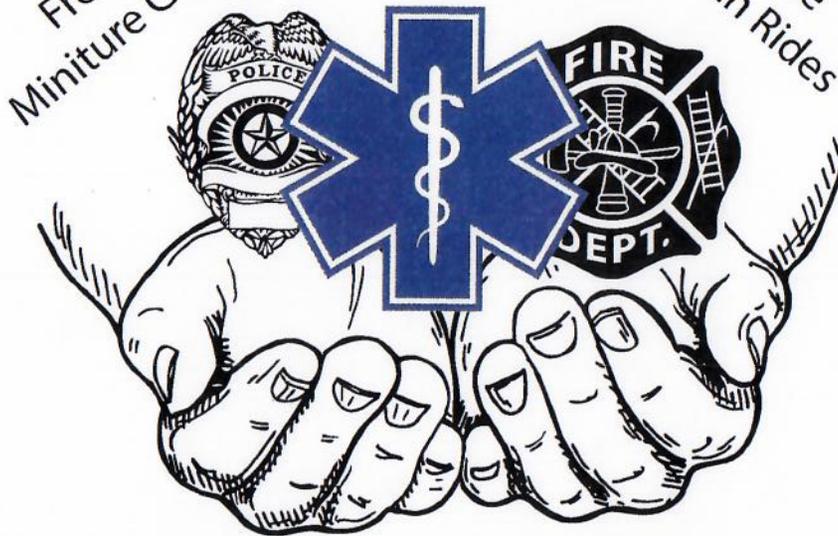
District 3

Free

Merry Go Round

Free  
Miniture Golf

Free  
Train Rides



1st Bike out at 10:30

Stops: 1. My Place

2. Ballers

3. American Legion #20

4. American Legion # 138

5. American Legion # 139

6. VFW # 1186 w/ after party

Featuring Straight Away

## Come out and Support Local First Responders

Sept. 19, 2020 @ Riverside Park Independence, KS

Promoting Motorcycle Awareness Abate of Kansas



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
08/25/2020

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 <b>KELLERMAN INSURANCE, INC.</b> P.O. BOX 1025  HOLTON, KS 66436  INSURED ABATE OF KANSAS P.O. BOX 102  PERRY KS 66073		CONTACT NAME: PHONE (A/C, No, Ext): 785-364-2921 FAX (A/C, No): 785-364-3225 E-MAIL ADDRESS: kellerman@kellermaninsurance.com  INSURER(S) AFFORDING COVERAGE INSURER A: West Bend Mut Ins Co NAIC # 15350 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
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COVERAGES CERTIFICATE NUMBER: 20200825155958613 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  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	N	N	2120414	07/09/2020	07/09/2021	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 \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	N	N	2120414	07/09/2020	07/09/2021	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 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				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ 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)

DISTRICT 3  
 1ST RESPONDERS POKER RUN  
 SEPTEMBER 19, 2020

### CERTIFICATE HOLDER

Email: watts\_jr@yahoo.com

ABATE OF KANSAS DISTRICT 3; JR WATTS  
 8565 HWY 39

CHANUTE

KS 66820

### 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

*Kristy Wilson*