

**SPECIAL EVENT APPLICATION**  
City of Kirksville

Event Name Jim Baker / John McConnell buddy bass Tour  
Description of Proposed Event Fishing Tournament  
Proposed Location 1000 Hills Lake  
Sponsor Name Golden Eagle Dist  
Contact Person Chris Coy Address 1401 S osteopathy Kirksville  
Phone 660-216-2811 Fax 660-665-2353 E-mail address \_\_\_\_\_  
Proposed Event Date MAY 12, 2012  
Requested hours of operation: 7 AM am/pm to 3 PM am/pm Set up & Dismantle Dates 5-12-12 Time: 7-3

Answer "yes" or "no" to indicate if any of the following activities will be a part of your event:

<u>no</u>	Route of event	<u>no</u>	Entertainment or stage locations.
<u>no</u>	Food Concession areas.	<u>no</u>	Portable toilet facilities with location and number.
<u>yes</u>	Parking areas	<u>no</u>	Organizer's command post.
<u>no</u>	Cooking Areas	<u>no</u>	Tents, displays, and enclosures.
<u>no</u>	Temporary or permanent structures	<u>no</u>	Trash containers (indicate number.)
<u>yes</u>	Will alcoholic beverages be served?	<u>no</u>	Do you need to have access to water?
<u>no</u>	First aid stations or medical care. (Have you contacted the Adair County Ambulance?)		
<u>no</u>	Does the street need to be closed for the event? (Street closures require Council approval so appl MUST be submitted 60 days in advance.)		
<u>no</u>	If there is to be music describe type of music, sound, or noise as well as intended hours.		
<u>no</u>	Have you contacted the Adair County Health Department for a permit?		

Please provide at least 10 60 days prior to event:

Complete description of event, including estimated attendance. Include:

N/A \*Vendor list with name of business, name of owner, address & phone number. (Business license required for all vendors)  
N/A \*Security plan (Kirksville Police Department does not provide private security for activities).  
N/A \*Food service plan meeting requirements of Adair County Health Department.  
N/A \*For not-for-profit organizations, affirmation letter of 501(c)(3) status.  
N/A \*Emergency plan  
N/A \*Off street parking plan  
N/A \*Merchandise vendor, food vendor, stage & other activities location plan.  
N/A \*Lighting and sound system  
N/A \*Toilet facilities including disposal of sewage, trash, and refuse.  
N/A \*Temporary banner or signs  
N/A \*For parades and runs or walks, include a map of the proposed route

Insurance for events to be held on public property must furnish an insurance certificate:

- \*General Liability insurance for one million dollars (\$1,000,000) listing the City as an additional insured
- \*Or, if you have no insurance coverage, an application is available through the City's TULIP program.
- \*Please read and sign the hold harmless form on the back of this application.

The City of Kirksville reserves the right to modify or cancel the proposed special event should special conditions or and emergency exist or if the guidelines of this policy are not followed. The City of Kirksville is not responsible for Lost or Stolen Property. The City of Kirksville does not discriminate on the basis of race, religion, color, national origin, gender, sexual orientation, age, disability, or on any other basis that would be in violation of any applicable federal, state, or local law in the provision of services. The Sponsor hereby agrees to hold the City of Kirksville harmless from any an all suits, claims, damages, and causes of actions of any kind arising from or relating to the proposed Special Event, including property damage and injury to persons, including death.

Applicant's Signature Christopher Coy  
Date 3-17-2012

For City Use: Investigations/Inspections Made

Fire \_\_\_\_\_ Police \_\_\_\_\_ Parks \_\_\_\_\_ Eng/PW OK 4/18/12 Insurance \_\_\_\_\_ Fees Paid \_\_\_\_\_

City Council or City Manager \_\_\_\_\_ Approved \_\_\_\_\_ Not Approved \_\_\_\_\_ Date applicant notified of approval/non-approval \_\_\_\_\_

City Manager Signature \_\_\_\_\_ Date \_\_\_\_\_

April 17, 2012

To: The Kirksville City Council

From: Golden Eagle Distributing

Subject: 29th Annual Jim Baker/John McConnell Bass Tournament

Dear Council Members,

May it be permitted to allow outboard motors to exceed 90hp to idle at a speed not more than 10mph during tournament hours at Thousand Hills State Park on Saturday May 12<sup>th</sup> 2012 between 7:00 a.m. and 3:00 p.m.?

This adult event will include up to 35 boats, with weigh in at 3pm. There will also be a kids fishing clinic on the docks Saturday morning May 12<sup>th</sup> at 8:30am to noon. Prizes and trophies will be handed out approximately around 11am.

Thank you for your consideration on this event.

Sincerely,

Chris Coy





# CERTIFICATE OF LIABILITY INSURANCE

GOLDE02

OP ID: H7

DATE (MM/DD/YYYY)

04/17/12

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).

<b>PRODUCER</b> Charles L. Crane Agcy-W.County 400 Chesterfield Ctr-Suite 320 Chesterfield, MO 63017 Ed Politte	636-537-5000	<b>CONTACT NAME:</b>	
	636-537-5009	<b>PHONE (A/C, No, Ext):</b>	<b>FAX (A/C, No):</b>
		<b>E-MAIL ADDRESS:</b>	
		<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>
		<b>INSURER A : Regent Insurance Co.</b>	<b>24449</b>
<b>INSURED</b> Golden Eagle Distributing Co. Stephen Wetton PO Box 931 Hannibal, MO 63401-0931	<b>INSURER B :</b>		
	<b>INSURER C :</b>		
	<b>INSURER D :</b>		
	<b>INSURER E :</b>		
	<b>INSURER F :</b>		

**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	<input checked="" type="checkbox"/> GENERAL LIABILITY	X		VCI0469348	06/30/11	06/30/12	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
	GENERAL AGGREGATE \$ 2,000,000						
	PRODUCTS - COMP/OP AGG \$ 2,000,000						
	EMP BEN. \$ 1,000,000						
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY			VBA0469350	06/30/11	06/30/12	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident) \$
							\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			VCU0469349	06/30/11	06/30/12	EACH OCCURRENCE \$ 15,000,000
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$
	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10000						\$
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N	N/A	VWC0480576	06/30/11	06/30/12	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	<input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

RE: May 12, 2012

Certificate holder is an additional insured on general liability as required by written contract.

**CERTIFICATE HOLDER**

CITYOFK

City of Kirksville  
Attn: Jeannie Ewing  
201 S. Franklin St.  
Kirksville, MO 63501

**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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