

**Memorandum
Office of the City Clerk**

To: Todd Thompson, City Manager
Subject: Cornbelt - Quad Cities Half Marathon & 5K
Date: February 1, 2023



Attached are a cover letter, activity application, certificate of insurance, and route map with description of the route from the Cornbelt Running Club. They are requesting to hold their annual Quad Cities Distance Classic Half Marathon and 5K Run Road Races on Sunday, May 14th, 2023 from 7:30 a.m. to 10:30 a.m.

The Cornbelt Running Club will be working with the Police Department for traffic control at the entrance of Sunset Marina to guide runners. Both races will begin and end at Bass Street Landing in Moline, IL.

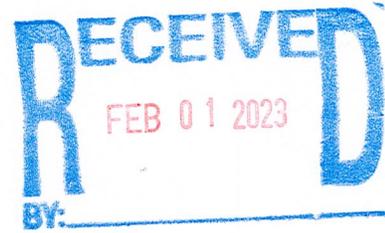
No street closures are necessary for this event, as the route is limited to the City's bike path.

RECOMMENDATION:

It is recommended that Council approve the event for the Cornbelt Running Club.

Submitted by: Josh Adams, Deputy City Clerk

Approved by: Todd Thompson, City Manager



February 1st 2023

City Clerk
1528-3rd Ave.
Rock Island,IL-61201

Dear Rock Island City Clerk

Cornbelt Running Club requests permission to conduct The Quad-Cities Distance Classic Half Marathon & 5K run road races on Sunday May 14th 2023.

This year will be our 36th Anniversary. Both races start & finish at Bass Street landing on 17th Street Moline. The run will then continue on the bike path heading west to Sunset park & returning to Bass St Moline. Race start time is 7:30 a.m. All participants who are not finished by 10:30 a.m. Are required to finish on the sidewalk.

Enclosed are the course map, Insurance certificate, highway resolution & activity permit.

Cornbelt Running Club will cooperate with The City of Rock Island & The Rock Island Police Dept.

Should you have any questions or concerns my contact information is cell phone 309-948-9653 or email dkmrun1@aol.com

Sincerely
Dale K. Manley
Race Director
Cornbelt Running Club

CITY OF ROCK ISLAND

LICENSE APPLICATION



ACTIVITY PERMIT

APPLICANT INFORMATION

NAME of EVENT:
QUAD - CITIES DISTANCE CLASSIC

SPONSOR NAME/ORGANIZATION	ADDRESS	CITY	STATE	ZIP CODE
<i>CORN Belt Running CLUB</i>	<i>315 - E. George Washington BLVD</i>	<i>Davenport</i>	<i>IA</i>	<i>52803</i>
TELEPHONE NO.				

CONTACT PERSON	ADDRESS	CITY	STATE	ZIP CODE
<i>DALE K Manley</i>	<i>1132 - 23rd ST</i>	<i>MOLINE</i>	<i>IL</i>	<i>61265</i>
TELEPHONE NO.	<i>309 - 948 - 9653</i>			

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 mail permit to Dale's address

ACTIVITY DETAILS

Type of Activity: (Check Appropriate Activity)

Parade	Run <i>X</i>	Walk <i>X</i>	March	Bicycle Ride	Other (specify below)
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DATE OF ACTIVITY (MONTH/DAY/YR)	EVENT START TIME (AM/PM)	EVENT END TIME (AM/PM)
<i>May 14th 2023</i>	<i>7:30 AM</i>	<i>10:30 AM</i>
SETUP OF EVENT (MONTH/DAY/YR)	SET UP BEGINS (AM/PM)	SET UP ENDS (AM/PM)
<i>May 14th 2023</i>	<i>6:00 AM</i>	<i>7:00 AM</i>

Estimated number of: (Place Number in Appropriate Box)

Participants:	Floats:	Vehicles:	Bands:	Wheelchairs:	Horses:	Other:
<i>300</i>	<i>∅</i>	<i>2</i>	<i>∅</i>	<i>∅</i>	<i>∅</i>	<i>∅</i>

CITY OF ROCK ISLAND

LICENSE APPLICATION

Number of volunteers available for traffic control: 10

Contact the Police Department to arrange for traffic control. Telephone Number: (309) 732-2402

Tail car provided by sponsor: Yes No

Ambulance/first aid provided by sponsor: Yes No ADVANCED MEDICAL TRANSPORT

Route for Activity: Detailed description and map of city streets and property involved in activity must be attached to this application. Starting and ending locations as well as direction of travel need to be clearly indicated. If State-owned streets are included in route, Department of Transportation permission will be required for closing of streets. Please allow additional time (at least one month to six weeks) for this to be completed.

Are any State-owned streets involved? Yes No Unknown

Identify State-owned streets, if known. _____

Does sponsor provide barricades? Yes No

Are barricades required from City? Yes No Qty _____

Insurance requirements: In submitting this application, the undersigned agrees to provide certification of Liability Insurance Coverage for this event in an amount not less than \$300,000.00 for any person, and \$500,000.00 for any one accident, with the City of Rock Island being listed as additional insured for claims or damages which may arise out of said event. The undersigned further agrees to reimburse the city of Rock Island for any and all costs that exceed \$200.00 for the use of City streets and personnel.

Notification to Residents: In the case of applications for new events and/or new routes, the sponsor of said new event shall notify the residents and/or businesses located along said race route, parade route, or other, for that specific activity, in writing, at least three (3) weeks prior to City Council consideration. Prior to Council consideration, sponsor shall notify and obtain written approval or disapproval from the residents and/or businesses and submit a copy of same to the City Clerk. Any resident and/or business who objects to said event shall have the opportunity to be heard at the City Council meeting during which time the event is to be considered.

Note: The sponsor notification form for any new event/route is available in the City Clerk's office.

A copy of your application will be submitted to the Police Department for assistance with any needed traffic control. All required insurance papers must be attached to this application. Permit cannot be issued without proof of insurance.


Signature of Applicant

FEB 1ST 2023
Date of Application

CITY OF ROCK ISLAND

LICENSE APPLICATION

DO NOT WRITE BELOW THIS LINE...TO BE COMPLETED BY THE CITY CLERK'S OFFICE

City Council Approval Date

City Clerk Approval Date

Route Map and/or Information Included
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Insurance Information Included

License Number

License Printed Date

License Delivery Date

**Return Completed Application with Cover Letter, Map, and Certificate of Insurance to:
City Clerk's Office, 1528 3rd Avenue, Rock Island, IL. 61201
(309) 732-2010**



Mississippi River

ROCK ISLAND ARSENAL

Packet Pickup at Stoney Creek Hotel 101 18th St., Moline

Half Marathon & 5K START & FINISH 17th Street & 1st Avenue Bass Street Landing, Cul-de-sac Moline, IL

Half Marathon Continues to Great River Trail in Rock Island

5K Turn-around .09 mi West of 46th St. on 3rd Ave. Rock Island

Great River Trail (Bike Path)

River Drive, Moline

Map Legend

- 5K Route
- 5K Mile Markers
- Half Marathon Route
- Half Marathon Mile Markers
- 💧 Water Stops
- 🚻 Porta Pottie Locations
- 🏥 First Aid

Quad Cities
Distance Classic
HOSTED BY:
CORNBELT RUNNING CLUB
HALF MARATHON + 5K

ROCK ISLAND

MOLINE



Half Marathon Turn-around on Sunset Park Trail

Prepared By: City of Rock Island Community and Economic Development Dept. March 2022

Disclaimer of Liability: The City of Rock Island (CRI) nor any of its boards, committees, commissions nor any of its elected or appointed officials or employees shall be held liable for any expense or incurred use of the information described and/or contained herein and... nor shall they be liable for any direct, indirect, incidental, special, consequential or punitive damages, including but not limited to, procurement of substitute goods or services, loss of data or profit, or business interruption, however caused and on any theory of liability, whether in contract, tort, negligence or otherwise, arising out of or in connection with the use of the information described and/or contained herein.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/29/2023

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 Jay Olson Insurance Agency, Inc. 217 E. Main St. State Farm Knoxville, IA 50138 	CONTACT NAME: Jay Olson PHONE (A/C No, Ext): 641 842-2161 E-MAIL ADDRESS: jay@jayolsonagency.com	FAX (A/C No): 641 842-3590
	INSURER(S) AFFORDING COVERAGE	
INSURED Cornbelt Running Club, Inc. 315 Geo Wash Blvd Davenport, IA 52803	INSURER A: State Farm Fire and Casualty Company	
	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 INSR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			95-CF-G833-9	07/07/2022	07/07/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			95-CQ-2292-9	09/01/2022	09/01/2023	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 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)

Quad-Cities Distance Classic Half Marathon & 5K Run Sunday, May 14th, 2023

CERTIFICATE HOLDER CITY OF ROCK ISLAND ROCK ISLAND PARKS & RECREATION	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