



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)

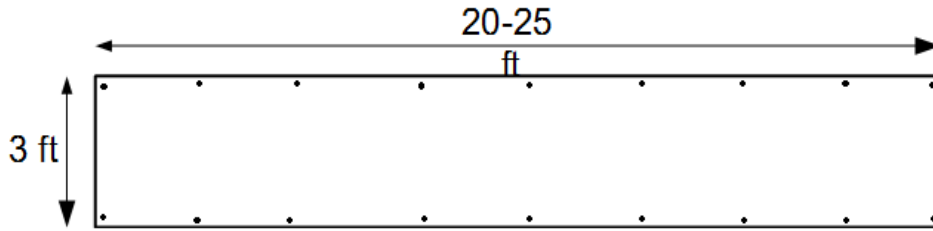
- Proof of Liability insurance for the City and for ODOT will be received along with fees prior to approval.
(See attached sample)
- Scheduling is on a first come first serve basis, for no longer than a two week period, running Monday to Monday. Date reservations are only valid once fees have been paid.
- 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 INITIAL 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, 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: _____

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

9TESTHI

OP ID: KW

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.

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 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): E-MAIL ADDRESS: FAX (A/C, No):
INSURED Name of Insured Address of Insured City, State, Zip		INSURER(S) AFFORDING COVERAGE INSURER A : Liberty Northwest INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :	
		NAIC # 24732	

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 SUBR INSR WVD	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 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> 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 <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident)	\$
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
							\$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> 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			WC STATUTORY LIMITS	OTHER
						E.L. EACH ACCIDENT	\$
						E.L. DISEASE - EA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$
A	Commercial Applica		TESTING	01/01/2014	01/01/2015		

Sample

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 Liability for the (insert event name or project) held on (insert date) at (insert location)

CERTIFICATE HOLDER**CANCELLATION**

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

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

MARTIN COUNTY MASTER GARDENERS
Taste
of the
Tropics
SATURDAY • 9 AM - NOON
Martin County Fairgrounds

Sample