

Board of Public Works and Safety Agenda Item

Cover Sheet



TO:

Noblesville Board of Public Works and Safety

FROM:

René Gulley, Operations Manager Street Department

SUBJECT:

Board to consider use of Dillon Park and Lochaven streets for annual Fitlivin

THXRUN

DATE:

August 13, 2024

Attached is a request from Kristy McConnell on behalf of Hemophilia of Indiana for their annual Fitlivin THXRUN, a 4-mile walk/run fundraiser for approximately 500 participants. This race will be held on Thursday, November 28th at 9:00AM with set up from 6:00AM to 11:00AM. They are requesting to use Dillon Park as the starting and finishing point, then using streets within Lochaven for the race. They will have a 10'x10' pop up tent set up on the sidewalk by the Dillon Park splash pad. Noblesville PD will be utilized for traffic control.

The committee recommends the Board of Public Works approve this request.



Stefanie Lascoux

ENUL-0795-2024

From:

Sent on Behalf of Street Department <no-reply@egovnotices.com>

Sent:

Tuesday, July 2, 2024 12:15 PM

To:

Street Department

Subject:

Special Event Encroachment Permit Submitted - Receipt #2024-5E0B46





A citizen submitted the following information for one or more item(s) for which you are on the notification list. The information sent to the citizen is as follows.

Confirmation

Thank you for submitting an online Special Event Encroachment Permit. You will be contacted following a review of this application.

This is required as part of the permit application. Please email <u>nsd@noblesville.in.us</u> with a map detailing the location of event (site map), and an event agenda or planned activities. If your event contains a program of various locations, your proposed route must also be attached.

Confirmation: I agree to the terms and conditions listed above.

ENCROACHMENT LOCATION INFORMATION

Address or Special Event Location: Dr. James A Dillon Park

APPLICANT CONTACT INFORMATION

Organization Name: Hemophilia of Indiana, Inc

Contact Name: Kristy McConnell

Address: 6910 N Shadeland Ave, Suite 140, Indianapolis, IN 46220

Phone Number: 317-570-0039 x 100

Email: kmcconnell@hoii.org

Non-Profit: Yes

EVENT LOGISTICS

Event Name: 2024 Fitlivin THXRUN
Type of Event: Walk/Run/Fitness

If other, please explain:

What is the purpose of the event?: The 2024 Fitlivin THRXRUN is a 4 mile or 1.5 mile run/walk

with the proceeds benefiting Hemophilia of Indiana.

Event Requirements (Click All That Apply): Event Barricades; Park Facilities, Traffic Control

Event Starting Date & Time: 11/28/2024 at 08:45:00 AM **Event Ending Date & Time:** 11/28/2024 at 11:00:00 AM

Setup Date & Time: 11/28/2024 at 06:00:00 AM **Tear Down Date & Time:** 11/28/2024 at 11:00:00 AM

Total number of anticipated participants (including volunteers, spectators, runners, etc):

We are anticipating approximately 500 runners and walkers.

Is this a first time event for you or the sponsoring organization at this location?: No Do you plan to erect temporary structures such as stages, tents, booths, tables, bounce houses, etc for this event?: Yes

*If yes, please describe:: We will be setting up a start/finish blow up arch in front of Dr. James A Dillon park by the splashpad in the road. There will be a 10 x 10 pop up tent on the sidewalk. Noblesville Police Officers will be hired as security and traffic control.

To stay up to date you can view the status of this item <u>here</u>.

Noblesville, IN

2024 Fitlivin THXRUN Agenda

6:00am: Course Set Up Begins

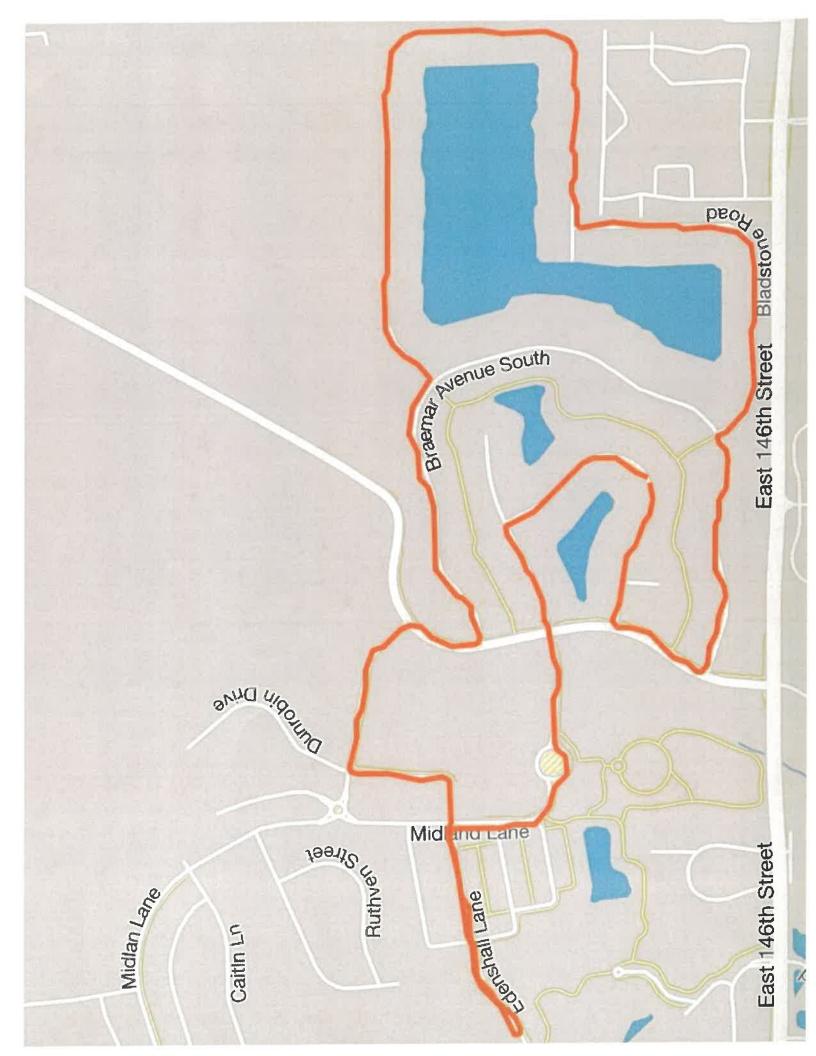
7:30am: Registration and Display Set Up Begins

8:00am: Registration/Check-In Begins

8:45am: Kids Fun Run

9:00am: 4 Mile Run and 1 Mile Run/Walk Begins

10:45am: Exhibit and Event Tear Down Begins





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/19/2024

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).

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PRODUCER	•	CONTACT BRIAN HOSKING				
PRODUCER	Hometown Insurance 191 N. Green St. Brownsburg, IN 461121237	PHONE (A/C, No. Ext): 317-852-2245	FAX (A/C, No): 317-852	AX NC, No): 317-852-3464		
		E-MAIL ADDRESS:				
		INSURER(S) AFFORDING COVERAGE		NAIC#		
		INSURER A: WEST BEND MUTUAL INS CO		15350		
INSURED	HEMOPHILIA OF INDIANA, INC 6910 N Shadeland Ave Ste 140 Indianapolis, IN 46220	INSURER B: N.C.C.IINDIANA		NCC		
		INSURER c: West Bend/NSI		WB		
		INSURER D :				
		INSURER E :				
		INSURER F:				
COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:						
THIS IS	TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW H	IAVE BEEN ISSUED TO THE INSURED NAMED ABOVE	FOR THE POLICY P	ERIOD I THIS		

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.

SER TYPE OF INSURANCE ADD SUBPROLICY NUMBER POLICY FOR MM/DD/YYYY MM/DD/YYYY LIMITS

INSR	INSR TYPE OF INSURANCE ADDL SUBR FOLICY NUMBER				POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS		
A	CLAIMS-MADE COCUR	INSU	WYD	1252852	01/12/2024	01/12/2025	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000 300,000
1	OD HIND-HINDE						MED EXP (Any one person)	\$	
							PERSONAL & ADV INJURY	\$	1,000,000
1	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	POLICY PRO-						PRODUCTS - COMP/OP AGG	\$	2,000,000
1	OTHER:							\$	
Α	AUTOMOBILE LIABILITY			1252852	01/12/2024	01/12/2025	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	ANY AUTO						BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED						BODILY INJURY (Per accident)	\$	
	AUTOS ONLY HIRED AUTOS ONLY AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
	AUTOS ONLY AUTOS ONLY							\$	
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
1	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	
	DED RETENTION \$	1						\$	
В	WORKERS COMPENSATION			WC5-34S-546179-021	03/24/2024	03/24/2025	✓ PER OTH- STATUTE ER		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE ANY						E.L. EACH ACCIDENT	\$	100,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$	100,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	500,000
С	DIRECTORS & OFFICERS LIABILITY			A278807	06/07/2024	06/07/2025	PER CLAIM/AGG		\$1,000,000
С	EPLI			A278803	06/07/2024	06/07/2025	PER CLAIM/AGG		\$1,000,000

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

2024 FitLivin THXRUN on November 28th, 2024 TO BE HELD AT THE PARK

The city of Noblesvill is additional insured as required by written contract.

CERTIFICATE HOLDER	CANCELLATION				
DR. JAMES A DILLON PARK & The City of Noblesville	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
6001 EDENSHALL LANE Noblesville, IN 46060	AUTHORIZED REPRESENTATIVE But Hotel				