

**CITY OF LINCOLN**  
**COMMITTEE OF THE WHOLE MEETING**  
**AGENDA**  
**AUGUST 15, 2023**  
**CITY HALL COUNCIL CHAMBERS**  
**7:00PM**

- 1. Call to Order**
- 2. Pledge of Allegiance**
- 3. Public Participation**
- 4. Mayoral appointment of David Sanders to Alderman Ward 2**
- 5. Request to Permit: LCHS Homecoming Whitewashing Wyatt Ave Thursday, September 14, 2023  
from 4:30 p.m. – 7:30 p.m.**
- 6. Announcements**
- 7. Possible Executive Session**
- 8. Adjournment**
- 9. Upcoming Meetings:** City Council Meeting: Monday, August 21, 2023 at 7:00 PM  
Committee of the Whole Meeting: Tuesday, August 29, 2023 at 7:00 PM

THE CITY OF LINCOLN

Date Received 7-14-2023

REQUEST TO PERMIT EVENT WITH STREET CLOSURE  
Must Have Council Approval

Date(s) of Event: Sept 14th 2023

A copy of this form must be available at the Event City Clerks Office  
1001 Illinois

Please describe below your request for use of City Property.

JUL 14 2023

Description of Event (including participating merchants, vendors, exhibitors, and units, etc.)

LCHS Homecoming decorating and whitewashing.  
This event includes members of both youth and high school football and cheer along with many outside volunteers.

RECEIVED

Location of Event Property: (Address Utilized Space) Wyatt Ave

Items occupying street space utilized: Football boosters

Date(s) and time(s) for usage of Property: Sept 14th 4:30pm - 7:30pm

Are licenses needed, if yes, please attach. YES NO

Street Closures and Parking

Street(s) will be closed (Please attach map or sketch of all closures.)

If closed, which streets and blocks? Wyatt Ave from S. Kirkwood to LCHS with a barricade at each intersection

Closed from 4:30 a.m. (p.m) until 7:30 a.m. (p.m.) (circle a.m. or p.m.)

If different times on different days, please specify.

Does this street normally have access to a permitted parking lot? Specify,

Certificate of Insurance Liability for event must be attached to request before approval.

Business/Organization/Sponsor Name: LCHS Football Boosters

Contact Name: Pamela Laubenstein Email: 87u@comcast.net

Address: 1000 Trailer way Signature: Pam Laubenstein

Phone: Business: \_\_\_\_\_ Cell: 217-314-9827

APPROVED: (signatures)

Police Department: [Signature]

Fire Department: [Signature]

Street Department: [Signature]

Mayor: [Signature]

Vote: Council Approval \_\_\_ Years \_\_\_ Nays

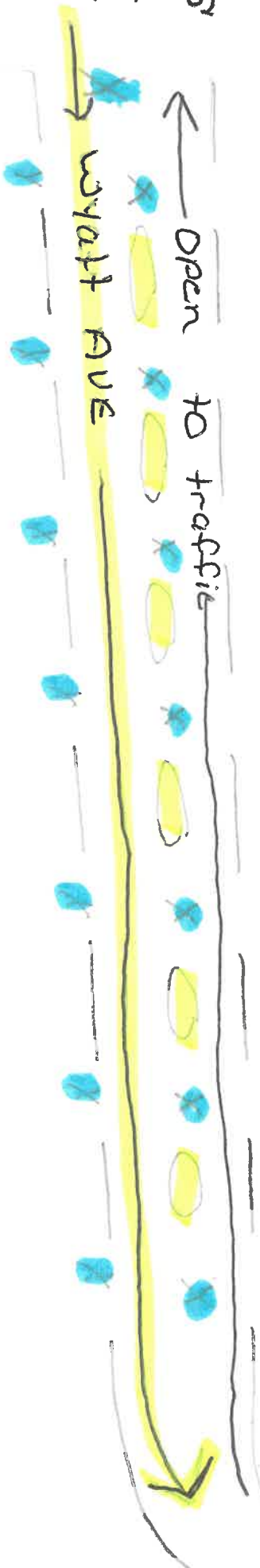
Date: \_\_\_\_\_

As soon as all signatures are obtained, you will be contacted at the phone number you provided.

If your special event will be held more than once during this year with the same location and arrangements, you may use the same application with a change in dates.

Blue = Barricade / road closure  
Yellow = Decorating / whitewashing

S MARKET



WEST



# CERTIFICATE OF LIABILITY INSURANCE

OP ID: LW

DATE (MM/DD/YYYY)

10/03/2022

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**  
 Ramza Insurance Group - 713  
 713 North Bloomington  
 Streator, IL 61364  
 Craig Ramza II

**INSURED**  
 Lincoln CHSD #404  
 1000 Railer Way  
 Lincoln, IL 62656

**CONTACT NAME:**  
**PHONE (A/C, No, Ext):** **FAX (A/C, No):**  
**E-MAIL ADDRESS:**  
**PRODUCER CUSTOMER ID #: LINCO-4**

**INSURER(S) AFFORDING COVERAGE**

**INSURER A:** MIC Wright Specialty  
**INSURER B:**  
**INSURER C:**  
**INSURER D:**  
**INSURER E:**  
**INSURER F:**

**NAIC #**

**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	<input checked="" type="checkbox"/> GENERAL LIABILITY	X		CND-IL-EPP-12417-000	10/01/2022	10/01/2023	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000
	<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
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$ 2,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC							\$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY	X		CND-IL-CAP-12418-000	10/01/2022	10/01/2023	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 type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (PER ACCIDENT)	\$
	<input checked="" type="checkbox"/> HIRED AUTOS						\$	
	<input checked="" type="checkbox"/> NON-OWNED AUTOS						\$	
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB	X		CND-IL-EXL-12420 000	10/01/2022	10/01/2023	EACH OCCURRENCE	\$ 5,000,000
	<input type="checkbox"/> CLAIMS-MADE						AGGREGATE	\$ 5,000,000
	<input type="checkbox"/> DEDUCTIBLE							\$
	<input checked="" type="checkbox"/> RETENTION \$ 10,000						\$	
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						WC STATU-TORY LIMITS	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		N/A				E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						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)

The City of Lincoln is listed as an Additional Insured in regards to use of all city grounds, streets, and facilities for any and all LCHS events as their interest may appear

**CERTIFICATE HOLDER**

**CANCELLATION**

CTYLINC

CITY OF LINCOLN  
CITY HALL  
CITY CLERK'S OFFICE  
P.O. BOX 509  
LINCOLN, IL 62656

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

Craig Ramza II

*Craig Ramza II*