

STREET CLOSINGS FOR BLOCK/NEIGHBORHOOD PARTIES RULES

1. Written application must be received by the City Clerk at least three weeks prior to the requested closing date.
2. A sign off sheet listing all affected individuals in the block agreeing to closure must be submitted to the City Clerk with the application.
3. Proof of Liability Insurance to comply with the City's insurance certificate requirement (see attached) must be submitted with the application.
4. Party requesting closure is responsible for obtaining and using barricades for closure of street per Uniform Traffic Control Device Manual regulations. No City equipment will be available.
5. Applicant shall clearly designate an alternate route during the period in which the street is closed per Uniform Traffic Control Device Manual regulations (see attached), and the route must be submitted with the application. The designation of alternate routes shall be subject to the approval of the Streets Superintendent.
6. When the application is approved, the City Clerk shall notify Fire Department, Police Department, EMS, Street Department and Utilities Department.
7. Parties may run no longer than 9:00 p.m., and comply fully with Ordinance 9.04.
8. No alcohol is permitted in any public area, which includes sidewalks, parkways and streets as per Ordinance 9.05.
9. Party requesting closure is responsible for cleaning all public areas within 12 hours after the event.
10. If set up or clean up are not completed to the satisfaction of the Street Superintendent, a charge of \$500.00 will be issued to the party requesting the closure. If this charge is not paid within 10 days, it will be placed on their tax bill as a special charge.

STREET CLOSING REQUEST

Location: _____

Date: _____

Time: _____

Reason: _____

Requested By: _____

As an affected neighbor, my signature below acknowledges my understanding and agreement of this request (use second sheet if needed).

<u>Name</u>	<u>Address</u>	<u>Signature</u>
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For Use By City Staff

Signatures	_____
Detour Route	_____
Insurance Documents	_____

Approved _____
Holly Licht - City Clerk

Approved _____
Brett Hebert – Director of Public Works

**STREET CLOSINGS FOR BLOCK/NEIGHBORHOOD
PARTIES**

ALTERNATE ROUTE

Please designate the alternate route for traffic that will be used:

**City of Stoughton
Insurance Endorsement Form
(General Liability)**

This endorsement is issued in consideration of the policy premium. Notwithstanding any inconsistent expression in the policy to which this endorsement is attached, or in any other endorsement now or hereafter attached thereto, or made a part thereof, the protection afforded by said policy shall include the following:

1. Additional Insured: With respect to such insurance as is afforded by this policy, the City of Stoughton and its officers, employees, elected officials, volunteers, and members of boards and commissions shall be named as additional insured. Additional Insured status shall be endorsed onto this policy in a form at least as broad as (CG 20 10 11 85) This additional insured coverage only applies with respect to liability of the named insured or other parties acting on their behalf arising out of the activities of the undertaking specified in paragraph No. 5 below (Indemnification Clause).
 2. Cross Liability Clause: The insurance afforded applies separately to each insured against whom claim is made or suit is brought, except with respect to the limits of the company's liability.
 3. Occurrence Based Policy: This policy shall be an "occurrence-based policy".
 4. Primary Insurance: For the risks covered by this endorsement, this insurance shall provide primary insurance to the City to the exclusion of any other insurance or self-insurance program the City may carry with respect to claims and injuries arising out of activities of the Contractor or otherwise insured hereunder.
 5. Indemnification Clause: The underwriters acknowledge that the named insured shall indemnify and save harmless the City against any and all claims to the extent resulting from the wrongful or negligent acts or omissions of the named insured or other parties acting on their behalf in the undertaking specified as (list activity location and date(s) of event to include set-up and clean-up dates).
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6. Investigation and Defense Costs: Said hold harmless assumption on the part of the named insured shall include all reasonable costs necessary to defend a lawsuit including attorney fees, investigators, filing fees, transcripts, court reporters, and other reasonable costs of investigation and defense.
 7. Reporting provisions: Any failure to comply with the reporting provisions of the policy shall not affect coverage provided to the City.
 8. Cancellation: This policy shall not be canceled except by written notice to the Risk Manager at City of Stoughton, at least thirty (30) days prior to the date of such cancellation.
 9. Limits of Liability: This policy shall provide minimum limits of liability of \$1,000,000 per occurrence and \$2,000,000 in the aggregate coverage against any injury, death, loss or damage as a result of wrongful or negligent acts or omissions by the named insured.

| Dated 11/14/06

10. **Comprehensive Coverage:** This policy shall afford coverage at least as broad as Commercial General Liability "Occurrences" Form (CG 00 01) and shall include the following:

A. General Liability

- (1) Comprehensive Form
- (2) Premises/Operations
- (3) Independent Contractors Liability
- (4) Broad Form Property Damage
- (5) Personal Injury
- (6) Products, Completed Operations
- (7) Contractual
- (8) Explosions, collapse, or underground property damage

Note: If this is a Homeowner's Policy in lieu of Commercial General Liability, it shall afford coverage at least as broad as a Homeowners ISO Form II from Wisconsin and shall include comprehensive personal liability.

This policy shall provide the dollar limit specified in paragraph 9 with the following additional coverage where boxes below are checked :

11. NA

12. NA

13. Other _____

The limits of liability as stated in this endorsement apply to the insurance afforded by this endorsement notwithstanding that the policy may have lower limits of liability elsewhere in the policy.

This endorsement is effective _____ at 12:01 a.m. and forms a part of Policy No. _____.

Named Insured _____

I, _____ (*print/type name*) warrant that I have authority to bind the above listed insurance company, and by my signature hereon do so bind this company.

By _____
(*Signature of Authorized Representative*)

Approved _____
(*City Risk Manager*) (Date)

PLEASE ATTACH CERTIFICATE OF INSURANCE.

| Dated 11/14/06