



DATE SUBMITTED 02/12/20
 SUBMITTED BY COMMUNITY SERVICES
 DATE ACTION REQUIRED 02/19/20

COUNCIL ACTION (X)
 PUBLIC HEARING REQUIRED ()
 RESOLUTION ()
 ORDINANCE 1ST READING ()
 ORDINANCE 2ND READING ()
 CITY CLERK'S INITIALS 38

**IMPERIAL CITY COUNCIL
 AGENDA ITEM**

SUBJECT: DISCUSSION/ACTION: IMPERIAL VALLEY FOOD BANK 10K RUN I. APPROVAL OF THE IMPERIAL VALLEY FOOD BANK TO HOST ITS 10K RUN ON MARCH 28, 2020	
DEPARTMENT INVOLVED: COMMUNITY SERVICES	
BACKGROUND/SUMMARY: The Imperial Valley Food Bank has requested permission to host a 10K Run within city limits on Saturday, March 28, 2020. The run will start in El Centro, along La Brucherie, and finish on the property of Imperial Valley Food Bank, 486 W. Aten Road, Imperial, CA 92251. The time of the event is 7:00am until 10:00am. The organizer, April King, has agreed that Imperial Valley Food Bank will acquire permission from the City of El Centro and Imperial County to run remaining route, outside City of Imperial jurisdiction. The Imperial Valley Food Bank has provided the City of Imperial a certificate of insurance naming the City of Imperial as additionally insured. To review the Imperial Valley Food Bank 10K route, please see the attached information. A detailed map will be provided during the presentation before Council. The Special Event Committee is scheduled to review the 10K Run at its meeting scheduled on February 13, 2020.	
FISCAL IMPACT: There is no significant fiscal impact. Imperial Valley Food Bank agrees to reimburse City for any cost created to support the 10K Run.	FINANCE INITIALS 
STAFF RECOMMENDATION: It is the department's recommendation to approve the Imperial Valley Food Bank to host its 10K Run in the City of Imperial on March 28, 2020.	DEPT. INITIALS 
MANAGER'S RECOMMENDATION: <p style="text-align: center;"><i>approve</i></p>	CITY MANAGER'S INITIALS <p style="text-align: center;"><i>OHM</i></p>
MOTION: SECONDED: APPROVED () REJECTED () AYES: DISAPPROVED () DEFERRED () NAYES: ABSENT: REFERRED TO:	

Google Maps Bank to Bank 10K



Emergency Operational Plan

- Identify a representative for the event as a point of contact in case of an emergency.
April King
- Communications plan in the event of an emergency. Can be as simple as how and who is going to dial 9-1-1.
April King will call 911 in the event of an emergency.
- Identify and designate a specific Emergency Operations Center. (E.g. A building away from the event where attendees can have shelter)
486 West Aten Road, Imperial, CA 92251
- Will the presence of Police and Fire/Emergency personnel be required for the entirety of this event?
No



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/23/2020

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 Blakemore & Associates Insurance PO Box 7737 San Diego, CA 92167 Phone (619) 222-4458 Fax (619) 224-5360		CONTACT NAME: Robert Blakemore PHONE (A/C, No, Ext): (619) 222-4458 FAX (A/C, No): (619) 224-5360 E-MAIL ADDRESS: bblakemore@sbcglobal.net																						
INSURED Imperial Valley Food Bank & Imperial Valley Food Bank Foundation P.O. Box 4406 El Centro CA 92244		<table border="1"> <thead> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A:</td> <td>Philadelphia Indemnity Insurance Company</td> <td>18058</td> </tr> <tr> <td>INSURER B:</td> <td>State Compensation Insurance Fund</td> <td>35076</td> </tr> <tr> <td>INSURER C:</td> <td></td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Philadelphia Indemnity Insurance Company	18058	INSURER B:	State Compensation Insurance Fund	35076	INSURER C:			INSURER D:			INSURER E:			INSURER F:		
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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 LYR	TYPE OF INSURANCE	ADDITIONAL SUBR (INSR) (WVD)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER	Y Y	PHPK2073021	01/01/2020	01/01/2021	EACH OCCURRENCE \$ 1,000,000.00 DAMAGE TO RENTED PREMISES (Each occurrence) \$ 100,000.00 MED EXP (Any one person) \$ 5,000.00 PERSONAL & ADV INJURY \$ 1,000,000.00 GENERAL AGGREGATE \$ 2,000,000.00 PRODUCTS - COMP/OP AGG \$ 2,000,000.00 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/>		PHPK2073021	01/01/2020	01/01/2021	COMBINED SINGLE LIMIT (Each accident) \$ 1,000,000.00 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 <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000.00		PHUB703924	01/01/2020	01/01/2021	EACH OCCURRENCE \$ 3,000,000.00 AGGREGATE \$ 3,000,000.00 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) 4 yrs, describe under DESCRIPTION OF OPERATIONS below	N/A	9004293-2020	01/01/2020	01/01/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.I. EACH ACCIDENT \$ 1,000,000.00 E.I. DISEASE - EA EMPLOYEE \$ 1,000,000.00 E.I. DISEASE - POLICY LIMIT \$ 1,000,000.00

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
City of Imperial is named additional Insured.

CERTIFICATE HOLDER

City of Imperial
420 South Imperial Avenue
Imperial CA 92251

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
Robert A. Blakemore