Special Event Council Request

- ○ Option 1

Event Type: Check all that apply

- [x] Community Event
- [ ] Fireworks
- [ ] Parade
- [ ] Festival
- [ ] Fundraiser
- [ ] Other: _____

Event Name:

CAN Food Truck Fair

Event Date & Time

April 24th & October 16th from 11:00 am to 2:00 pm

Location/Route:

Spirited Square (Main Street Lot- South of Gazebo)

Contact Name & Organization:

Michelle Pease- Community Action Network- CAN

Contact Phone:

8155612073

Contact E-Mail:

mpease@rochelleil.us

Day-Of Event Name & Phone:

8157510461

Alcoholic Beverages

Will alcoholic beverages be served or sold at the event?

- ○ Served/Sold
- ◉ Neither

Name of business/organization providing alcohol:

How will area where alcohol is served be contained and what security and ID measures will be taken?

If serving alcohol off premises of an establishment, complete required special event application for liquor sales and submit fee separately.

Do you request Police presence? What hours?

No

Water & Electricity

Electricity is available for Downtown Events at the Gazebo or Page Park. Please indicate which location you intend to utilize:

- ○ Page Park
- ◉ Gazebo
- ○ Electricity not required/Utilizing different location

A water connection is available at the Downtown Gazebo. Would you like water available for the event?

- (●) Yes
- ( ) No

Street & Parking Lot Closures

Are parking lot closures requested?

- (●) Yes
- ( ) No

If so, which parking lots?

- [ ] Spirited Square - Lot 1
- [x] Spirited Square - Lot 2
- [ ] Spirited Square - Lot 3
- [ ] Spirited Square - Lot 4
- [ ] Downtown Lot - Cherry & Main Street (gravel lot)
- [ ] Downtown Lot - Lincoln Highway & Cherry Avenue (RMU)
- [ ] Downtown Lot - 4th Avenue & North Sixth Street - Lot 1
- [ ] Downtown Lot - 4th Avenue & North Sixth Street - Lot 2
- [ ] Downtown Lot - 4th Avenue & Museum Alley
- [ ] Downtown Lot - 300 Block of North 6th Street
- [ ] Downtown Lot - 5th Avenue & 6th Street

Is a street closure requested?

- ( ) Yes
- (•) No

What intersections and/or streets are requested to be closed?

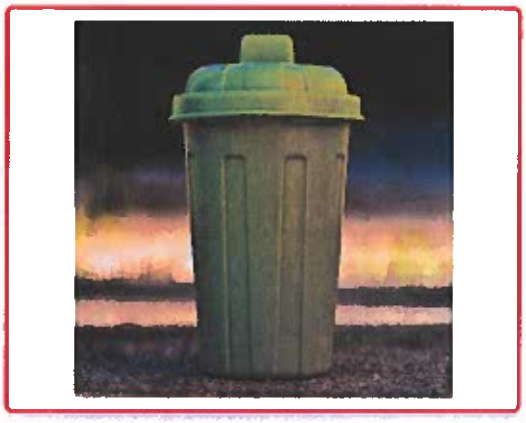
Please upload a site drawing. Include barricade and street closure locations. *

map (52) - Miche...

Event Coordinators must agree to the following:

Please agree to the following: *

Agree to display Human Trafficking Victim Information Sheet as required by State law



Event coordinators are responsible for cleanup and trash disposal after events. I agree that a cleaning fee of $500 may be assessed if extensive cleanup is required.

Agree to require masks and social distancing of attendees.

Insurance

Please upload Certificate of Insurance. Events on City property (including streets, parking lots, etc.) require a Certificate of Insurance for approval. Copy of Proof of Insurance naming the "City of Rochelle" as an additional insured including name and date of the event in the amount of $1,000,000.00 in general liability, and if alcoholic liquor will be served/sold, liquor liability in the amount of $1,000,000.00. *

CAN insurance p...

For Carnivals Only: Upload a Certificate of insurance showing proof of worker's comp and one with general liability


24-24-335-008
24-24-336-004
W 5th Ave
24-24-339-012
24-24-339-013
24-24-339-014
24-24-339-015
24-24-339-016
24-24-339-017
24-24-339-018
24-24-339-019
24-24-339-020
24-24-339-021
24-24-339-022
24-339-026
24-339-004
Alley
Lincoln Hwy
24-24-340-001
24-24-340-002
24-24-340-003
24-24-340-004
24-24-340-005
24-24-340-006
24-24-340-007
24-24-340-008
24-24-340-009
Alley
24-24-340-010
24-24-340-011
24-24-340-012
N Main St
24-24-341-001
24-24-341-002
24-24-341-003
Alley
24-24-341-006
24-24-341-007
24-24-341-008
24-24-341-009
N 3rd St
24-24-405-003
24-24-405-004
24-24-405-005
24-24-405-006
W 4th Ave
W 4th Ave
24-24-379-014
24-24-451-0

Illinois Operations Center

2702 Ireland Grove Road
Bloomington, IL 61709-0001

000076 1200

State Farm Fire and Casualty Company

ROCHELLE CAN
15761 E BIG MOUND RD
LINDENWOOD IL 61049-9705

ST-2
0107 2000

IMPORTANT NOTICE

Policy Information

Policy number: 93-KN-G877-9

October 21, 2019

We're contacting you about the above State Farm® policy.

We're in the process of modernizing our computer systems and are giving you a new policy number. You will need to reference this new policy number with any of your correspondence with us. You will also notice a different look with your Renewal Declarations and any attached endorsements. If there are any changes that affect your coverage, there will be an Explanation of Changes included within this Renewal packet. You can contact your State Farm agent if you have misplaced your policy or attaching endorsements.

This is not a bill. The policy premium is being added to your new billing account (see enclosed Billing and Payment Account Agreement).

The Illinois Religious Freedom Protection and Civil Union Act ("the Act;" 750 ILCS 75/1 et seq.) became effective June 1, 2011. This Act provides that under the laws of Illinois, parties to a civil union have the same legal obligations, responsibilities, protections, and benefits as spouses. As required by this Act, parties in a civil union have the same coverage benefits and are subject to the same duties and terms under your State Farm policy as spouses.

THANK YOU FOR CHOOSING STATE FARM. WE APPRECIATE YOUR BUSINESS.
If you have any questions, call your State Farm Agent Terri Schaefer at 815-562-7063. If you are deaf, hard of hearing, or do not use your voice to communicate, you may contact us via 711 or other relay services.

CC: Terri Schaefer
13-6204

Illinois Operations Center

2702 Ireland Grove Road
Bloomington, IL 61709-0001

State Farm

ROCHELLE CAN
15761 E BIG MOUND RD
LINDENWOOD IL 61049-9705

ST-2
0207-2000

State Farm Fire and Casualty Company
A stock company with home offices in Bloomington, Illinois

Your State Farm Agent

Terri Schaefer
Schaefer Ins and Fin Svcs Inc
603 Lincoln Highway
Rochelle IL 61068-1646
Bus: 815-562-7063
Email: terri.schaefer.ll5n@statefarm.com

Renewal Declarations

Policy number: 93-KN-G877-9
Policy period: 12 months
The policy period begins and ends at 12:01 am standard time at the premises location.

Effective date: December 6, 2019
Expiration date: December 6, 2020

BUSINESSOWNERS POLICY

Automatic renewal - If the State Farm® policy period is shown as **12 months**, this policy will be renewed automatically subject to the premiums, rules and forms in effect for each succeeding policy period. If this policy is terminated, we will give you and the Mortgagee/Lienholder written notice in compliance with the policy provisions or as required by law.

NAMED INSURED

ROCHELLE CAN
15761 E Big Mound Rd
Lindenwood IL 61049-9705

ENTITY

Corporation

IMPORTANT MESSAGE(S)

Notice - Information concerning changes in your policy language is included. Please call your agent if you have any questions.

POLICY PREMIUM

This is not a bill. *If an amount is due, then a separate statement will be sent prior to the due date. The premium(s) shown below is the 12 months premium(s) for the characteristics of the policy as described in this Declarations.*

Total Premium: $325.00
Minimum Premium

Discounts applied:

Business Experience Rating
Business in Residence Premises

Years in Business

SECTION I - PROPERTY SCHEDULE

Location number	Location of described premises	Limit of Insurance* Coverage A - Building	Limit of Insurance* Coverage B - Business Personal Property	Seasonal increase - Business Personal Property
001	15761 E BIG MOUND RD LINDENWOOD IL 61049-9705	No Coverage	$1,200	25%

* As of the effective date of this policy, the Limit of Insurance as shown includes any increase in the limit due to Inflation Coverage.

SECTION I – INFLATION COVERAGE INDEX(ES)

Cov A - Inflation Coverage Index: N/A
Cov B - Consumer Price Index: 256.8

SECTION I – DEDUCTIBLES

BASIC DEDUCTIBLE $1,000

SPECIAL DEDUCTIBLES:

Equipment Breakdown: $1,000
Money and Securities: $250

Other deductibles may apply - refer to policy.

SECTION I – EXTENSIONS OF COVERAGE - LIMIT OF INSURANCE - EACH DESCRIBED PREMISES

The coverages and corresponding limits shown below apply separately to each described premises shown in these Declarations, unless indicated by "See schedule". If a coverage does not have a corresponding limit shown below, but has "Included" indicated, refer to that policy provision for an explanation of that coverage.

Coverage	Limit of Insurance
Accounts Receivable	
On Premises	$10,000
Off Premises	$5,000
Arson Reward	$5,000
Collapse	Included
Damage to Non-owned Buildings from Theft, Burglary or Robbery	Coverage B Limit
Debris Removal	25% of covered loss
Equipment Breakdown	Included
Fire Department Service Charge	$2,500
Fire Extinguisher Systems Recharge Expense	$5,000
Forgery or Alteration	$10,000
Glass Expenses	Included
Increased Cost of Construction and Demolition Costs (applies only when buildings are insured on a replacement cost basis)	10%

ST-2
0307-2000

Coverage	Limit of Insurance
Money Orders and Counterfeit Money	$1,000
Money and Securities	
On Premises	$5,000
Off Premises	$2,000
Newly Acquired Business Personal Property (applies only if this policy provides Coverage B - Business Personal Property)	$100,000
Newly Acquired or Constructed Buildings (applies only if this policy provides Coverage A - Buildings)	$250,000
Ordinance or Law - Equipment Coverage	Included
Outdoor Property	$5,000
Personal Effects (applies only to those premises provided Coverage B - Business Personal Property)	$2,500
Personal Property Off Premises	$15,000
Pollutant Clean Up and Removal	$10,000
Preservation of Property	30 days
Property of Others (applies only to those premises provided Coverage B - Business Personal Property)	$2,500
Signs	$2,500
Valuable Papers and Records	
On Premises	$10,000
Off Premises	$5,000
Water Damage, Other Liquids, Powder or Molten Material Damage	Included

SECTION I - EXTENSIONS OF COVERAGE - LIMIT OF INSURANCE - PER POLICY

The coverages and corresponding limits shown below are the most we will pay regardless of the number of described premises shown in these Declarations.

Coverage	Limit of Insurance
Loss of Income and Extra Expense	12 Months Actual Loss Sustained

SECTION II - LOCATION SCHEDULE

Location number	Location of described premises
001	15761 E BIG MOUND RD LINDENWOOD IL 61049-9705

SECTION III - LIABILITY

Coverage	Limit of Insurance
Coverage L - Business Liability Per Occurrence	$1,000,000

Coverage	Limit of Insurance
Coverage M - Medical Expenses	$5,000 Any One Person
Damage to Premises Rented to You	$300,000

Aggregate Limits	Limit of Insurance
Products/Completed Operations Aggregate	$2,000,000
General Aggregate	$2,000,000

Each paid claim for Liability Coverage reduces the amount of insurance we provide during the applicable annual period. Please refer to Section II – Liability in the Coverage Form and any attached endorsements.

Your policy consists of these Declarations, the BUSINESSOWNERS COVERAGE FORM shown below, and any other forms and endorsements that apply, including those shown below as well as those issued subsequent to the issuance of this policy.

FORMS AND ENDORSEMENTS

CMP-4100	Businessowners Coverage Form
CMP-4213	Amendatory Endorsement (Illinois)
CMP-4705	Loss of Income and Extra Expense
CMP-4709	Money and Securities
CMP-4804	Additional Insured - Club Members
FD-6007	Inland Marine Attaching Declarations
FE-3650	Actual Cash Value Endorsement
FE-6999.2	Policyholder Disclosure Notice of Terrorism Insurance Coverage
FE-8790	Civil Union Endorsement

This policy is issued by the State Farm Fire and Casualty Company.

PARTICIPATING POLICY

You are entitled to participate in a distribution of the earnings of the company as determined by our Board of Directors in accordance with the Company's Articles of Incorporation, as amended.

In Witness Whereof, the State Farm Fire and Casualty Company has caused this policy to be signed by its President and Secretary at Bloomington, Illinois.

President

Lynne M. Yowell

Secretary

THER MESSAGE(S)

For information or assistance with any insurance problem, be sure to contact your STATE FARM AGENT first.

Your good neighbor agent will be happy to help you.

Section 143c of the Illinois Insurance Code requires notification of the following addresses:

ST-2
0407-2000

State Farm Insurance Companies
Illinois Operation Center
2702 Ireland Grove Road
Bloomington, Illinois 61709-0001
1-800-424-1162 (within Illinois)
Office hours: 8 a.m. to 4:30 p.m., Monday through Friday
-or-
Illinois Department of Insurance
Consumer Division
Springfield, Illinois 62767
This message is provided by State Farm in compliance with Illinois law.

NOTICE TO POLICYHOLDER:

For a comprehensive description of coverage and forms, please refer to your policy.

Policy changes requested before the "Date Prepared", which appear on this notice, are effective on the Renewal Date of this policy unless otherwise indicated by a separate endorsement, binder, or amended declarations. Any coverage forms attached to this notice are also effective on the Renewal Date of this policy.

Policy changes requested after the "Date Prepared" will be sent to you as an amended declarations or as an endorsement to your policy. Billing for any additional premium for such changes will be mailed at a later date.

If, during the past year, you've acquired any valuable property items, made any improvements to insured property, or have any questions about your insurance coverage, contact your State Farm agent.

Please keep this with your policy.

Your coverage amount....

It is up to you to choose the coverage and limits that meet your needs. We recommend that you purchase a coverage limit equal to the estimated replacement cost of your structure. Replacement cost estimates are available from building contractors and replacement cost appraisers, or, your agent can provide an estimate from Xactware, Inc. using information you provide about your structure. State Farm does not guarantee that any estimate will be the actual future cost to rebuild your structure. Higher limits are available at higher premiums. Lower limits are also available, as long as the amount of coverage meets our underwriting requirements. We encourage you to periodically review your coverages and limits with your agent and to notify us of any changes or additions to your structure.