City of Harlowton PO Box 292 Harlowton, MT 59036

STREET CLOSURE AND CITY PROPERTY ACTIVITY REQUEST

NAME/DESCRIPTION/LOCATION OF EVENT: AIDSPIRIT Marathon

PERSON/BUSINESS MAKING REQUEST: Terry Freeser AIDSPIRIT

CONTACT INFORMATION: 406-579-5571

DATE OF STREET CLOSURE/PROPERTY USE: 9/6/26 - Marathon Finish Line

DATE/TIME OF START AND CONCLUSION OF EVENT(APPX.): 5am - 1pm

STREETS TO BE CLOSED/CITY PROPERTY TO BE USED:

S Central Ave from Oasis Bar to Museum - 1 Block

REASON FOR STREET CLOSURE: Runners in the street

NOTE:

1. THE REQUESTOR IS SOLELY RESPONSIBLE FOR ANY CITY-REQUIRED CONES, FENCING, BARRIERS AND OTHER REQUIRED PREPARATIONS. ALL CONES, FENCING, BARRIERS, ETC. MUST BE REMOVED IMMEDIATELY FOLLOWING THE EVENT END

2. THE REQUESTOR SHALL PICK UP, REMOVE AND DISPOSE OF ALL TRASH OR REFUSE REMAINING FROM THE EVENT. FAILURE TO DO SO MAY FORFEIT FUTURE USE OF CITY STREETS/PROPERTY

ARE YOU ALSO REQUESTING EXEMPTION FROM THE CITY OF HARLOWTON'S OPEN CONTAINER ORDINANCE? YES (NO)

IF YES, SEE ADDITITONAL LIQUOR LIABILITY INSURANCE REQUIREMENT BELOW.

LIABILITY INSURANCE AND INDEMNIFICATION

PLEASE PROVIDE A CERTIFICATE OF GENERAL LIABILITY COVERAGE (CGL) FOR THIS EVENT THAT NAMES THE CITY OF HARLOWTON AS ADDITIONAL, NON-CONTRIBUTORY INSURED FOR NOT LESS THAN $1,500,000 EACH OCCURRENCE.

IF ALCOHOL BEVERAGES WILL BE SERVED AND/OR SOLD IN THE EVENT, REQUESTOR SHALL PROVIDE PROOF OF A SEPARATE ADDITITONAL LIQUOR LIABILITY ENDORSEMENT IN THEMINIMUM AMOUNT OF $1,000,000 EACH OCCURRENCE FROM EACH VENDOR SERVING/SELLING ALCOHOL DURING THE EVENT, NAMING THE CITY AS AN ADDITITONAL, NON-CONTRIBUTORY INSURED. HOST TYPE LIQUOR LIABILITY IS NOT ACCEPTABLE.

IF PRIVATE SECURITY IS PLANNED FOR THE EVENT SUCH PLAN MUST BE PRESENTED IN WRITITNG AND MUST BE REVIEWED AND APPROVED BY THE WHEATLAND COUNTY SHERIFF'S OFFICE AND THE MAYOR OR DESIGNEE OF THE CITY . THE WHEATLAND COUNTY SHERIFF'S OFFICE HAS AUTHORTY TO ENTER INTO THE EVENT AT ANY TIME UPON REAONABLE SUSPICION THAT A CRIME HAS BEEN OR IS BEING COMMITTED REGARDLESS OFTHE EXISTENCE AND UTILIZATION OF PRIVATE SECURITY.

IN CONSIDERATION FOR PERMISSION TO CONDUCT THE REQUESTED ACTIVITIES, REQUESTOR ASSUMES ALL RISKS INCIDENT TO OR IN CONNECTION WITH THE PERMITTED ACTIVITY. THE PERSONS, ORGANIZATIONS OR GROUPS REQUESTING THE STREET CLOSURE AGREE(S) TO AND SHALL INDEMNIFY, DEFEND AND HOLD THE CITY OF HARLOWTON, ITS OFFICERS, AGENTS AND EMPLOYEES HARMLESS FROM ANY AND ALL LOSSES, DAMAGES, LIABILITIES, COSTS AND EXPENSES INCLUDING LITIGATION COSTS AND REASONABLE ATTORNEY FEES, JUDGMENTS AND SETTLEMENTS INCURRED BY THE CITY OF HARLOWTON ARISISNG FROM THE PERMITTED ACTIVITY TO THE EXTENT CAUSED BY ANY INTENTIONAL OR NEGLIGENT ACT ON THE PART OF THE REQUESTOR OR ITS AGENTS, CONTRACTORS, VENDORS, VOLUNTEERS OR EMPLOYEES OR OTHERS ACTING ON BEHALF OF THE REQUESTOR.

ADDITIONAL COMMENTS/ NOTES <u>OF REQUESTOR:</u>

1.5million policy is unavailable. They are either 1M or 2M policies. Will you please approve w/the 1M coverage?

SIGNATURE <u>AND TITLE</u> OF REQUESTOR **DATE**

Terry Tillson AIRSHOW Board of Dir. and Event Coordinator

OFFICE USE:

COUNCIL MEETING REQUEST PRESENTED ON:

APPROVED YES NO

HARLOWTON CITY STREET CREW CONTACTED: YES NO

WHEATLAND COUNTY SHERIFF'S OFFICE CONTACTED <u>AND APPROVED</u> VIA E-MAIL: YES NO

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/4/2026

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
CONCORDE GENERAL AGENCY, INC.
720 28th Street South
Fargo, ND 58103

CONTACT NAME
PHONE (A/C No, Ext): FAX (A/C No):
EMAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: United States Liability Insurance Company	25895
INSUREB B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED
AIDSPIRIT USA
PO BOX 30734
BILLINGS, MT 59107

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY [X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC	X		SE 1204670	09/06/2026	09/08/2026	EACH OCCURENCE	$1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$100,000
							MED EXP (Any one person)	$1,000
							PERSONAL & ADV INJURY	$1,000,000
							GENERAL AGGREGATE	$2,000,000
							PRODUCTS-COMP/OP AGG	See L-535
								$
	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [ ] HIRED AUTOS [ ] NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)	$
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
	[ ] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $						EACH OCCURRENCE	$
							AGGREGATE	$
								$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N [ ] If yes, describe under DESCRIPTION OF OPERATIONS below	N / A						[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
							E.L. EACH ACCIDENT	$
							E.L. DISEASE-EA EMPLOYEE	$
							E.L. DISEASE-POLICY LIMIT	$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (See attached Acord 101 for additional liability limits)
AIDSPIRIT USA - Hosting Marathon L 820 12/18 Special Events Blanket Additional Insured Endorsement is part of this policy.

CERTIFICATE HOLDER
City of Harlowton
17 S. Central Avenue
Harlowton, MT 59036

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
Thomas P. Kenney