

CITY OF GROSSE POINTE WOODS
20025 Mack Plaza
Special City Council Meeting Agenda
Monday, May 13, 2019
7:00 p.m.

1. CALL TO ORDER
2. ROLL CALL
3. PLEDGE OF ALLEGIANCE
4. RECOGNITION OF COMMISSION MEMBERS
5. ACCEPTANCE OF AGENDA

6. COMMUNICATIONS A. Parade/Procession Permit Application: Sunrise on Vernier
 1. Application 04/17/19
 2. Certificate of Liability Insurance

7. NEW BUSINESS/PUBLIC COMMENT

8. ADJOURNMENT

Lisa Kay Hathaway, CMMC/MMC
City Clerk

IN ACCORDANCE WITH PUBLIC ACT 267 (OPEN MEETINGS ACT)
POSTED AND COPIES GIVEN TO NEWSPAPERS

The City of Grosse Pointe Woods will provide necessary, reasonable auxiliary aids and services, such as signers for the hearing impaired, or audio tapes of printed materials being considered at the meeting to individuals with disabilities. All such requests must be made at least five days prior to a meeting. Individuals with disabilities requiring auxiliary aids or services should contact the City of Grosse Pointe Woods by writing or call the City Clerk's office, 20025 Mack Plaza, Grosse Pointe Woods, MI 48236 (313) 343-2440 or Telecommunications Device for the Deaf (TDD) 313 343-9249.

<p>NOTE TO PETITIONERS: YOU, OR A REPRESENTATIVE, ARE REQUESTED TO BE IN ATTENDANCE AT THE MEETING SHOULD COUNCIL HAVE QUESTIONS REGARDING YOUR REQUEST</p>
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CITY OF GROSSE POINTE WOODS

20025 MACK PLAZA DRIVE
GROSSE POINTE WOODS, MI 48236
313-343-2440

WWW.GPWMI.US

RECEIVED

APR 17 2019

CITY OF GROSSE POINTE WOODS

Parade or Procession Permit Application

Chapter 38, Article V, Sec. 38-134 to 38-180

Instructions to Applicant:

- Application for a permit to hold a parade, procession, fun run, group walk, marathon walk, race or bike-a-thon shall be made on this form.
- All questions shall be answered and if the requested information is unavailable, an explanation shall be made as to why such information cannot be furnished.
- Knowingly furnishing or filing false information in an attempt to obtain a permit is a violation of the City Code.
- Application should be made 90 days prior to the scheduled event.
- Attach copy of current \$1 million dollar liability insurance certificate, with an "A" rating or better, indemnifying the City.

1. Name, address and telephone number of the individual or organization making request

Sunrise on Vernier

2. Name and address of the charity, institution or organization that will benefit

Alzheimer's Association

3. If applicant held a similar event within 12 months preceding the above date, explain as follows:

- Date of event: May 16 *MAY 17th*
- Gross amount collected: \$ _____
- Amt. Of funds remitted to charity: \$ all

4. Describe a map of the starting point, route, and ending point of the event

Starting at Sunrise on Vernier 1850 Vernier Rd @corner of Mack and Vernier and ending pointe is Sunrise of GrossePointe Woods

Walking straight down Mack Ave to Sunrise of Grosse Pointe Woods

5. Date of the event, the starting time and estimated ending time of the event

May 16 10:00 am

6. Number and approximate age of the participants who will take part in the event

60

It is hereby acknowledged that any permit issued by the City of Grosse Pointe Woods is conditional upon the applicant fulfilling certain requirements prior to the event. Should the applicant fail or neglect to fulfill any such condition, then such approval for the event, as obtained from City Council, shall be automatically rescinded.

Return Completed Application to the City Clerk's Office.

Janet Barolo
Applicant Signature

4-16-2019

Date

Do Not Write Below This Line - Official Use Only

ROUTE PERMIT TO:

Insurance certificate attached: *clerk*

Calendar check for conflict: *clerk*

City Clerk: _____

Insurance rating "A" or better: *clerk*

Comptroller: _____

Approved: Denied: Date: 4-24-19

Director of Public Safety: *John Gault*

Approved: Denied: Date: 4/25/19

City Administrator: *[Signature]*

Approved: Denied: Date: _____

City Council: _____

Original: Clerk's Office
cc: Applicant
Public Safety

**Sunrise has own liability insurance*



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
04/25/2019

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 have ADDITIONAL INSURED provisions or 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).

RECEIVED
MAY - 3 2019
CITY OF GROSSE POINTE WOODS
CLERK'S DEPARTMENT

PRODUCER
Aon Risk Services Central, Inc.
Philadelphia PA office
One Liberty Place
1650 Market Street
Suite 1000
Philadelphia PA 19103 USA

CONTACT NAME:
PHONE (A/C. No. Ext): (866) 283-7122 **FAX (A/C. No.):** (800) 363-0105
E-MAIL ADDRESS:
INSURER(S) AFFORDING COVERAGE **NAIC #**
INSURER A: ACE American Insurance Company 22667
INSURER B: *[Handwritten signature]*
INSURER C: *[Handwritten signature]*
INSURER D: *[Handwritten signature]*
INSURER E:
INSURER F:

INSURED
Sunrise Senior Living, LLC
7902 Westpark Drive
McLean VA 22102 USA

COVERAGES **CERTIFICATE NUMBER: 570076029316** **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. **Limits shown are as requested**

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Prof Liab. Included GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			XSLG71211046 Claims Made	09/01/2018	09/01/2019	EACH OCCURRENCE	\$1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000
							MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	\$1,000,000
							PRODUCTS - COMP/OP AGG	\$1,000,000
							SIR	\$100,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	
							BODILY INJURY (Per person)	
							BODILY INJURY (Per accident)	
							PROPERTY DAMAGE (Per accident)	
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION						EACH OCCURRENCE	
							AGGREGATE	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	
							E.L. EACH ACCIDENT	
							E.L. DISEASE-EA EMPLOYEE	
							E.L. DISEASE-POLICY LIMIT	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
The City of Grosse Pointe Woods is included as Additional Insured in accordance with the policy provisions of the General Liability policy.

CERTIFICATE HOLDER
City of Grosse Pointe Woods
20025 Mack Plaza
Grosse Pointe Woods MI 48236 USA

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
Aon Risk Services Central, Inc.

Holder Identifier :

Certificate No : 570076029316