



**CITY MANAGER'S OFFICE
CITY OF WHEELING**

Dear Applicant:

Enclosed please find an Application for use of City of Wheeling Right of Way, a copy of Section 311.05 of the Municipal Code, a sample certificate of insurance, an indemnification agreement and an application checklist, all of which are being supplied to you in response to your recent request to utilize City of Wheeling right of way/property in connection with your planned event.

Please complete and have the application and agreement signed by an **authorized agent**, providing a current e-mail address for the permit to be returned to you, and forward to my attention, along with your certificate of insurance **naming the City of Wheeling as an additional insured (be sure the required language highlighted at the bottom of the sample certificate of insurance is included on your certificate)**. In addition to the certificate of insurance, please provide a copy of your policy's exclusion page. If you are using a contractor in connection with your use (i.e., electrician, pyrotechnician, etc.), it will be necessary to provide a certificate of insurance, with the same language as stated above, along with a list of exclusions for the policy from said contractor with your application. Please note that the application must be received by the City of Wheeling at least **ten business** days prior to your proposed use to allow ample time for processing your request.

If your planned event is a parade, run, walk or street fair, contact must be made with Deputy Chief Kimball (304-234-6456) in order to review all safety concerns prior to the issuance of a permit. If your event will include food vendors, it will be your responsibility to ensure that all are properly licensed through the City of Wheeling (a list of your vendors must be provided five days prior to commencement of your event) and you will be required to ensure that all participants obtain the necessary permits from the Wheeling-Ohio County Health Department (304-234-3682).

Should you have any questions regarding the above, please do not hesitate to contact me at 304-234-3617.

Sincerely,

A handwritten signature in blue ink that reads "Judy Beabout".

Judy Beabout
City Manager's Office

jb

Enclosures



APPLICATION FOR USE OF CITY OF WHEELING RIGHT OF WAY

Date of Application	
Name, Address and Phone Number of Applicant	
Person to contact (including phone number) in case of emergency during use	
Date(s) and Time(s) of Proposed Use	
Description of Proposed Use (i.e., Street Fair, Run, Parade, etc.)	
City Rights of Way to be Utilized (i.e., City Streets obstructed); Proposed Detours, if applicable.	

The undersigned, on behalf of _____ (name of individual/organization), agrees to indemnify and save the City of Wheeling harmless from any claims, liability or damages arising from the use of the public way in connection with the above-described use and as set forth in Section 311.05(b) of the Municipal Code. Additionally, your signature indicates that it is understood and agreed that any insurance carried by the City of Wheeling is excess and in no way contributory or quota share.

Name and Title

Date

valid e-mail address (Permit will be provided via e-mail)

For office use only:

_____ CODES _____ FD _____ PD _____ OP _____ CC _____ HEALTH

311.05 PARADES; PUBLIC ASSEMBLAGE.

(a) All organizations, associations or persons desiring to use any of the streets or public ways for the purpose of conducting a procession or parade shall, prior to the proposed time for holding such procession or parade, make application therefore to the City Manager designating the time and proposed route for such procession or parade. Application must be made at least ten (10) days prior to the planned event. The City Manager may issue to all persons or organizations so applying a permit stipulating the time, route and other conditions governing same. This section shall not apply to funeral processions.

(b) Any person desiring to use any sidewalk, street or public way of the City for the purpose of public assemblage or other lawful purpose, in such a manner as to preclude or interfere with the ordinary use of such street, sidewalk or public way, shall, in advance of the time of any proposed use, notify the City Manager of the time and place of such proposed use and the purpose therefor. Application must be made at least ten (10) days prior to the planned event. Before such use occurs, the City Manager shall issue a permit, if the use is one that is not unreasonably detrimental to the peace, health, morals and good order of the inhabitants of the City, provided that the applicant obtains a certificate of insurance providing liability insurance in an amount determined by the City Manager, but not less than one million dollars (\$1,000,000), naming the City as an additional insured, and further provided that the applicant agrees to indemnify and save the City harmless from any and all claims, liability and damages arising from the use of the sidewalk, street or public way.

(c) The organization, association or person conducting a procession or parade upon the public way as noted in subsection (a) hereof, being the Applicant receiving the permit and acquiring the requisite insurance as noted in subsection (b) hereof, is to control the flow and route of such parade without interference by any other person, entity or association. Such control of the parade or procession is to be coordinated between the Permitted Applicant and the Wheeling Police Department regarding traffic control. Any interference subjects the violator to the General Penalty provisions of the Traffic Code, which includes a fine up to five hundred dollars (\$500.00) and the potential for imprisonment as well as monetary fines for such interference. (Ord. 14388. Passed 11-7-12.)

311.99 PENALTY.

(EDITOR'S NOTE: See Section 303.99 for general Traffic Code penalty.)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/08/2019

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).

PRODUCER	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
SAMPLE CERTIFICATE OF INSURANCE	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
INSURED	INSURER A:	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

ABC Company, Inc.
Main Street
Wheeling WV 26003

COVERAGES CERTIFICATE NUMBER: CL197802690 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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> XCU Included <input checked="" type="checkbox"/> Contractual Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: Varies	Y	Y				EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OPAGG \$ 2,000,000
<input checked="" type="checkbox"/>	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y				COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
<input type="checkbox"/>	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
<input type="checkbox"/>	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	Y	Includes WV Broad Form, Employers Liability Section 23-4-2 of WV Code			<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

City of Wheeling, included as Additional Insured with Waiver of Subrogation and primary and non-contributory language on all policies except Workers Compensation. Workers Compensation to include Waiver of Subrogation.

it is understood and agreed that any insurance carried by the named additional insured(s) is excess and in no way contributory or quota share.

CERTIFICATE HOLDER City of Wheeling, et al 1500 Chapline Street Wheeling WV 26003	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

CITY OF WHEELING



OFFICE OF THE CITY MANAGER

CITY COUNTY BUILDING
1500 CHAPLINE STREET
WHEELING, WEST VIRGINIA 26003

Date: _____

To Whom it May Concern:

_____ agrees to name the City of Wheeling, as an additional insured with respects to the their use of the following: _____ and that the additional insured status applies for all limits represented in the certificate that was provided (copy attached). Further, _____ agrees that any insurance carried by the named additional insured will be excess and in no way contributory or quota share.

By: _____
Its: Authorized Agent

Dated: _____

USE OF CITY OF WHEELING RIGHT OF WAY APPLICATION CHECK LIST

- Application dated (date signed not date of use) and signed by an **authorized agent** for the applicant
- Indemnification Agreement signed and dated by an **authorized agent**
- Certificate of Insurance naming the City of Wheeling* as an additional insured on a policy with limits of no less than \$1,000,000 with the following language: **City of Wheeling included as additional insured with waiver of subrogation. It is understood and agreed that any insurance carried by the named additional insured(s) is excess and in no way contributory or quota share.** Please refer to the sample certificate provided. Please ensure that your certificate contains the highlighted language and, as well, that all boxes highlighted on the provided sample are highlighted on your certificate.
- List of exclusions for your policy(ies) must be included with your insurance submittal
- If you are using a contractor during your use of City property (i.e., electrician, pyrotechnician, etc.) the City must receive a certificate of insurance (including additional insured status as stated above) from the contractor's liability carrier. Must also include a copy of exclusions for the contractor's liability policy.
- If you are a contractor utilizing City of Wheeling property, you must include a waiver of subrogation on your workers compensation policy and provide proof thereof.
- If you are an organizer for a fair or festival, you must provide a list of all vendors one week prior to commencement of your use of City right of way, including Heritage Port.
- If food is to be served at your event, each food vendor must have a valid Health Department certificate. Please contact the Wheeling-Ohio County Health Department for more information at 304-234-3697.
- If your event is at Heritage Port and you have chosen not to utilize the restrooms, or if your event is on City property that does not have bathroom facilities available, Health Code requires the following:
 - (WVDHHR/WVBPH) Mass Gathering rules.
 - 21.1.d. In mass gatherings, a ratio of one (1) water closet for each one hundred (100) persons shall be provided for the first one thousand (1000) persons, then an additional two (2) water closets per one thousand (1000) thereafter. When water under pressure is provided, one (1) lavatory for every two (2) water closets shall be provided.
 - 21.1.e. Urinals may be substituted for up to fifty percent (50%) of the required number of water closets.

The event should also plan on handwashing (handwashing stations) if food is going to be sold (including prepackage foods).
- Per Section 311.05(b) of the Municipal Code, your request to utilize City of Wheeling rights of way must be received by the City Manager's Office at least 10 days prior to your proposed use.

*If you are utilizing Heritage Port or Veterans' Memorial Amphitheater, it will be necessary for you to include WesBanco Arena and the Greater Wheeling Sports and Entertainment Authority as additional insureds.