

# City of Neosho

## CITY COUNCIL AGENDA ITEM

---

**REQUESTED COUNCIL MEETING DATE:** June 5, 2018

**ITEM:** Medicalodges of Neosho – Firework Display

---

**ORIGINATING DEPARTMENT:** Fire Department

**ATTACHMENTS:** Letter from Medicalodges of Neosho

---

**ROUTING ORDER**

FIRE CHIEF: 

DATE: 5-29-18

POLICE CHIEF:

DATE:

PUBLIC WORKS:

DATE:

CITY MANAGER:

DATE:

CITY CLERK:

DATE:

---

**PURPOSE:**

City Code dictates certain times in which fireworks can be displayed. Medicalodges of Neosho is requesting permission for a fireworks show the evening of June 29, 2018.

**BACKGROUND:**

Medicalodges of Neosho has made this an annual event at their facility during their celebration to our country. During the nights events there is a fireworks show. Riverside Fireworks is the provider of the fireworks show for their event. The fireworks will be shot from the field across the street on Crowder College property. They have been given permission to use the property.

**RECOMMENDATION:**

Staff recommends approval of the fireworks display for Medicalodges of Neosho event.



RIVER-1

OP ID: NP

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
04/30/2018

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).

<b>PRODUCER</b> Davis & Garratt Insurance Group P.O. Box 10140 Fayetteville, AR 72703 Drew Bradley 479-571-3500	<b>CONTACT NAME:</b> Drew Bradley <b>PHONE (A/C, No, Ext):</b> 479-571-3500 <b>E-MAIL ADDRESS:</b>	<b>FAX (A/C, No):</b> 479-571-3501													
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: National Fire &amp; Marine</td> <td></td> </tr> <tr> <td>INSURER B: Prime Insurance</td> <td></td> </tr> <tr> <td>INSURER C: The Travelers/Assigned Risk</td> <td>25674</td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: National Fire & Marine		INSURER B: Prime Insurance		INSURER C: The Travelers/Assigned Risk	25674	INSURER D:		INSURER E:		INSURER F:
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: National Fire & Marine															
INSURER B: Prime Insurance															
INSURER C: The Travelers/Assigned Risk	25674														
INSURER D:															
INSURER E:															
INSURER F:															
<b>INSURED</b> Riverside Fireworks LLC Tim Reed 17023 Chamber Springs Rd Sloom Springs, AR 72761															

**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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJ <input type="checkbox"/> LOC OTHER:			72LPS031387	05/01/2018	05/01/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRE 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) \$
B	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB OCCUR CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 2500			SC1709125	09/19/2017	09/19/2018	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	UB9978A155	09/27/2017	09/27/2018	PER STATUTE    OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

<b>CERTIFICATE HOLDER</b>  Medicalodge 400 W Lyon Dr Neosho, MO 64850	<b>MEDICAL</b>	<b>CANCELLATION</b>  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 Drew Bradley
-----------------------------------------------------------------------------------	----------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------





Missouri Department of Public Safety  
Missouri Division of Fire Safety  
PO Box 8  
Jefferson City, MO 65110

## FIREWORKS DISPLAY OPERATOR LICENSE

Performs duties as a Fireworks Display Operator as authorized by the Missouri State Fire Marshal, 320.126 RSMo, 11 CSR 40-3.010 and NFPA 1123.

NAME: Joey Taylor

LICENSE NUMBER: 1339

EXPIRES 3/12/2021

State Fire Marshal:

A handwritten signature in black ink, appearing to read "P. Lewis".