

**Mitchell Traffic Commission  
May 21st, 2018  
City Council Chambers**

CALL MEETING TO ORDER

Approve Agenda

**1. Dakota Wesleyan Requests Parade Permit**

*Dakota Wesleyan University requests a parade permit for DWU's Blue & White Days parade for Saturday, October 13th, 2018 beginning at 10:00 a.m. until approximately 11:00 a.m. The parade route would begin on Main Street from 9th to 1st Avenue with the following streets blocked off from 10th Avenue to Railroad Avenue for the parade, as well as the cars removed from the following streets with no parking beginning at 4:30 a.m.: North Lawler Street from 7th - 9th Avenue, East 9th Avenue from Lawler to Main and North Main Street from 9th Avenue to Railroad Avenue. In addition, Dakota Wesleyan University requests to use the public parking lot between 9th/7th Avenue located between Lawler/Kimball Street (Disco parking lot) again for a staging area, which would include no public parking in this lot beginning at 4:30 a.m. until the conclusion of the parade.*

**2. Request For Corn Palace Stampede Rodeo Parade Permit**

*The Corn Palace Stampede Rodeo Committee requests a parade permit for the rodeo parade scheduled for Saturday, July 21st, 2018 beginning at 10:30 a.m.*

*In preparation for the parade, the Corn Palace Stampede Rodeo Committee requests that beginning at 4:30 a.m. no vehicles be allowed to park on either side of the streets along the parade route as well as the area on Main Street that is used to line up parade entries.*

*This would encompass the following:*

- Main Street from 12th Avenue south to 1st Ave.*
- Rowley Street 9th to 11th Ave., east side of street only to include 100 Block of West 9th, 10th & 11th Ave.*
- 1st Ave. east to Lawler Street*
- Lawler Street from 1st Ave. north to 11th Ave. to include 100 blk E. 9th, 100 blk E. 10th & 100 blk E. 11th*
- East 9th Ave. from McTEA parking lot to Main St.*

Documents:

[CORN PALACE STAMPEDE RODEO PARADE PERMIT REQUEST.PDF](#)

[CORN PALACE STAMPEDE, INC CERTIFICATE OF LIABILITY 2018.PDF](#)

**3. Request For Street Closures - Heart & Sole Cancer Walk/Run**

*The Heart & Sole Cancer Walk/Run Board of Directors would like to request that the City of Mitchell close W. 8th Street from N. Minnesota Street to N. Iowa Street and the Cadwell entrance to 8th St. on Friday, June 8th, 2018 from 5:00pm to 9:00pm for the Cancer Walk/Run events.*

**4. Request For Parade Permit For The 6th Annual Neil Epp Memorial Poker Run**

*Dave Epp requests a parade permit for the 6th Annual Neil Epp Memorial Poker Run. The event is on Saturday, June 30th, 2018 with a 12:30pm start. The parade will begin at Klock Werks located at 915 S Kimball Street and travel west on Haven's to the west end of town.*

Documents:

[NEIL EPP MEMORIAL POKER RUN INSURANCE CERTIFICATE 2018.PDF](#)

**The next Traffic Commission meeting is scheduled for Monday, June 18th, 2018. The time will be announced at a later date.**

**Committee meeting agendas are scheduled based on an estimated time of completion. If a meeting concludes prior to its scheduled time the next**

committee may start its proceedings early.

The City of Mitchell invites all parties to give oral or written comments. If special accommodations are required, please notify the Public Safety Department at 995-8400 at least 24 hours prior to the scheduled meeting.

**Chairman**

Lyndon Overweg

**Committee Members**

Jeff Smith, Dan Allen, Steve Rice and Kevin McCardle

May 16, 2018

City of Mitchell  
Traffic Commission  
201 West 1st Street  
Mitchell, SD 57301

Attn: Chief Lyndon Overweg

Dear Chief Overweg,

This letter will serve as the official request by the Corn Palace Stampede Rodeo Committee for a permit for the rodeo parade scheduled for Saturday, July 21, 2018 beginning at 10:30 a.m.

In preparation for the parade, we are requesting that beginning at 4:30 a.m., no vehicles be allowed to park on either side of the streets along the parade route as well as the area on Main Street that is used to line up the parade entries. This would encompass the following:

- Main Street from 12th Ave. south to 1st Ave.
- Rowley Street 9th to 11th Ave., east side of street only  
(100 Block of West 9th, 10th & 11th Ave.)
- 1st Ave. east to Lawler Street
- Lawler Street from 1st Ave. north to 11th Ave.
- East 9th Ave. from McTEA parking lot to Main St.

Thanks so much for you and your departments support Chief Overweg shown to the Corn Palace Stampede Rodeo and it's events. If you have any questions, please feel free to give me a call.

Sincerely,



Mike Dittmer  
Parade Co-Chairman

1-605-999-3787





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/27/2017

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 Bankwest Inc 420 S. Pierre St.  Pierre SD 57501	CONTACT NAME: Pamela Wittstruck, AFIS, CISR
	PHONE (A/C, No, Ext): (605) 224-7394 FAX (A/C, No): (605) 945-3892 E-MAIL ADDRESS: pam.wittstruck@bankwest-sd.com
INSURED  Corn Palace Stampede, Inc. PO Box 177  Mitchell SD 57301	INSURER(S) AFFORDING COVERAGE
	INSURER A : Western World Insurance Group
	INSURER B :
	INSURER C :
	INSURER D :
	INSURER E :
	INSURER F :

## COVERAGES

CERTIFICATE NUMBER: CL1792706909

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"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	Y		NPP8386350	10/01/2017	10/01/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ OTHER: \$
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						
	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) \$ OTHER: \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ OTHER: \$
	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				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> 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)

Rodeo Parade - July 21, 2018  
City of Mitchell Additional Insured

## CERTIFICATE HOLDER

## CANCELLATION

City Of Mitchell 612 N. Main Street  Mitchell SD 57301	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 <i>Pam Wittstruck</i>
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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
7/26/2017

**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).

<b>PRODUCER</b> Fischer, Rounds - Mitchell PO Box 820 Mitchell SD 57301-0820	<b>CONTACT NAME:</b> <b>PHONE (A/C, No., Ext):</b> 605-996-7711		<b>FAX (A/C, No):</b> 605-996-1417
	<b>E-MAIL ADDRESS:</b> mitchell@fischerrounds.com		
		<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>
		<b>INSURER A :</b> Liberty Mutual Group	
		<b>INSURER B :</b>	
		<b>INSURER C :</b>	
		<b>INSURER D :</b>	
		<b>INSURER E :</b>	
		<b>INSURER F :</b>	

**COVERAGES** **CERTIFICATE NUMBER:** 1149182719 **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	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		N	BZS57964095	8/17/2017	8/17/2018	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$10,000 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 <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) 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** (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Certificate Holder has been added as an additional insured with respect to the General Liability coverage

### CERTIFICATE HOLDER

City of Mitchell  
612 N Main Street  
Mitchell SD 57301

### 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