

PENDING APPROVAL

OKLAHOMA COUNTY BOARD OF COUNTY COMMISSIONERS

AGENDA ITEM REQUEST SHEET

FOR THE 14 April 6, 2010 Meeting AGENDA

(THE DEADLINE IS 1 WEEK PRIOR TO THE DATE THAT THE AGENDA IS TO BE POSTED)

DEPARTMENT: District 1 _____ REQUESTED BY: Mike Sullivan _____

REQUISITION NO.: _____ REQUISITION SHEET ATTACHED: _____ YES X _____ N/A

NAME OF FUNDS: _____

FUND NUMBERS: _____ / _____ / _____

REVIEWED FOR PRIVACY-PROTECTED INFORMATION: _____ YES X _____ N/A

NUMBER OF ORIGINAL DOCUMENTS TO BE RETURNED TO YOUR DEPARTMENT: 1

AGENDA ITEM READS AS FOLLOWS: Discussion and possible action on a resolution regarding the Choctaw Land Run Bike Ride specifically granting the Choctaw Parks Foundation Permission to hold the race on April 24, 2010 on certain county roads within and outside of certain unincorporated county Areas. Requested by Willa Johnson, Commissioner, District No. 1, and approved as to form and legality by John Jacobsen, Assistant District Attorney.

APPROVED BY DA
(If Applicable)

ASSISTANT DISTRICT ATTORNEY

APPROVED BY ENGINEER
(If Applicable)

COUNTY ENGINEER

APPROVED BY PURCHASING
(If Applicable)

PURCHASING AGENT

REVIEWED BY DA FOR PRIVACY-PROTECTED/SECURITY INFORMATION: _____ YES _____ N/A

REVIEWED BY COUNTY CLERK FOR PRIVACY-PROTECTED INFORMATION: _____ YES _____ N/A

(NOTE: THE CHAIRMAN MUST APPROVE ALL EMERGENCY REQUESTS FOR ANY ITEM SUBMITTED AFTER THE DEADLINE)

DATE OF REQUEST: 03/31/2010 APPROVED BY: _____

CHAIRMAN

REQUEST FOR DISTRICT ATTORNEY LEGAL SERVICES

THIS FORM IS TO BE USED TO REQUEST ADVICE AND/OR REPRESENTATION FROM THE DISTRICT ATTORNEY'S OFFICE REGARDING THE COUNTY OF OKLAHOMA, COUNTY OFFICIALS AND EMPLOYEES AS REQUIRED BY SECTIONS 215.4, 215.5, 215.25 AND 215.26 OF TITLE 19 OF THE OKLAHOMA STATUTES.

IF ADVICE IS SOUGHT, THE REQUEST MUST BE SIGNED BY AN ELECTED COUNTY OFFICER. THIS FORM MUST BE FILLED OUT AND SUBMITTED TO THE CIVIL DIVISION OF THE OKLAHOMA COUNTY DISTRICT ATTORNEY'S OFFICE IN A TIMELY MANNER. ALL RESPONSES TO REQUESTS FOR ADVICE WILL BE IN WRITING.

IF THE REQUEST IS FOR LEGAL REPRESENTATION UNDER 19 O. S. SECTION 215.25, THE REQUEST MUST BE SUBMITTED IN WRITING EARLY ENOUGH TO PERMIT THE DISTRICT ATTORNEY'S OFFICE ADEQUATE TIME TO COMPLETE A THOROUGH "GOOD-FAITH-AND-COURSE-OF-EMPLOYMENT" INVESTIGATION AS CONTEMPLATED BY 19 O.S. SECTION 215.26.

DATE OF REQUEST: 03 / 31 / 2010
COUNTY DEPARTMENT MAKING REQUEST: *District One*

STATE WITH SPECIFICITY, WHAT THE REQUEST IS AND WHY THE ASSISTANCE OF THE DISTRICT ATTORNEY'S OFFICE IS NEEDED: *Review of attached agenda item related to the Choctaw Land Run Bike Ride.*

This Item would be considered at the April 5, 2010 BOCC Meeting.

ATTACH ADDITIONAL DOCUMENTS AS APPROPRIATE. (NOTE: Advice, reviews and approvals as to "form and legality" are based on the documentation and information provided to the District Attorney's Office. Please provide all relevant information when requesting an opinion or review from the District Attorney's Office).

Joe R. Blough
COUNTY OFFICER *JRB*

DATE RECEIVED BY DISTRICT ATTORNEY: 4/2/10

REPLY BY DISTRICT ATTORNEY: *Reviewed*
Joe
Get it all better
have better Resolution log
for these bike
 Races - something
that every states
we have
participation.

DAVID W. PRATER
DISTRICT ATTORNEY

Jim Rife
did some

By: *[Signature]*

RECEIVED
APR 02 2010
CIVIL DIVISION
DISTRICT ATTORNEY

At the least,
the county needs to be
listed as an
additional insured
on the policy
And Sheriff needs to
know to assign
Patrol

PENDING APPROVAL

RESOLUTION NO. _____

A RESOLUTION WHEREBY THE BOARD OF COUNTY COMMISSIONERS OF OKLAHOMA COUNTY RECOGNIZES THE CHOCTAW LAND RUN FESTIVAL BIKE RIDE AND SPECIFICALLY GRANTS THE CHOCTAW PARKS FOUNDATION PERMISSION TO HOLD THE RACE ON CERTAIN COUNTY ROADS WITHIN AND OUTSIDE OF CERTAIN UNINCORPORATED COUNTY AREAS.

WHEREAS, the Board of County Commissioners of Oklahoma County received a specific request from the Choctaw Parks Foundation asking the County to formally recognize the Foundation's bike ride known as the Choctaw Land Run Festival Bike Ride to be held Saturday, April 24, 2010 and further asking that the County formally acknowledge and grant permission for the Foundation's use of Oklahoma County roadways;

WHEREAS, the County is interested in activities throughout Oklahoma County where citizens are free to participate and involve themselves in worthwhile activities;

WHEREAS, the County has received notice that all other affected governmental entities have given their assent to this activity and event, as evidenced by the Special Event Permit by the City of Choctaw as approved; and

WHEREAS, the Foundation has assured the County that the Foundation, through the Choctaw Kiwanis, has general liability, rider accident and catastrophic insurance that covers events for which a permit had been issued.

NOW, THEREFORE, BE IT RESOLVED, that the County does hereby grant permission to the Foundation to hold the Foundation's Choctaw Land Run Festival Bike Ride on certain Oklahoma County roads, where it is understood the Foundation will utilize the roadways on the following day: Saturday, April 24, 2010.

BE IT FURTHER RESOLVED, that the County is not a sponsor of this event, but adopts this Resolution for the purpose of welcoming citizens, participants, and visitors to this event;

BE IT FURTHER RESOLVED, that the County intends to forward the Foundation's request to the Oklahoma County Sheriff's Department for the Sheriff's consideration of providing any assistance, counsel, or direction to the Choctaw Land Run Festival Bike Ride and its racers and affected motorists;

BE IT FURTHER RESOLVED, that the County is involved in said event to the limited extent of recognizing a worthwhile community event, highlighting the benefits of Oklahoma County and encouraging its citizenry to plan, provide, and participate in community activities

APPROVED this 14th day of April 2010.

**BOARD OF COUNTY COMMISSIONERS
OF OKLAHOMA COUNTY, OKLAHOMA**

By: _____
Chairman

ATTEST:

By: _____
Vice-Chairman

Carolynn Caudill, County Clerk

By: _____
Member

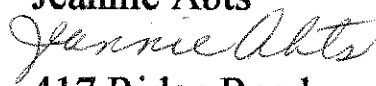
PENDING APPROVAL

Oklahoma County Commissioners
320 Robert S. Kerr
Oklahoma City, Ok. 73102

Dear Commissioners,

On behalf of the Choctaw Parks Foundation, I am requesting permission for the Land Run Bike Ride to run through eastern Oklahoma County on April 24, 2010, between 9 am and noon. The route will be the same as last year. Enclosed is a map of the route and the insurance verification.

Thank you for your consideration,

Jeannie Abts

417 Ridge Road,
Choctaw, Ok, 73020
405-850-8062

SPECIAL EVENT PERMIT

CITY OF CHOCTAW

Oklahoma County, OK

Zoning/Building/Inspection Department

2500 N. Choctaw Rd * P.O. Box 567, Choctaw, OK 73020

390-8198

Project Permit Number: 100410

ADDRESS: VARIOUS STREETS IN CHOCTAW

PARCEL NO.:

ZONING:

ISSUED TO: JEANNIE ABTS

PERMIT DATE: 04/24/2010

EXPIRE DATE: 04/24/2010

PERMIT TYPE: SPECIAL EVENTS

FEE: \$0.00

PROJECT: LAND RUN BIKE RIDE

EST. COST: \$0

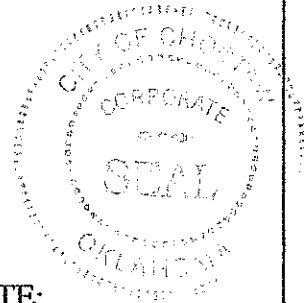
STRUCTURE:

CONTRACTOR:

APPROVED BY:



CITY CLERK



DATE:

02/24/2010

PENDING APPROVAL

1-800-442-7475

Ext #7179

TO: KIWANIS CLUBS & MEMBERS

RE: Kiwanis International Commercial General Liability Insurance

CERTIFICATE OF INSURANCE PROCEDURES

1. Please complete your certificate(s) of insurance in the order which follows:
 - A. Enter date certificate is being issued (i.e. today's date) in the upper right hand corner.
 - B. Enter the Kiwanis Club name, contact person, and complete mailing address in the upper left of form identified as Insured.
 - C. Enter the certificate holder name, contact (if any), and complete mailing address as required by your insurance carrier in the "certificate holder" box at the bottom left of the form. Certificate Holder is the organization, firm or person who is requesting proof of insurance from your club.
 - D. In the "description of operations" section directly above the certificate holder box, please enter the type of event, the date(s) of the event, and the location where the event is being held. *Any Certificate of Insurance which is altered beyond this will be considered NULL AND VOID!*
2. Complete and make 2 copies of the certificate.
3. Send the original Certificate to the "Certificate Holder" (i.e., the party requesting proof of insurance.)
4. Send a copy of the certificate along with a completed copy of this form to:

HYLANT GROUP
P.O. BOX 40925
INDIANAPOLIS, IN 46280-0925

IMPORTANT!! The attached Certificate forms cannot be modified or altered in any way without the express permission of Hylant Group and the Insurance Company. If you have a certificate which requires alteration such as Additional Insured wording, please contact Hylant Group at 1-800-442-7475 x 7179.

COMPLETE THE FOLLOWING:

Club Name and Address: CHOCOTAW KIWANIS CLUB, P.O. BOX 217, CHOCOTAW
OK, 73020

Contact Name & Phone Number: JOHN SAUGSTAD, 405-401-7111

Type of Event: CHOCOTAW CREEK PARKLANDS ROP Bicycle CLASSIC

Date(s) & Location: 24 APRIL 2010, CHOCOTAW CREEK PARK, 2001 NORTH
HARPER STREET, CHOCOTAW, OK 73020

ACORD TM CERTIFICATE OF LIABILITY INSURANCE						DATE (MM/DD/YY)					
PRODUCER Hylant Group P.O. Box 40925 Indianapolis, IN 46280-0925 Phone No. 317-817-5000 Fax No. 317-817-5151				THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER, THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW							
INSURED: Kiwanis International - All Clubs & Their Members Insured Local Club: CLUB NAME: <u>CHOCTAW KIWANIS CLUB</u> CLUB ADDRESS: <u>Box 217, Choctaw OK 73020</u> <u>JOHN SAUGSTAD</u>				COMPANIES AFFORDING COVERAGE COMPANY A Lexington Insurance Company COMPANY B COMPANY C COMPANY D							
COVERAGES 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.											
CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS						
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNERS&CONTRACTOR'S PROT <input checked="" type="checkbox"/> AGG PER DISTRICT	013135795	11/01/09	11/01/10	GENERAL AGGREGATE		\$ 2,000,000				
					PRODUCTS-COMP/OP AGG		\$ 2,000,000				
					PERSONAL&ADV INJURY		\$ 2,000,000				
					EACH OCCURRENCE		\$ 2,000,000				
					FIRE DAMAGE (Any one fire)		\$ 100,000				
					MED EXP (Any one person)		\$				
A	<input checked="" type="checkbox"/> LIQUOR LIABILITY	013135795	11/01/09	11/01/10	LIQUOR LIABILITY		\$ 1,000,000				
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> \$3,000,000 Aggregate	013135795	11/01/09	11/01/10	COMBINED SINGLE LIMIT		\$ 1,000,000				
					BODILY INJURY (Per person)		\$				
					PROPERTY DAMAGE		\$				
					AUTO ONLY-EA ACCIDENT		\$				
	<input type="checkbox"/> GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY		\$				
					EACH ACCIDENT		\$				
					AGGREGATE		\$				
	<input type="checkbox"/> EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE		\$				
					AGGREGATE		\$				
	WORKERS COMPENSATION AND EMPLOYER'S LIABILITY THE PROPRIETORS/ PARTNERS/EXECUTIVE OFFICERS ARE: <table style="display: inline-table; vertical-align: middle; margin-left: 10px;"> <tr> <td style="width: 20px; height: 20px;"><input type="checkbox"/></td> <td style="font-size: 8px;">IN CL</td> </tr> <tr> <td style="width: 20px; height: 20px;"><input type="checkbox"/></td> <td style="font-size: 8px;">EXCL</td> </tr> </table>	<input type="checkbox"/>	IN CL	<input type="checkbox"/>	EXCL				WC STATU- TORY LIMITS	OTH- ER	\$
<input type="checkbox"/>	IN CL										
<input type="checkbox"/>	EXCL										
					EL EACH ACCIDENT		\$				
					EL DISEASE-POLICY LIMIT		\$				
					EL DISEASE-EA EMPLOYEE		\$				
A	Self Insured Retention	013135795	11/01/09	11/01/10	All Claims		\$ 100,000				
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS <u>CHOCTAW COLOR PARK LAND RUN BICYCLE CLASSIC. MARCH 2010, CHOCTAW</u> <u>COLOR PARK, 2001 NORTH HARPER STREET, CHOCTAW, OK 73020</u>											
CERTIFICATE HOLDER Name: <u>City of Choctaw</u> Attn: <u>Robert Floyd City Manager</u> Address: <u>2500 N. Choctaw RD Choctaw OK 73020</u>				CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>10</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE <u>John Saugstad</u>							
ACORD 25-S(1/95) © ACORD CORPORATION											