# CITY OF BATESVILLE, INDIANA

**Mayor John Irrgang**

**SUBJECT:** Board of Works Meeting, Monday, February 12, 2024, at 6:30 p.m.
Council Meeting – Will follow Board of Works Meeting

**ADDRESSED TO:** Darrick Cox, Brad Dreyer, Beth Enneking, Paul Gates, Doug Stock, Melissa Tucker, Blaine Timonera, Bill Hartman, Stan Holt, Todd Schutte, Tim Macyauski, Randy Jobst, Eric Laker, Scott Bauer, Mike Baumer, Sarah Lamping, The Daily News, WRBI, The Batesville Leader

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## Board of Works

**Call Meeting to order.**
**Roll Call.**
**Review of minutes:**

**Old Business:**

1.

**New Business:**

1. Road Closure Request – Cook's Performance
2. Road Closure Request – Batesville Blackout Bash
3. Road Closure Request – St. Louis Cardinal Crawl 5k
4. Road Closure Request – MMH Hospice 5k
5. Road Closure Request – Batesville Kiwanis Carnival
6. Road Closure Request – MMH Girls on the Run – Spring 5k
7. Road Closure Request – Amack's Well Puppuccino
8. Road Closure Request – MMH Stop the Stigma 5k
9. Road Closure Request – MMH Girls on the Run – Fall 5k
10. Bid Opening Park & Recreation Building
11. Bid Opening SR 129 Trail Extension

**City of Batesville**
**Board of Works**
**Memorial Building**
**January 15, 2024**
**6:30 PM**

Members Present: Mayor John Irrgang, Brad Dreyer, Bill Hartman
Absent: None

Clerk-Treasurer: Paul Gates

Brad Dreyer made a motion, seconded by Bill Hartman to approve the minutes for the Board of Works meeting on December 11, 2023.
Vote: For: Irrgang, Dreyer, Hartman. Against: None. **Motion carried**.

Brad Dreyer made a motion, seconded by Bill Hartman to approve temporary street closures for the Walk to End Alzheimer's on Saturday, August 24, 2024, utilizing streets around Liberty Park and Brum Woods.
Vote: For: Irrgang, Dreyer, Hartman. Against: None. **Motion carried**.

Brad Dreyer made a motion, seconded by Bill Hartman to approve the 2024 Wastewater Utility budget as presented by Clerk-Treasurer Paul Gates.
Vote: For: Irrgang, Dreyer, Hartman. Against: None. **Motion carried**.

Brad Dreyer made a motion, seconded by Bill Hartman to adjourn the meeting.
Vote: For: Irrgang, Dreyer, Hartman. Against: None. **Motion carried**.

Meeting adjourned at 6:36 PM.

_____
John Irrgang, Mayor

Attest:

_____
Paul J. Gates, Clerk-Treasurer

Board of Works
Application for Street Closure(s) /Parking Lot(s) Usage

Consideration for usage of a city street or parking lot should be submitted to the Mayor's Office, **60 days** prior to the requested event date. Once received, the request is placed on the Board of Works agenda for review during their meeting held on the 2nd Monday, monthly at the Memorial Building. **All events, from 5k's & parades to festivals, must include a copy of the event's Site Safety Plan and Certificate of Liability (naming the City of Batesville as an additional insured).** Final decisions will be forwarded to the contact's name listed on this application. **In the event you have issues with the roadway or lot the day of the event, contact the Batesville Police Department at 812-934-3131 and they will notify the appropriate party to assist you.**

Event: Cook Performance Olympics

Date/Time: March 9, 2024 8:00am

Contact: Jeremy Cook

Organization: Cook Performance LLC

Mobile Number: 8122124652

Address: 97 Lacey Ln

Date request submitted: 1/16/2024

City/State/Zip: Batesville, IN 47006

Have you:

- ■ Included a Map of location or route
- ☐ Included a copy of your Certificate of Liability (Naming City of Batesville as additional insured)
- ☐ Notified surrounding property owners of affected street(s) closure? YES NO
- ☐ Included the Site Safety Plan ****Festival?** You must complete the Indiana Department of Homeland Security Special Endorsement Permit by visiting: https://publicsafety.dhs.in.gov/. Certain Circumstances apply.

Your Needs:

3 SAWHORSES

- ■ Cones 100 Amount ☒ Barricades (You are responsible for moving & removing from roadway after event)
- ☐ Fencing (10ft panel)_____ Amount ☐ Police Traffic Assistance

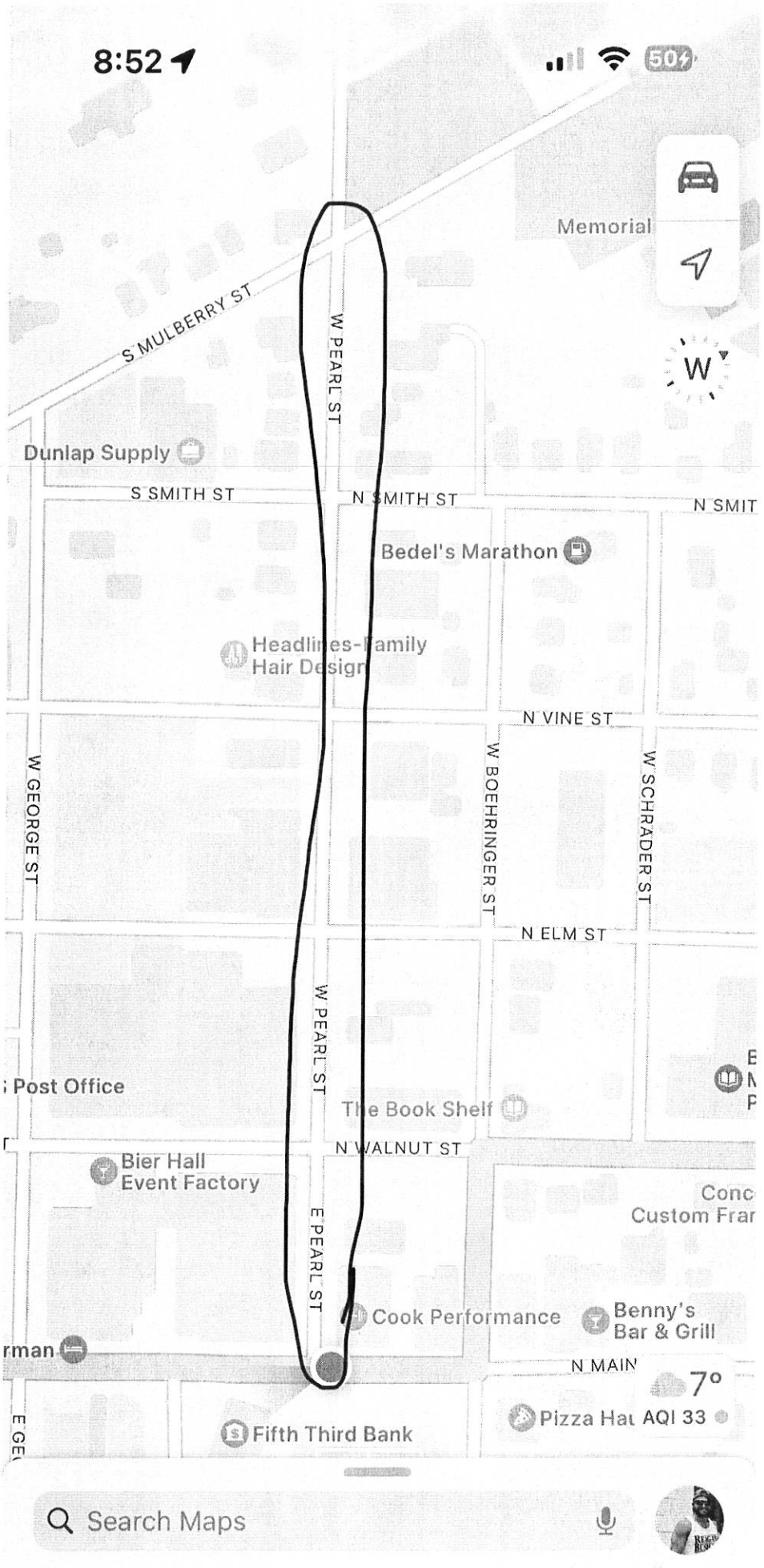
Return completed form 60 DAYS PRIOR TO THE EVENT:

Andrea Wade, Mayor's Office
132 South Main Street
Batesville, IN 47006
awade@batesville.in.gov 812.933.6100

Approval of Application (Office use only)

Date Received: 1/16/2024 Date of Board of Works Approval:_____

Reviewed (Initial): Police Chief BT Fire Chief TS Street TM Mayor JAS


8:52
Memorial
S MULBERRY ST
W PEARL ST
Dunlap Supply
S SMITH ST
N SMITH ST
N SMIT
Bedel's Marathon
Headlines-Family
Hair Design
N VINE ST
W GEORGE ST
W BOEHRINGER ST
W SCHRADER ST
N ELM ST
W PEARL ST
Post Office
The Book Shelf
N WALNUT ST
Bier Hall
Event Factory
Conc
Custom Frar
E PEARL ST
Cook Performance
Benny's
Bar & Grill
N MAIN
7°
Pizza Hat AQI 33
Fifth Third Bank
Search Maps

COOKPER-01 PSCHULER

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/13/2023

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: Steve Stock | |
|---|---|---|
| Voldico Insurance - Steve Stock Agency<br>7474 E Highway 350<br>PO Box 397<br>Milan, IN 47031 | PHONE (A/C, No, Ext): (812) 654-3390 | FAX (A/C, No): (812) 654-3392 |
| | E-MAIL ADDRESS: sstock@voldico.com | |
| | INSURER(S) AFFORDING COVERAGE | NAIC # |
| | INSURER A : United States Liability Insurance Company | 25895 |
| INSURED<br>Cook Performance<br>15 N Main St<br>Batesville, IN 47006 | INSURER B : | |
| | INSURER C : | |
| | INSURER D : | |
| | INSURER E : | |
| | INSURER F : | |

**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 | X COMMERCIAL GENERAL LIABILITY | | | | | | | |
| | CLAIMS-MADE [X] OCCUR | X | | CP 2603374G | 3/6/2023 | 3/6/2024 | 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 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | GENERAL AGGREGATE | $ 2,000,000 |
| | POLICY [ ] PRO-JECT [ ] LOC | | | | | | PRODUCTS - COMP/OP AGG | $ Included |
| | OTHER: | | | | | | | $ |
| | AUTOMOBILE LIABILITY | | | | | | COMBINED SINGLE LIMIT (Ea accident) | $ |
| | ANY AUTO | | | | | | | |
| | OWNED AUTOS ONLY / SCHEDULED AUTOS | | | | | | BODILY INJURY (Per person) | $ |
| | HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY | | | | | | BODILY INJURY (Per accident) | $ |
| | | | | | | | PROPERTY DAMAGE (Per accident) | $ |
| | | | | | | | | $ |
| | UMBRELLA LIAB [ ] OCCUR | | | | | | EACH OCCURRENCE | $ |
| | EXCESS LIAB [ ] CLAIMS-MADE | | | | | | AGGREGATE | $ |
| | DED [ ] RETENTION $ | | | | | | | $ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N | | | | | | [ ] PER STATUTE [ ] OTH-ER | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] (Mandatory in NH) | N / A | | | | | E.L. EACH ACCIDENT | $ |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | 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 Batesville is listed as Additional Insured regarding the General Liability policy.

**CERTIFICATE HOLDER**

City of Batesville
132 S Main St
Batesville, IN 47006

**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

Stephen M Stock

# Board of Works
## Application for Road Closure(s) /Parking Lot(s) Usage

Consideration for usage of a City street or parking lot should be submitted to the Mayor's Office, **60 days** prior to the requested event date. Once received, the request is placed on the Board of Works agenda for review during their meeting held on the 2nd Monday, monthly at the Memorial Building. **All events, from 5k's & parades to festivals, must include a copy of the event's Site Safety Plan and Certificate of Liability (naming the City of Batesville as an additional insured).** Final decisions will be forwarded to the contact name listed on this application. **In the event you have issues with the roadway or lot the day of the event, contact the Batesville Police Department at 812-934-3131 and they will notify the appropriate party to assist you.**

See Attached Map For Street Closure dates/times.

Event: Batesville Blackout Bash

Date/Time: SAT 4/6 12pm - Mon. 4/8 7pm

Contact: Andrea Wade

Organization: Multiple

Mobile Number: 513.266.8234

Address:

Date request submitted: 2/6/2024

City/State/Zip:

**Have you:**

- ☒ Included a Map of location or route
- ☐ Included a copy of your Certificate of Liability (Naming City of Batesville as additional insured)
- ☒ Notified surrounding property owners of affected street(s) closure? YES NO
- ☒ Included the Site Safety Plan ****Festival?** You must complete the Indiana Department of Homeland Security Special Endorsement Permit by visiting: https://publicsafety.dhs.in.gov/. Certain Circumstances apply.

**Your Needs:**

- ☒ Cones 50 Amount
- ☐ Fencing (10ft panel)_____Amount
- ☒ Barricades (You are responsible for moving & removing from roadway after event)
- ☒ Police Traffic Assistance

**Return completed form 60 DAYS PRIOR TO THE EVENT:**

Andrea Wade, Mayor's Office
132 South Main Street
Batesville, IN 47006
awade@batesville.in.gov 812.933.6100

Approval of Application (Office use only)

Date Received: 2/6/2024

Date of Board of Works Approval:_____

Reviewed (Initial): Police Chief [signature] Fire Chief TS Street TM Mayor [signature]

**Batesville Blackout Bash**

**Contacts:** Melissa Moenter, Batesville Area Arts Council,
John Irrgang, City of Batesville, (812) 212-0572
Andrea Wade, City of Batesville, (513) 266-8234

Indiana Department of Homeland Security Entertainment Permit acquired.

**Sunday, April 7, 2024**

- 7:00 am to 7:00 pm – Pohlman St. closed to thru traffic. (CONES)
  Vendors/Stage arrive 9:00 am and access Pohlman St. Batesville PD monitors.

- Traffic assistance on Delaware at Pohlman Rd road closure using Batesville Police Department staff for Pedestrian traffic, 12:00 pm to 5:00 pm

Equipment to be used:

- Cones/barricades/stakes for No Parking on Soccer Field signs

Procedure for reporting a fire or other emergency: call 911.

**Life Safety Strategy:**

1. Exit signs will be posted within Soccer Complex. Safety Plan Map will be available to view at the Information Booth. Inclement weather and shelter in place information located on event brochure
2. Fire Emergency: All participants will be directed to a safety zone – near the information booth (or an area determined based on location of emergency).
3. EMT's will also be on site to provide aid in the event of a health emergency.

# Batesville Blackout Bash | Sunday, April 7, 2024


- Food Options
- Picnic Area
- Food Trucks
- Kid Area
- Craft Vendors
- Restrooms
- Barriers
- Knights of Columbus The Hall (Food Option on 4/8 Only)

Road Closure: Pohlman Street will be CLOSED to thru traffic

PD GH FD IS Street TM Mayor

**Andrea Wade**

**From:** Randy Streator <do-not-reply@batesvilleindiana.us>
**Sent:** Monday, February 5, 2024 1:52 PM
**To:** Andrea Wade; Tim Macyauski; bvillestdept@etczone.com
**Cc:** John Irrgang
**Subject:** Street Closure Request
**Attachments:** CertificateOfIns_CC.tiff

Event Name: Cardinal Crawl 2024

Date of requested closure: 4/13/2024

Requested streets to be closed: Batesville City Trail.
Crossing along trail.

Time of requested closure: 8am – 11 am

Organization: St Louis Catholic School

Contact:

Randy Streator

rstreator@gmail.com

8129340420

17 E Saint Louis PL, Batesville, IN 47006

Event Coordinator:

Secondary Event Coordinator:

Requested streets to be closed: Batesville City Trail.
Crossing along trail.

Additional Requests: Request Cones, Request Police Traffic Assistance

Certificate of Liability (if applicable) is attached.

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This e-mail was sent from the Street Closure Request form on the City of Batesville website.

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 2/5/2024

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| PRODUCER | CONTACT NAME: Kathy Flanagan |
|---|---|
| Arthur J. Gallagher Risk Management Services, LLC<br>2850 Golf Road<br>Rolling Meadows IL 60008 | PHONE (A/C, No, Ext): 630-932-3400 FAX (A/C, No): 630-932-4223<br>E-MAIL ADDRESS: Kathleen_Flanagan@ajgusa.com |

| INSURER(S) AFFORDING COVERAGE | NAIC # |
|---|---|
| INSURER A : Underwriters at Lloyd's London | 15792 |
| INSURER B : Princeton Excess & Surplus Lines Ins Co | 10786 |
| INSURER C : Underwriters at Lloyd's, London | 32727 |
| INSURER D : Safety National Casualty Corporation | 15105 |
| INSURER E : | |
| INSURER F : | |

INSURED
Archdiocese of Indianapolis, Indiana
1400 N Meridian Street
P.O. Box 1410
Indianapolis IN 46206

**COVERAGES** **CERTIFICATE NUMBER:** 679294503 **REVISION NUMBER:**

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| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|---|---|---|---|---|---|---|---|---|
| A | X COMMERCIAL GENERAL LIABILITY | | | BP1018523 | 7/1/2023 | 7/1/2024 | EACH OCCURRENCE | $ 1,000,000 |
| | CLAIMS-MADE X OCCUR | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | $ |
| | X Host Liquor Liab | | | | | | MED EXP (Any one person) | $ |
| | | | | | | | PERSONAL & ADV INJURY | $ |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | GENERAL AGGREGATE | $ |
| | X POLICY PRO-JECT LOC | | | | | | PRODUCTS - COMP/OP AGG | $ |
| | OTHER: | | | | | | | $ |
| A | AUTOMOBILE LIABILITY | | | BP1018523 | 7/1/2023 | 7/1/2024 | COMBINED SINGLE LIMIT (Ea accident) | $ 750,000 |
| | ANY AUTO | | | | | | BODILY INJURY (Per person) | $ |
| | X OWNED AUTOS ONLY; SCHEDULED AUTOS | | | | | | BODILY INJURY (Per accident) | $ |
| | X HIRED AUTOS ONLY; X NON-OWNED AUTOS ONLY | | | | | | PROPERTY DAMAGE (Per accident) | $ |
| | | | | | | | | $ |
| B C | X UMBRELLA LIAB X OCCUR | | | R2A3FF000005605 | 7/1/2023 | 7/1/2024 | EACH OCCURRENCE | $ 10,000,000 |
| | X EXCESS LIAB CLAIMS-MADE | | | CO1018523 | 7/1/2023 | 7/1/2024 | AGGREGATE | $ 10,000,000 |
| | DED X RETENTION $ 1,000,000 | | | | | | | $ |
| D A | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N | N / A | | SP4057040 | 7/1/2023 | 7/1/2024 | X PER STATUTE OTH-ER | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | | | BP1018523 | 7/1/2023 | 7/1/2024 | E.L. EACH ACCIDENT | $ 1,000,000 |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | 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)
If Additional Insured status noted herein, coverage afforded by Form # TNC-G118 Rev. 01/01/12.

Proof of Insurance for use of property and streets for "Cardinal Crawl 5K Walk" on Saturday, April 13, 2024 by St. Louis School, 13 E. St. Louis Place, Batesville, IN 47006. The City of Batesville is named Certificate Holder and Additional Insured in connection with this event.

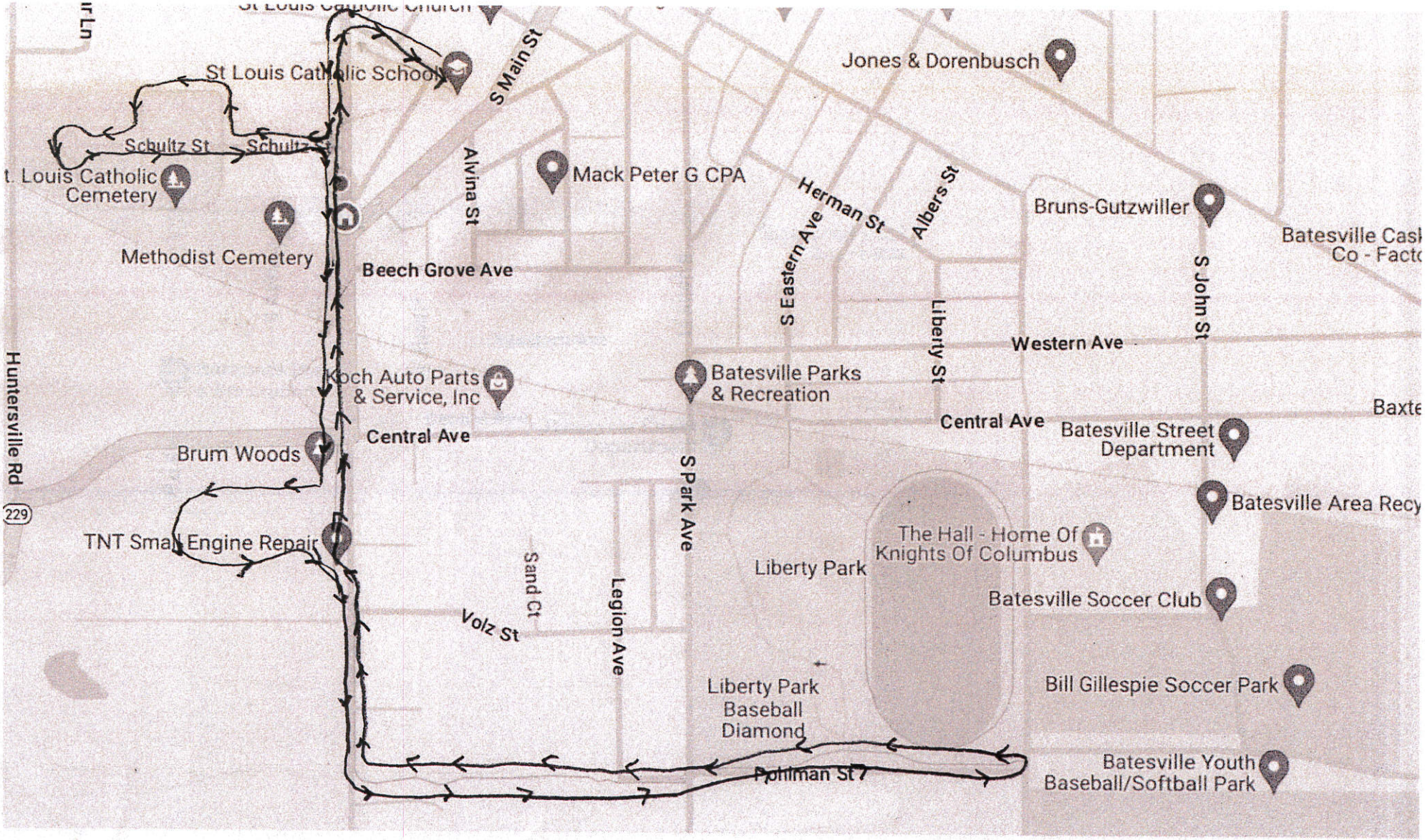
**CERTIFICATE HOLDER**

City of Batesville
132 S. Main Street
Batesville IN 47006

**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


St Louis Catholic School
S Main St
Jones & Dorenbusch
Schultz St
Schultz St
t. Louis Catholic Cemetery
Mack Peter G CPA
Alvina St
Herman St
Albers St
Bruns-Gutzwiller
Batesville Cash Co - Facto
Methodist Cemetery
Beech Grove Ave
S Eastern Ave
S John St
Liberty St
Western Ave
Huntersville Rd
229
Koch Auto Parts & Service, Inc
Batesville Parks & Recreation
Central Ave
Central Ave
Batesville Street Department
Baxte
Brum Woods
S Park Ave
Batesville Area Recy
TNT Small Engine Repair
The Hall - Home Of Knights Of Columbus
Liberty Park
Batesville Soccer Club
Sand Ct
Volz St
Legion Ave
Liberty Park Baseball Diamond
Bill Gillespie Soccer Park
Pohlman St
Batesville Youth Baseball/Softball Park

# Board of Works
## Application for Road Closure(s) /Parking Lot(s) Usage

Request for usage must be made to the City of Batesville Board of Works **60 days prior to the event date**. Please describe the following city streets and/or parking areas to be used on the lines **below. By completing this form,** you acknowledge that any use of spray paint or adhesive markings on city streets and/or trails is **prohibited:**

Six Pine Ranch Road

Event: Hospice 5K Walk Date/Time: Sat. April 27, 2024

Contact: Julie Laudick Organization: Margaret Mary Health

Mobile Number: 812-212-1441 Address: 321 Mitchell Avenue

Date request submitted: 1/16/24 City/State/Zip: Batesville, In 47006

Please Include the following with this request:

- [X] Submitted route(s) and Map of location or route
- [X] A copy of your Certificate of Liability (Naming City of Batesville as additional insured)
- [X] Site Safety Plan **If your event is approved, you may have to complete the Indiana Department of Homeland Security Special Endorsement Permit by visiting: https://publicsafety.dhs.in.gov/. Certain Circumstances apply.

Have you notified property owners of affected street(s) closure? YES NO

**Please select the following, if needed:**

- [X] Cones
- [ ] Barricades (You are responsible for moving barriers into place and removing from roadway after event)
- [ ] Fencing
- [X] Police Traffic Assistance

**Return completed form 60 DAYS PRIOR TO THE EVENT:**

Andrea Wade, Mayor's Office
132 South Main Street
Batesville, IN 47006
or awade@batesvilleindiana.us

Approval of Application (Office use only)

Date Received: 1/16/2024 Date of Board of Works Approval: _____

Reviewed (Initial): Police Chief SH Fire Chief TE Street TM Mayor JOS

**Site Safety Plan**

**Event:** Hospice 5K Walk

**Complete form and present to the Fire Chief for approval**

**Event Coordinator** Julie Laudick

**Phone Number** 812-212-1441

**Secondary Event Coordinator** Geralyn Lutzinger

**Phone Number** 812-212-5698

**Event Date:** Sat April 27, 2024

**Parking Lot or Road Closures:**

List areas and times of closures

* Same as last year.

Six Pine Ranch Rd

**Equipment to be used:**

List items used to close/block off parking lot/road

~~Cones~~ Cones & officers

**Life Safety Strategy:**

See Chapter 4 of the Indiana Fire Code, Section 404.3.2, #4

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 11/15/2023

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.

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**PRODUCER**
Arthur J. Gallagher Risk Management Services, LLC
110 W. Carmel Dr.
Suite 260
Carmel IN 46032

**CONTACT NAME:** Kris Hughes
**PHONE (A/C, No, Ext):** **FAX (A/C, No):**
**E-MAIL ADDRESS:** kris_hughes@ajg.com

| INSURER(S) AFFORDING COVERAGE | NAIC # |
|---|---|
| INSURER A : Suburban Health Organization Risk Retention Group, | |
| INSURER B : | |
| INSURER C : | |
| INSURER D : | |
| INSURER E : | |
| INSURER F : | |

**INSURED** SUBUHEA-01
Margaret Mary Community Hospital, Inc.
321 Mitchell Avenue
Batesville, IN 47006

**COVERAGES** **CERTIFICATE NUMBER:** 1568030892 **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 | X COMMERCIAL GENERAL LIABILITY | | | MMC-07-HPL/GL | 1/1/2024 | 1/1/2025 | EACH OCCURRENCE | $ 1,000,000 |
| | X CLAIMS-MADE ☐ OCCUR | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | $ 100,000 |
| | | | | | | | MED EXP (Any one person) | $ 0 |
| | | | | | | | PERSONAL & ADV INJURY | $ 1,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | GENERAL AGGREGATE | $ 3,000,000 |
| | X POLICY ☐ PRO-JECT ☐ LOC | | | | | | PRODUCTS - COMP/OP AGG | $ 1,000,000 |
| | OTHER: | | | | | | | $ |
| | AUTOMOBILE LIABILITY | | | | | | COMBINED SINGLE LIMIT (Ea accident) | $ |
| | ANY AUTO | | | | | | BODILY INJURY (Per person) | $ |
| | OWNED AUTOS ONLY / SCHEDULED AUTOS | | | | | | BODILY INJURY (Per accident) | $ |
| | HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY | | | | | | PROPERTY DAMAGE (Per accident) | $ |
| | | | | | | | | $ |
| | UMBRELLA LIAB ☐ OCCUR | | | | | | EACH OCCURRENCE | $ |
| | EXCESS LIAB ☐ CLAIMS-MADE | | | | | | AGGREGATE | $ |
| | DED ☐ RETENTION $ | | | | | | | $ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N | | | | | | ☐ PER STATUTE ☐ OTH-ER | |
| | ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ N/A (Mandatory in NH) | | | | | | E.L. EACH ACCIDENT | $ |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | 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)

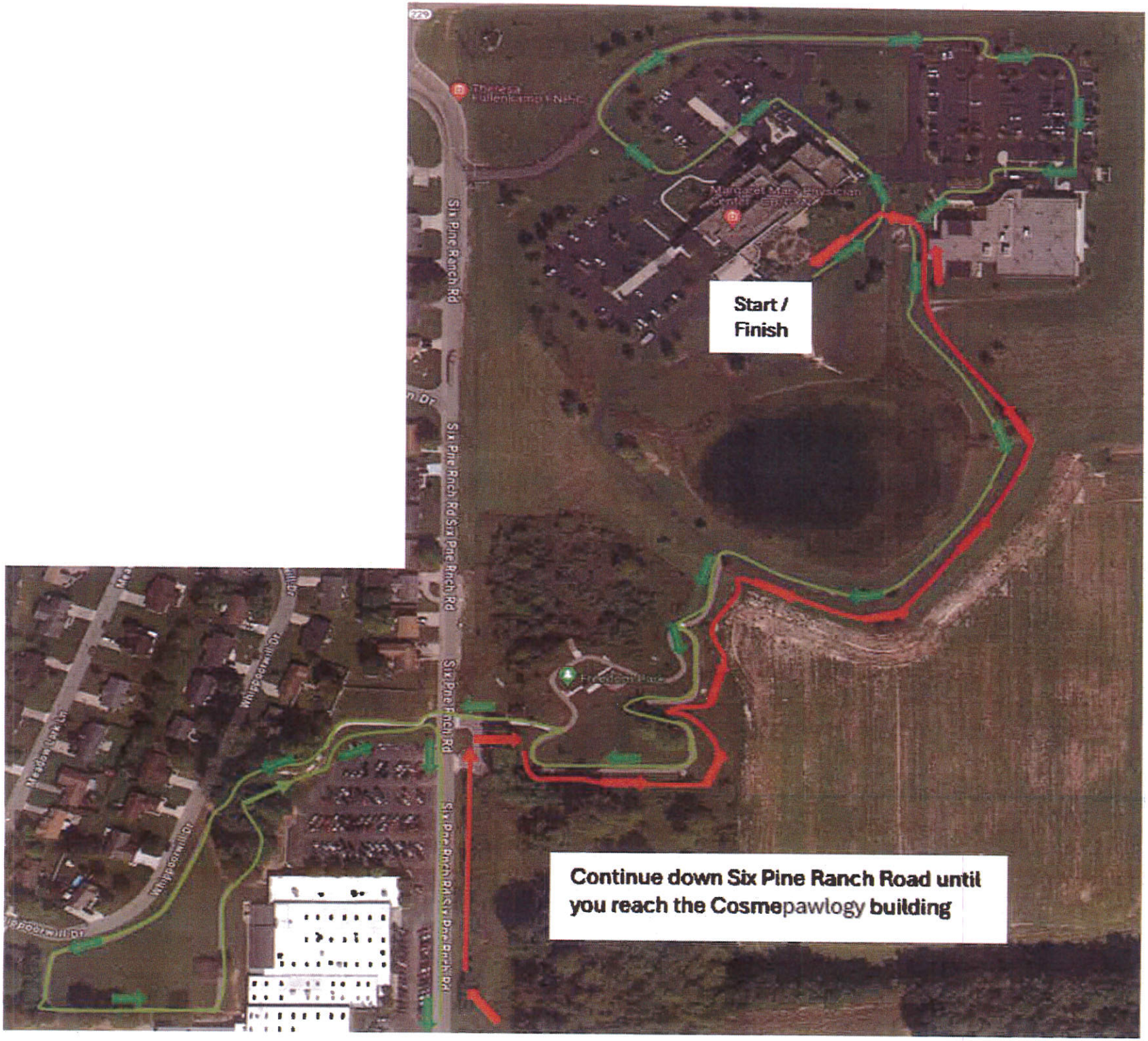
**CERTIFICATE HOLDER**

City of Batesville
132 South Main Street
Batesville IN 47006
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**


Start /
Finish
Six Pine Ranch Rd
Continue down Six Pine Ranch Road until
you reach the Cosmepawlogy building

Board of Works
Application for Street Closure(s) /Parking Lot(s) Usage

Consideration for usage of a city street or parking lot should be submitted to the Mayor's Office, **60 days** prior to the requested event date. Once received, the request is placed on the Board of Works agenda for review during their meeting held on the 2nd Monday, monthly at the Memorial Building. **All events, from 5k's & parades to festivals, must include a copy of the event's Site Safety Plan and Certificate of Liability (naming the City of Batesville as an additional insured).** Final decisions will be forwarded to the contact's name listed on this application. **In the event you have issues with the roadway or lot the day of the event, contact the Batesville Police Department at 812-934-3131 and they will notify the appropriate party to assist you.**

See attached site plan. Parking Lot would need blocked off evening 5/6

Lot vacated by 5/12. Ward School Parking lot needed 5/7-12 for carnival workers

Event: Kiwanis Spring Carnival

Date/Time: 5/9-10 (5-10pm) 5/11 (Noon-11 pm)

Contact: Paul Ketcham

Organization: Batesville Kiwanis

Mobile Number: 812-212-0837

Address: 3973 E Co Rd 1400 N

Date request submitted: 1-22-24

City/State/Zip: Batesville, IN 47006

**Have you:**

- ☒ Included a Map of location or route
- ☒ Included a copy of your Certificate of Liability (Naming City of Batesville as additional insured)
- ☐ Notified surrounding property owners of affected street(s) closure? YES NO
- ☐ Included the Site Safety Plan ****Festival?** You must complete the Indiana Department of Homeland Security Special Endorsement Permit by visiting: https://publicsafety.dhs.in.gov/. Certain Circumstances apply.

**Your Needs:**

- ☒ Cones _____Amount ☐ Barricades (You are responsible for moving & removing from roadway after event)
- ☐ Fencing (10ft panel)_____Amount ☐ Police Traffic Assistance

**Return completed form 60 DAYS PRIOR TO THE EVENT:**

Andrea Wade, Mayor's Office
132 South Main Street
Batesville, IN 47006
awade@batesville.in.gov 812.933.6100

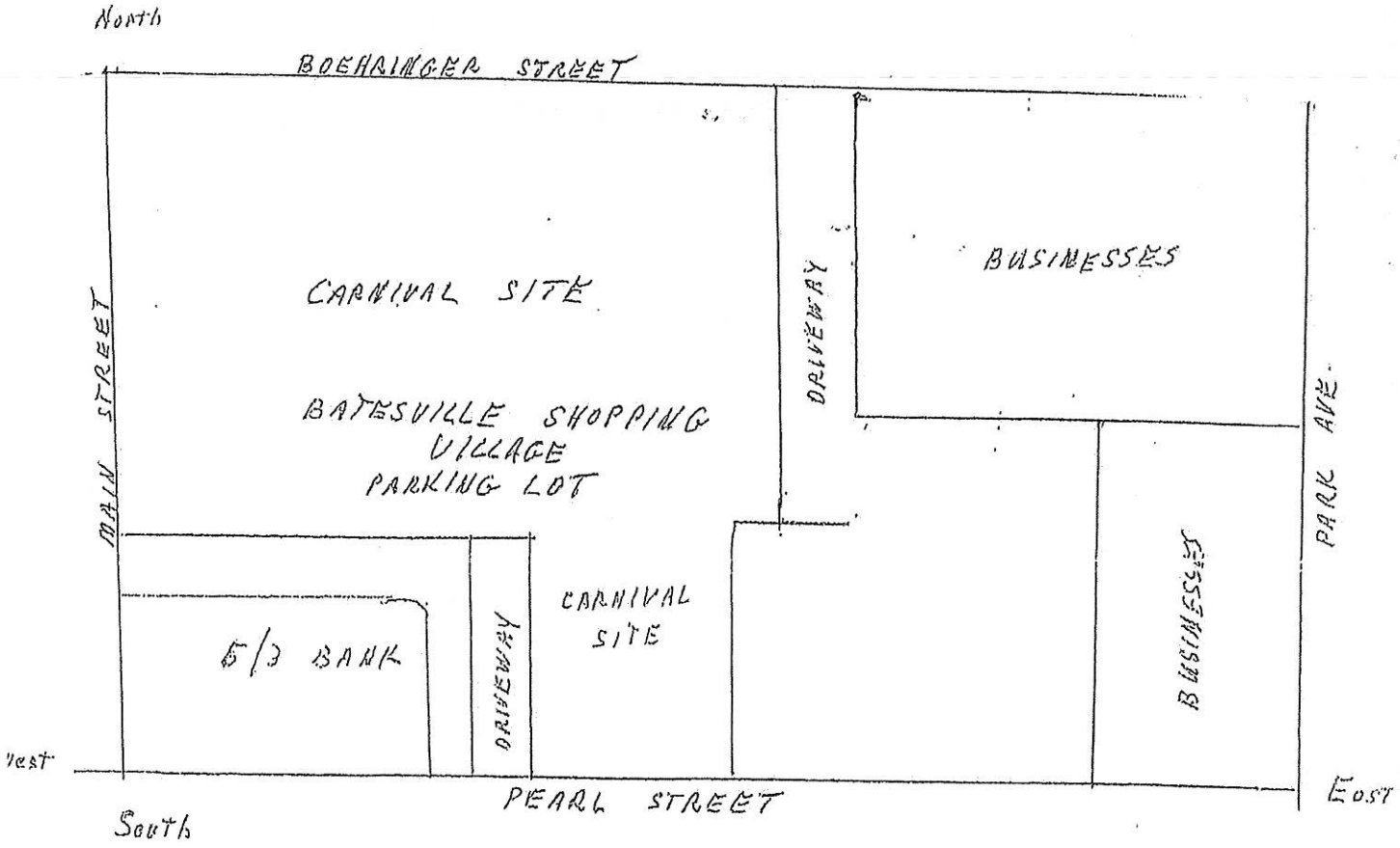
Approval of Application (Office use only)

Date Received: 1/31/2024

Date of Board of Works Approval: _____

Reviewed (Initial): Police Chief SH Fire Chief TS Street _____ Mayor _____

# DOWNTOWN BATESVILLE



**Event:** Kiwanis Spring Carnival

**Complete form and present to the Fire Chief for approval**

**Event Coordinator** Paul Ketcham

**Phone Number** 812-212-0837

**Secondary Event Coordinator** Denny Harmeyer

**Phone Number** 812-212-8165

**Event Date:** May 8th, 9th, and 10th

**Parking Lot or Road Closures:**

List areas and times of closures

Batesville Shopping Village Parking Lot (evening May 6th - 12th)

Ward School Parking Lot (May 7th - 12) for carnival workers

**Equipment to be used:**

List items used to close/block off parking lot/road

Cones

**Life Safety Strategy:**

See Chapter 4 of the Indiana Fire Code, Section 404.3.2, #4

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 3/29/2023

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
McGowan Allied Specialty Insurance
140 Fountain Parkway North, Suite 570
St. Petersburg FL 33716

CONTACT NAME: Sandy Bobkovich
PHONE (A/C, No, Ext): 440-333-6300 x4304 FAX (A/C, No): 440-333-3214
E-MAIL ADDRESS: sbobkovich@mcgowanallied.com

INSURER(S) AFFORDING COVERAGE | NAIC #
INSURER A : Everest National Ins. Company | 10120
INSURER B :
INSURER C :
INSURER D :
INSURER E :
INSURER F :

INSURED
Funtime Carnival, Inc.
P.O. Box 53253
Cincinnati OH 45253
FUNTCAR 02

**COVERAGES** **CERTIFICATE NUMBER: 468720384** **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 | X COMMERCIAL GENERAL LIABILITY | | | SIGML00124231 | 3/30/2023 | 3/30/2024 | EACH OCCURRENCE | $ 1,000,000 |
| | CLAIMS-MADE X OCCUR | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | $ 100,000 |
| | X GGG | | | | | | MED EXP (Any one person) | $ |
| | | | | | | | PERSONAL & ADV INJURY | $ 1,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | GENERAL AGGREGATE | $ 5,000,000 |
| | POLICY PRO-JECT X LOC | | | | | | PRODUCTS - COMP/OP AGG | $ 5,000,000 |
| | OTHER: | | | | | | | $ |
| | AUTOMOBILE LIABILITY | | | | | | COMBINED SINGLE LIMIT (Ea accident) | $ |
| | ANY AUTO | | | | | | BODILY INJURY (Per person) | $ |
| | OWNED AUTOS ONLY / SCHEDULED AUTOS | | | | | | BODILY INJURY (Per accident) | $ |
| | HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY | | | | | | PROPERTY DAMAGE (Per accident) | $ |
| | | | | | | | | $ |
| | UMBRELLA LIAB OCCUR | | | | | | EACH OCCURRENCE | $ |
| | EXCESS LIAB CLAIMS-MADE | | | | | | AGGREGATE | $ |
| | DED RETENTION $ | | | | | | | $ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N | | | | | | PER STATUTE OTH-ER | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N/A | | | | | | E.L. EACH ACCIDENT | $ |
| | (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | 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)

SEE ATTACHED SCHEDULE OF EXPOSURE

**CERTIFICATE HOLDER**

Indiana Department of Homeland Security
Elevator/Amusement Safety Section
402 West Washington Street
Room W246
Indianapolis IN 46204

**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

# Board of Works
## Application for Road Closure(s) /Parking Lot(s) Usage

Request for usage must be made to the City of Batesville Board of Works **60 days prior to the event date.** Please describe the following city streets and/or parking areas to be used on the lines **below. By completing this form,** you acknowledge that any use of spray paint or adhesive markings on city streets and/or trails is **prohibited:**

Six Pine Ranch Road

Event: Girls on the Run

Date/Time: Sat May 11, 2024

Contact: Kristin Rowland

Organization: Margaret May Health

Mobile Number: 812.212.9263

Address: 321 Mitchell Ave

Date request submitted: 1/18/24

City/State/Zip: Batesville, In 47006

Please include the following with this request:

- ☑ Submitted route(s) and Map of location or route
- ☑ A copy of your Certificate of Liability (Naming City of Batesville as additional insured)
- ☑ Site Safety Plan **If your event is approved, you may have to complete the Indiana Department of Homeland Security Special Endorsement Permit by visiting: https://publicsafety.dhs.in.gov/. Certain Circumstances apply.

Have you notified property owners of affected street(s) closure? YES NO

**Please select the following, if needed:**

- ☑ Cones
- ☐ Barricades (You are responsible for moving barriers into place and removing from roadway after event)
- ☐ Fencing
- ☑ Police Traffic Assistance

**Return completed form 60 DAYS PRIOR TO THE EVENT:**

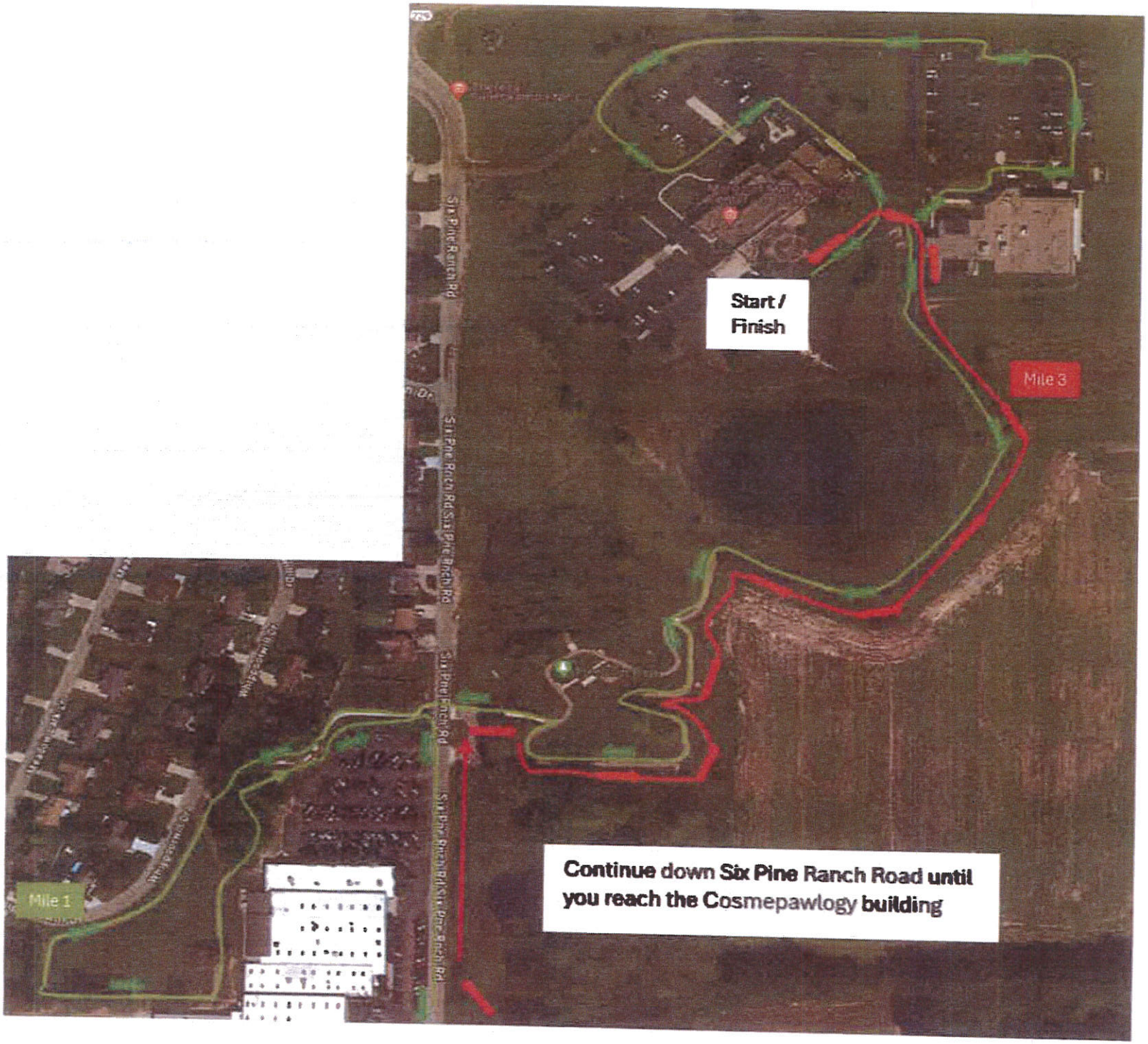
Andrea Wade, Mayor's Office
132 South Main Street
Batesville, IN 47006
or awade@batesvilleindiana.us

Approval of Application (Office use only)

Date Received: 1/18/2024

Date of Board of Works Approval: _____

Reviewed (Initial): Police Chief [signature] Fire Chief TS Street TM Mayor [signature]


Start / Finish
Mile 3
Mile 1
Continue down Six Pine Ranch Road until you reach the Cosmepawlogy building

**Site Safety Plan**

**Event:** Girls on the Run (Spring)

**Complete form and present to the Fire Chief for approval**

**Event Coordinator** Kristin Rowland

**Phone Number** 812-262-9263

**Secondary Event Coordinator** Geralyn Litzinger

**Phone Number** 812-212-5698

**Event Date:** Sat, May 11, 2024

**Parking Lot or Road Closures:**

List areas and times of closures

Intersection of 229 & Six Pine Ranch Rd - to Cosmetology Building

**Equipment to be used:**

List items used to close/block off parking lot/road

Cones & officers

**Life Safety Strategy:**

See Chapter 4 of the Indiana Fire Code, Section 404.3.2, #4

MARGARET MARY HEALTH

MMH Outpatient and Oncology Center
24 Six Pine ranch Road
Batesville, IN 47006

# 2024 Margaret Mary Health 5K Walks Safety Plan & Chain of Command

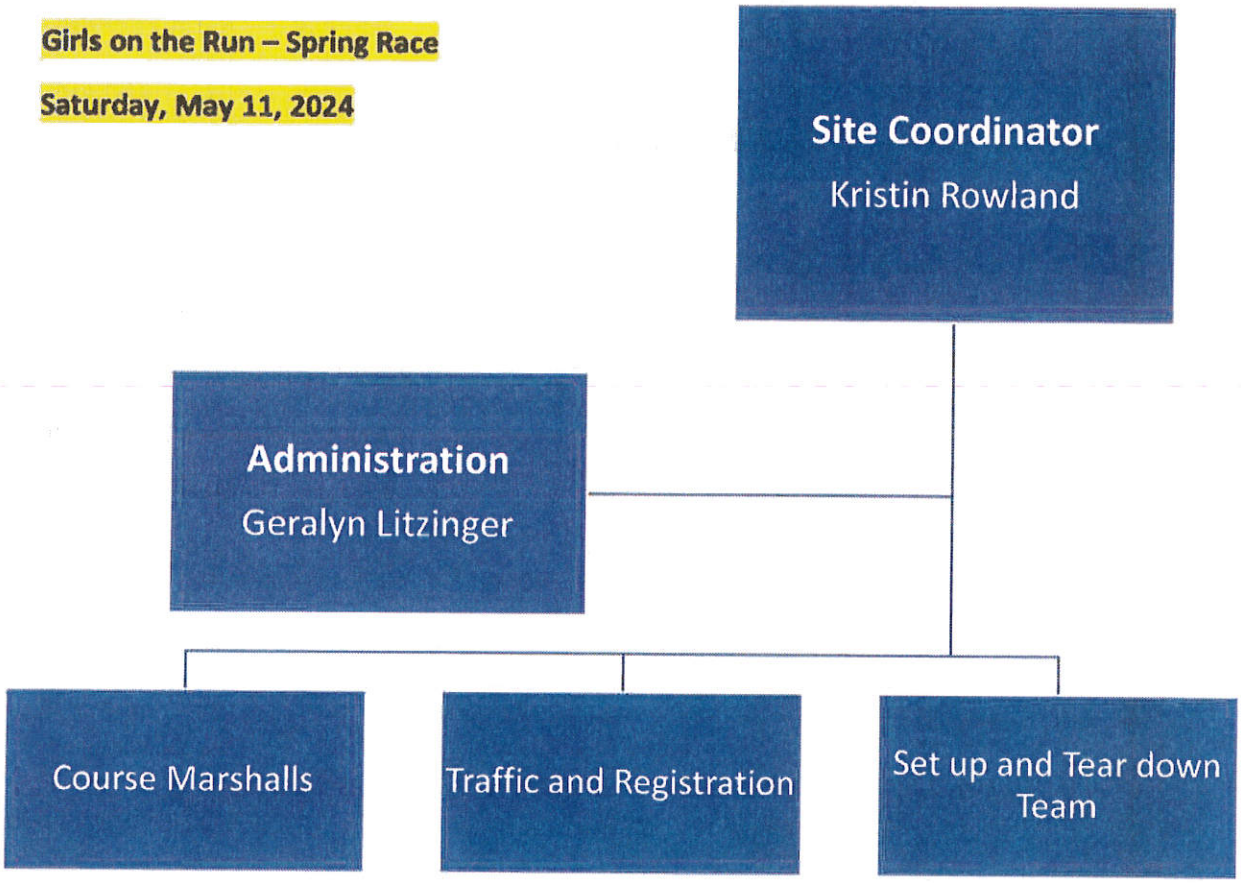
1. General Safety
    a. Everyone on the course should be wearing a high visibility safety vest.
    b. Anyone can stop operations if a hazard is noted, or anyone's safety is concerned.
    c. Notify the Site Coordinator with any safety or security concerns that arise.
2. Traffic Flow
    a. Participants will arrive at Oncology and OPC.
    b. Traffic control will direct the cars into parking lot.
    c. Participants will not be allowed to park in the gathering area/registration area.
    d. Course marshals will be located on the walking path. They will use their cell phones to communicate any course concerns during the event.
    e. Participants will be instructed to stay on the path and follow the course as outlined.
3. In the event of an emergency, the disaster plan will be implemented as follows.
    a. An announcement will be made verbally and via cell phones by the site coordinator to ensure all team members and volunteers are aware of the emergency.
    b. In the event of inclement weather, the site coordinator will make the decision to pause or cancel activities and to shelter in place or evacuate the area. The OPC/Oncology Center will be the shelter in place designated location.
    c. In the event of a medical emergency, the site coordinator or delegated person will dial 911 for EMS assistance. On-site clinical leads will respond immediately with the first aid kit.
4. Evacuation
    a. In the event of a weather-related evacuation, notify Batesville Police (812) 933-3131, to assist with traffic flow out of the clinic in an orderly, single lane fashion. Additionally, the Batesville Police will be onsite during the 5K walk.
    b. In the event of a security or building related evacuation or emergency, dial 911 for police, fire and/or EMS.
5. Meeting Place
    a. In the event of a security related evacuation all team members, volunteers and participants should move from the building or parking lot.
6. First Aid Kit
    a. Available at the registration area.
7. Injury Reporting
    a. If an MMH team member or volunteer is injured, they will need to follow MMH's Occupational Health policy regarding Injury on Duty.

MARGARET MARY HEALTH

MMH Outpatient and Oncology Center
24 Six Pine ranch Road
Batesville, IN 47006

**Girls on the Run – Spring Race**

**Saturday, May 11, 2024**




**Contact Information:**

Geralyn Litzinger – (812) 212-5698

Jonathon Maple – (812) 212-2474

Kristin Rowland – (812) 212-5698

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 11/15/2023

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.

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**PRODUCER**
Arthur J. Gallagher Risk Management Services, LLC
110 W. Carmel Dr.
Suite 260
Carmel IN 46032

**CONTACT NAME:** Kris Hughes
**PHONE (A/C, No, Ext):** **FAX (A/C, No):**
**E-MAIL ADDRESS:** kris_hughes@ajg.com

| INSURER(S) AFFORDING COVERAGE | NAIC # |
|---|---|
| INSURER A : Suburban Health Organization Risk Retention Group, | |
| INSURER B : | |
| INSURER C : | |
| INSURER D : | |
| INSURER E : | |
| INSURER F : | |

**INSURED** SUBUHEA-01
Margaret Mary Community Hospital, Inc.
321 Mitchell Avenue
Batesville, IN 47006

**COVERAGES** **CERTIFICATE NUMBER:** 1568030892 **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 | X COMMERCIAL GENERAL LIABILITY | | | MMC-07-HPL/GL | 1/1/2024 | 1/1/2025 | EACH OCCURRENCE | $ 1,000,000 |
| | X CLAIMS-MADE [ ] OCCUR | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | $ 100,000 |
| | | | | | | | MED EXP (Any one person) | $ 0 |
| | | | | | | | PERSONAL & ADV INJURY | $ 1,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | GENERAL AGGREGATE | $ 3,000,000 |
| | X POLICY [ ] PRO-JECT [ ] LOC | | | | | | PRODUCTS - COMP/OP AGG | $ 1,000,000 |
| | OTHER: | | | | | | | $ |
| | AUTOMOBILE LIABILITY | | | | | | COMBINED SINGLE LIMIT (Ea accident) | $ |
| | ANY AUTO | | | | | | BODILY INJURY (Per person) | $ |
| | OWNED AUTOS ONLY / SCHEDULED AUTOS | | | | | | BODILY INJURY (Per accident) | $ |
| | HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY | | | | | | PROPERTY DAMAGE (Per accident) | $ |
| | | | | | | | | $ |
| | UMBRELLA LIAB [ ] OCCUR | | | | | | EACH OCCURRENCE | $ |
| | EXCESS LIAB [ ] CLAIMS-MADE | | | | | | AGGREGATE | $ |
| | DED [ ] RETENTION $ | | | | | | | $ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N | | | | | | PER STATUTE [ ] OTH-ER | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] N/A | | | | | | E.L. EACH ACCIDENT | $ |
| | (Mandatory in NH) | | | | | | E.L. DISEASE - EA EMPLOYEE | $ |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - POLICY LIMIT | $ |

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

**CERTIFICATE HOLDER**

City of Batesville
132 South Main Street
Batesville IN 47006
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**

Board of Works
Application for Street Closure(s) /Parking Lot(s) Usage

Consideration for usage of a city street or parking lot should be submitted to the Mayor's Office, **60 days** prior to the requested event date. Once received, the request is placed on the Board of Works agenda for review during their meeting held on the 2nd Monday, monthly at the Memorial Building. **All events, from 5k's & parades to festivals, must include a copy of the event's Site Safety Plan and Certificate of Liability (naming the City of Batesville as an additional insured).** Final decisions will be forwarded to the contact's name listed on this application. **In the event you have issues with the roadway or lot the day of the event, contact the Batesville Police Department at 812-934-3131 and they will notify the appropriate party to assist you.**

Requesting (4) barricades and (10) cones

Event: Puppuccino

Date/Time: May 18th 12pm-2pm

Contact: Katelyn LaBolt

Organization: Amack's Well

Mobile Number: 812 212 9608

Address: 103 E George St

Date request submitted: 1/24/24

City/State/Zip: Batesville, IN 47006

**Have you:**

- ■ Included a Map of location or route
- ■ Included a copy of your Certificate of Liability (Naming City of Batesville as additional insured)
- ■ Notified surrounding property owners of affected street(s) closure? YES NO
- ☐ Included the Site Safety Plan ****Festival?** You must complete the Indiana Department of Homeland Security Special Endorsement Permit by visiting: https://publicsafety.dhs.in.gov/. Certain Circumstances apply.

**Your Needs:**

- ■ Cones 10 Amount ☐ Barricades (You are responsible for moving & removing from roadway after event)
- ☐ Fencing (10ft panel)_____ Amount ☐ Police Traffic Assistance

**Return completed form 60 DAYS PRIOR TO THE EVENT:**

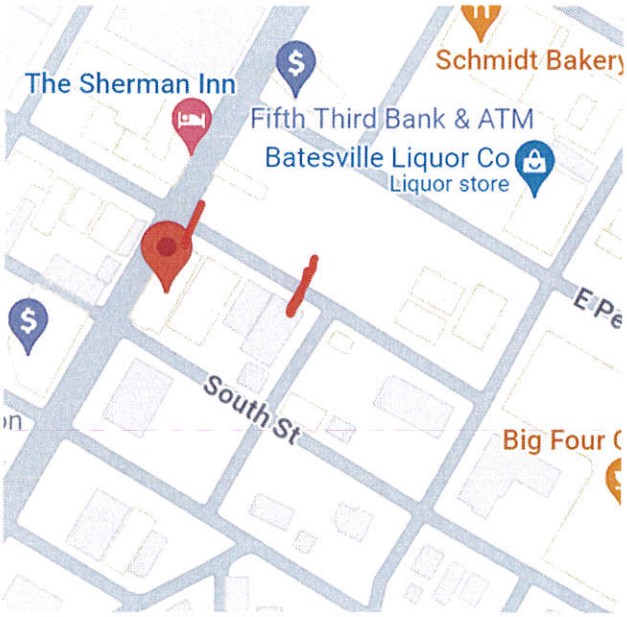
Andrea Wade, Mayor's Office
132 South Main Street
Batesville, IN 47006
awade@batesville.in.gov 812.933.6100

Approval of Application (Office use only)

Date Received: 11/25/2024

Date of Board of Works Approval: _____

Reviewed (Initial): Police Chief _____ Fire Chief _____ Street _____ Mayor _____




Plan to block the street in front of Amack's Well down George Street right before Isons' Pizza.

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 01/24/2024

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.

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| PRODUCER | CONTACT NAME: Sara Slinker | |
|---|---|---|
| Veal Insurance Agency<br>6414 Mimosa Lane<br>Indianapolis, IN 46259 | PHONE (A/C, No, Ext): 317-862-6641 | FAX (A/C, No): 317-862-6644 |
| | E-MAIL ADDRESS: sslinker@vealinsurance.com | |
| | INSURER(S) AFFORDING COVERAGE | NAIC # |
| | INSURER A : Mennonite Mutual Insurance Co | |
| INSURED | INSURER B : | |
| Amack's Well, Inc<br>103 E George St<br>Batesville, IN 47006 | INSURER C : | |
| | INSURER D : | |
| | INSURER E : | |
| | INSURER F : | |

**COVERAGES** **CERTIFICATE NUMBER:** 00005950-48846 **REVISION NUMBER:** 4

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 | X COMMERCIAL GENERAL LIABILITY | Y | | 400152042 | 09/01/2023 | 09/01/2024 | EACH OCCURRENCE | $ 1,000,000 |
| | ☐ CLAIMS-MADE ☐ OCCUR | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | $ 100,000 |
| | | | | | | | MED EXP (Any one person) | $ 5,000 |
| | | | | | | | PERSONAL & ADV INJURY | $ 1,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | GENERAL AGGREGATE | $ 2,000,000 |
| | X POLICY ☐ PRO-JECT ☐ LOC | | | | | | PRODUCTS - COMP/OP AGG | $ 2,000,000 |
| | OTHER: | | | | | | | $ |
| | AUTOMOBILE LIABILITY | | | | | | COMBINED SINGLE LIMIT (Ea accident) | $ |
| | ANY AUTO | | | | | | BODILY INJURY (Per person) | $ |
| | OWNED AUTOS ONLY / SCHEDULED AUTOS | | | | | | BODILY INJURY (Per accident) | $ |
| | HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY | | | | | | PROPERTY DAMAGE (Per accident) | $ |
| | | | | | | | | $ |
| | UMBRELLA LIAB ☐ OCCUR | | | | | | EACH OCCURRENCE | $ |
| | EXCESS LIAB ☐ CLAIMS-MADE | | | | | | AGGREGATE | $ |
| | DED ☐ RETENTION $ | | | | | | | $ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N | | | | | | PER STATUTE ☐ OTH-ER | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ | N / A | | | | | E.L. EACH ACCIDENT | $ |
| | (Mandatory in NH) | | | | | | E.L. DISEASE - EA EMPLOYEE | $ |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - POLICY LIMIT | $ |

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

City of Batesville is named as additional insured. Event date 05/18/2024

**CERTIFICATE HOLDER**

City of Batesville
132 S Main St
Batesville, IN 47006

**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

Sara Slinker (SJS)

# Site Safety Plan

## Event:Puppuccino_____

**Complete form and present to the Fire Chief for approval**

**Event Coordinator** _Katelyn __ LaBolt

**Phone Number** 812 212 9608

**Secondary Event Coordinator** _____

**Phone Number** _____

**Event Date:** 5/18/2024

**Parking Lot or Road Closures:** George St/ Parking Lot Next to Total Tech

List areas and times of closures

11:30 am - 2:30 pm on May 18th 2024

George St: Corner of Amack's to right before Isons Pizza

Parking Lot Between George St and Total Tech

_____

_____

_____

**Equipment to be used:**

List items used to close/block off parking lot/road

Need Barricades for Road and Cones for Parking Lot

_____

**Life Safety Strategy:**

See Chapter 4 of the Indiana Fire Code, Section 404.3.2, #4

# Board of Works
## Application for Road Closure(s) /Parking Lot(s) Usage

Request for usage must be made to the City of Batesville Board of Works **60 days prior to the event date**. Please describe the following city streets and/or parking areas to be used on the lines **below. By completing this form,** you acknowledge that any use of spray paint or adhesive markings on city streets and/or trails is **prohibited:**

Six Pine Ranch Road

Event: Stop the Stigma - Suicide Awareness Date/Time: Sat, Sept 14, 2024

Contact: Gron Kellerman Organization: Margaret May Health

Mobile Number: 812-212-2775 Address: 321 Mitchell Ave

Date request submitted: 1/18/24 City/State/Zip: Batesville, In 47006

Please Include the following with this request:

- ☑ Submitted route(s) and Map of location or route
- ☑ A copy of your Certificate of Liability (Naming City of Batesville as additional insured)
- ☑ Site Safety Plan **If your event is approved, you may have to complete the Indiana Department of Homeland Security Special Endorsement Permit by visiting: https://publicsafety.dhs.in.gov/. Certain Circumstances apply.

Have you notified property owners of affected street(s) closure? YES NO

**Please select the following, if needed:**

- ☑ Cones
- ☐ Barricades (You are responsible for moving barriers into place and removing from roadway after event)
- ☐ Fencing
- ☑ Police Traffic Assistance

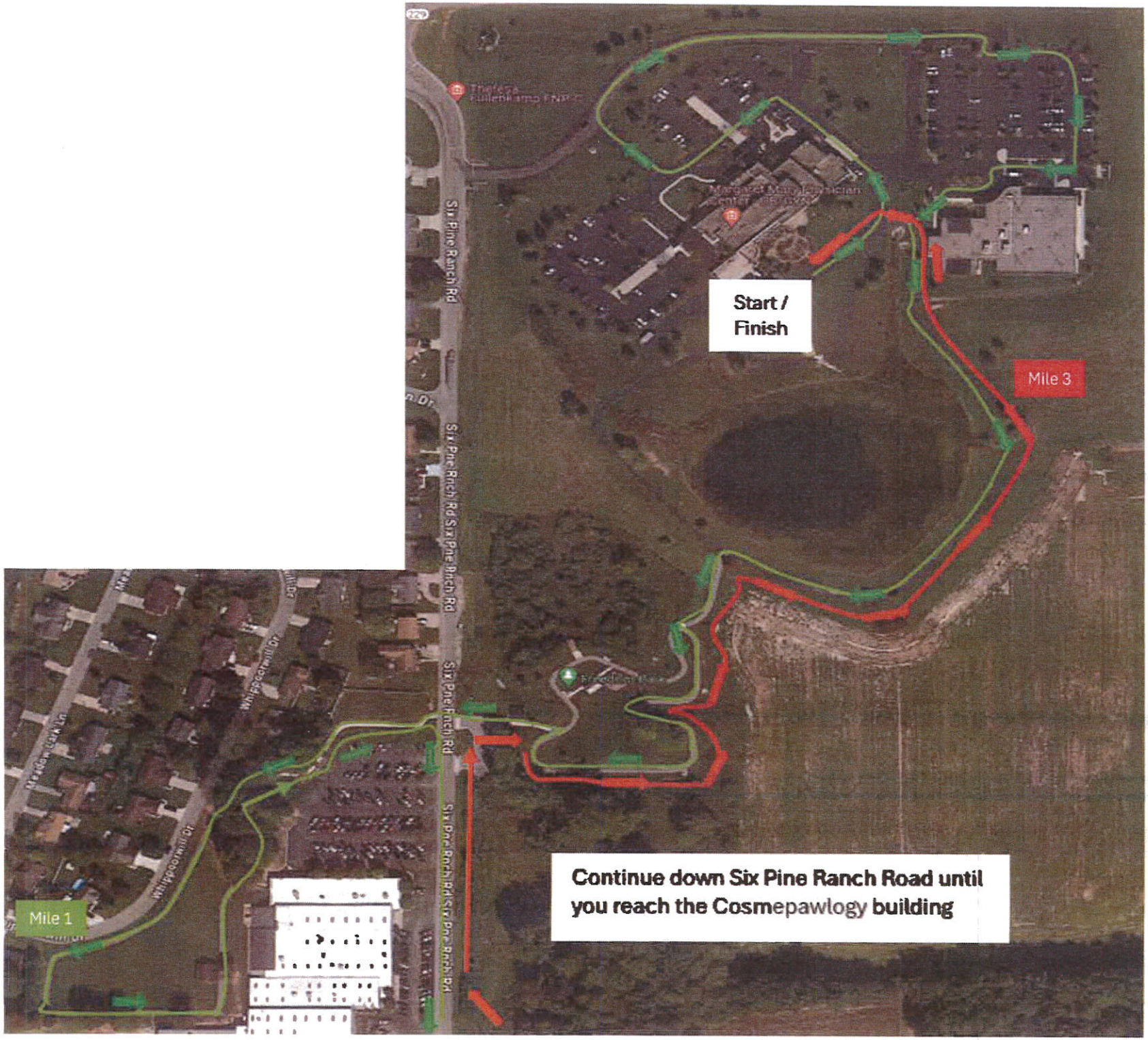
**Return completed form 60 DAYS PRIOR TO THE EVENT:**

Andrea Wade, Mayor's Office
132 South Main Street
Batesville, IN 47006
or awade@batesvilleindiana.us

Approval of Application (Office use only)

Date Received: 1/18/2024 Date of Board of Works Approval: _____

Reviewed (Initial): Police Chief [signature] Fire Chief TJ Street TM Mayor [signature]


Start / Finish
Mile 3
Mile 1
Continue down Six Pine Ranch Road until you reach the Cosmepawlogy building
Six Pine Ranch Rd
Six Pine Ranch Rd
Six Pine Ranch Rd
Six Pine Ranch Rd

Site Safety Plan

**Event:** Stop the Stigma

**Complete form and present to the Fire Chief for approval**

**Event Coordinator** Evon Kellerman

**Phone Number** 812-212-2775

**Secondary Event Coordinator** Geralyn Litzinger

**Phone Number** 812-212-5698

**Event Date:** Sept 14, 2024

**Parking Lot or Road Closures:**

List areas and times of closures

Intersection of 229 & Six Pine Ranch Rd - to Cosmepawlogy Buildings

**Equipment to be used:**

List items used to close/block off parking lot/road

Cones & officers

**Life Safety Strategy:**

See Chapter 4 of the Indiana Fire Code, Section 404.3.2, #4

MARGARET MARY HEALTH

MMH Outpatient and Oncology Center
24 Six Pine ranch Road
Batesville, IN 47006

# 2024 Margaret Mary Health 5K Walks Safety Plan & Chain of Command

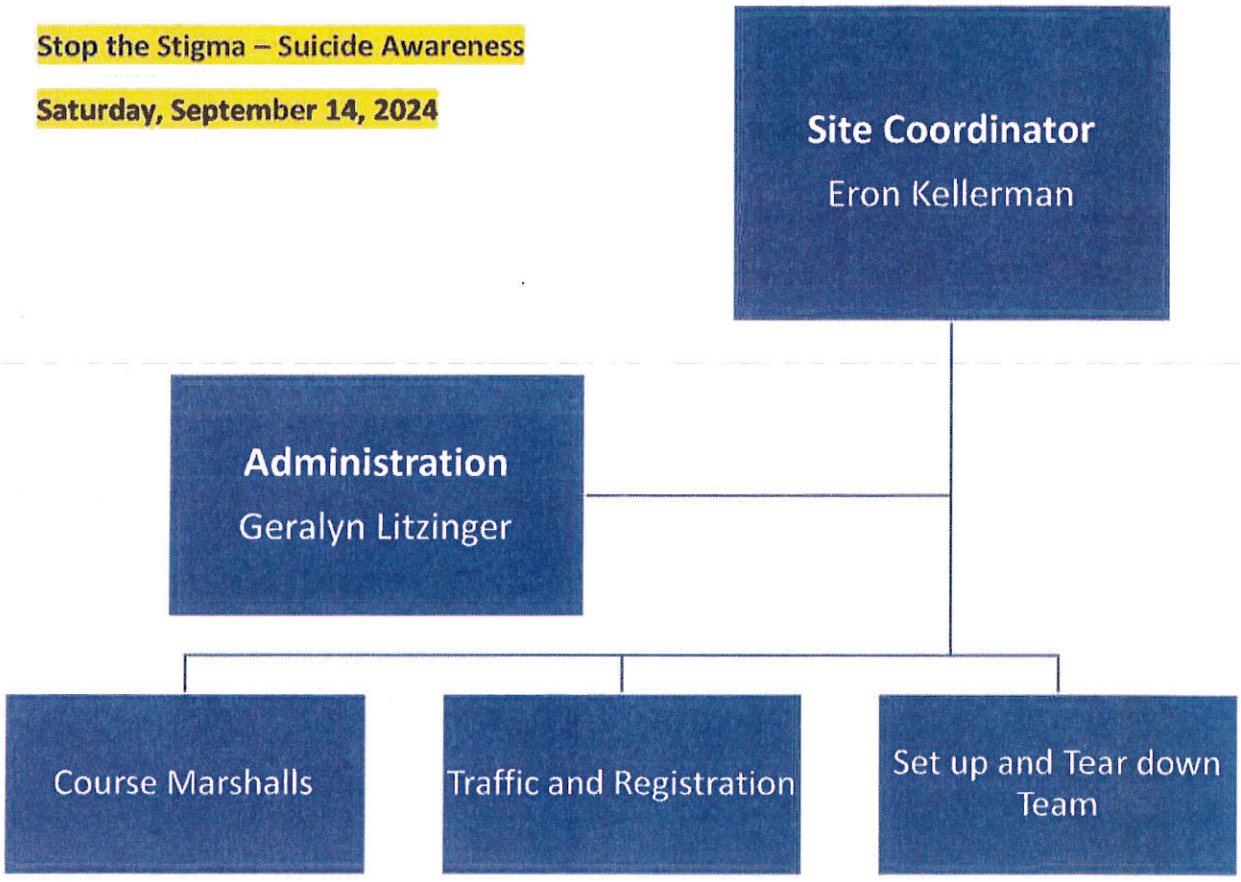
1. General Safety
    a. Everyone on the course should be wearing a high visibility safety vest.
    b. Anyone can stop operations if a hazard is noted, or anyone's safety is concerned.
    c. Notify the Site Coordinator with any safety or security concerns that arise.
2. Traffic Flow
    a. Participants will arrive at Oncology and OPC.
    b. Traffic control will direct the cars into parking lot.
    c. Participants will not be allowed to park in the gathering area/registration area.
    d. Course marshals will be located on the walking path. They will use their cell phones to communicate any course concerns during the event.
    e. Participants will be instructed to stay on the path and follow the course as outlined.
3. In the event of an emergency, the disaster plan will be implemented as follows.
    a. An announcement will be made verbally and via cell phones by the site coordinator to ensure all team members and volunteers are aware of the emergency.
    b. In the event of inclement weather, the site coordinator will make the decision to pause or cancel activities and to shelter in place or evacuate the area. The OPC/Oncology Center will be the shelter in place designated location.
    c. In the event of a medical emergency, the site coordinator or delegated person will dial 911 for EMS assistance. On-site clinical leads will respond immediately with the first aid kit.
4. Evacuation
    a. In the event of a weather-related evacuation, notify Batesville Police (812) 933-3131, to assist with traffic flow out of the clinic in an orderly, single lane fashion. Additionally, the Batesville Police will be onsite during the 5K walk.
    b. In the event of a security or building related evacuation or emergency, dial 911 for police, fire and/or EMS.
5. Meeting Place
    a. In the event of a security related evacuation all team members, volunteers and participants should move from the building or parking lot.
6. First Aid Kit
    a. Available at the registration area.
7. Injury Reporting
    a. If an MMH team member or volunteer is injured, they will need to follow MMH's Occupational Health policy regarding Injury on Duty.

MARGARET MARY HEALTH

MMH Outpatient and Oncology Center
24 Six Pine ranch Road
Batesville, IN 47006

**Stop the Stigma – Suicide Awareness**

**Saturday, September 14, 2024**




**Contact Information:**

Geralyn Litzinger – (812) 212-5698

Jonathon Maple – (812) 212-2474

Eron Kellerman – (812) 212-2775

ACORD®

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/15/2023

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<br>Arthur J. Gallagher Risk Management Services, LLC<br>110 W. Carmel Dr.<br>Suite 260<br>Carmel IN 46032 | CONTACT NAME: Kris Hughes<br>PHONE (A/C, No, Ext): FAX (A/C, No):<br>E-MAIL ADDRESS: kris_hughes@ajg.com |
| INSURED SUBUHEA-01<br>Margaret Mary Community Hospital, Inc.<br>321 Mitchell Avenue<br>Batesville, IN 47006 | INSURER(S) AFFORDING COVERAGE — NAIC #<br>INSURER A : Suburban Health Organization Risk Retention Group,<br>INSURER B :<br>INSURER C :<br>INSURER D :<br>INSURER E :<br>INSURER F : |

**COVERAGES** **CERTIFICATE NUMBER:** 1568030892 **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 | X COMMERCIAL GENERAL LIABILITY | | | MMC-07-HPL/GL | 1/1/2024 | 1/1/2025 | EACH OCCURRENCE | $ 1,000,000 |
| | X CLAIMS-MADE ☐ OCCUR | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | $ 100,000 |
| | | | | | | | MED EXP (Any one person) | $ 0 |
| | | | | | | | PERSONAL & ADV INJURY | $ 1,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | GENERAL AGGREGATE | $ 3,000,000 |
| | X POLICY ☐ PRO-JECT ☐ LOC | | | | | | PRODUCTS - COMP/OP AGG | $ 1,000,000 |
| | OTHER: | | | | | | | $ |
| | AUTOMOBILE LIABILITY | | | | | | COMBINED SINGLE LIMIT (Ea accident) | $ |
| | ANY AUTO | | | | | | BODILY INJURY (Per person) | $ |
| | OWNED AUTOS ONLY ☐ SCHEDULED AUTOS | | | | | | BODILY INJURY (Per accident) | $ |
| | HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY | | | | | | PROPERTY DAMAGE (Per accident) | $ |
| | | | | | | | | $ |
| | UMBRELLA LIAB ☐ OCCUR | | | | | | EACH OCCURRENCE | $ |
| | EXCESS LIAB ☐ CLAIMS-MADE | | | | | | AGGREGATE | $ |
| | DED RETENTION $ | | | | | | | $ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N | | | | | | ☐ PER STATUTE ☐ OTH-ER | |
| | ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ N/A (Mandatory in NH) | | | | | | E.L. EACH ACCIDENT | $ |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | 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)

**CERTIFICATE HOLDER**

City of Batesville
132 South Main Street
Batesville IN 47006
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

# Board of Works
## Application for Road Closure(s) /Parking Lot(s) Usage

Request for usage must be made to the City of Batesville Board of Works **60 days prior to the event date.** Please describe the following city streets and/or parking areas to be used on the lines **below. By completing this form,** you acknowledge that any use of spray paint or adhesive markings on city streets and/or trails is **prohibited:**

Six Pine Ranch Road

Event: Girls on the Run - Fall Date/Time: Sat, Nov 9, 2024

Contact: Kristin Rowland Organization: Margaret Mary Health

Mobile Number: 812-212-9263 Address: 321 Mitchell Ave

Date request submitted: 6/18/24 City/State/Zip: Batesville, In 47006

Please Include the following with this request:

- ☑ Submitted route(s) and Map of location or route
- ☑ A copy of your Certificate of Liability (Naming City of Batesville as additional insured)
- ☑ Site Safety Plan **If your event is approved, you may have to complete the Indiana Department of Homeland Security Special Endorsement Permit by visiting: https://publicsafety.dhs.in.gov/. Certain Circumstances apply.

Have you notified property owners of affected street(s) closure? YES NO

**Please select the following, if needed:**

- ☑ Cones ☐ Barricades (You are responsible for moving barriers into place and removing from roadway after event)
- ☐ Fencing ☑ Police Traffic Assistance

Return completed form 60 DAYS PRIOR TO THE EVENT:

Andrea Wade, Mayor's Office
132 South Main Street
Batesville, IN 47006
or awade@batesvilleindiana.us

---

Approval of Application (Office use only)

Date Received: 1/18/2024 Date of Board of Works Approval: _____

Reviewed (Initial): Police Chief [signature] Fire Chief TS Street TM Mayor [signature]


Start / Finish
Mile 3
Mile 1
Continue down Six Pine Ranch Road until you reach the Cosmepawlogy building

**Site Safety Plan**

**Event:** Girls on the Run (Fall)

**Complete form and present to the Fire Chief for approval**

**Event Coordinator** Kristin Rowland

**Phone Number** 812-212-9263

**Secondary Event Coordinator** Geralyn Litzinger

**Phone Number** 812-212-5698

**Event Date:** Sat Nov 9, 2024

**Parking Lot or Road Closures:**

List areas and times of closures

Intersection of 229 & Six Pine Ranch Rd - to Cosmetology Building

**Equipment to be used:**

List items used to close/block off parking lot/road

Cones & officers

**Life Safety Strategy:**

See Chapter 4 of the Indiana Fire Code, Section 404.3.2, #4

MARGARET MARY HEALTH

MMH Outpatient and Oncology Center
24 Six Pine ranch Road
Batesville, IN 47006

# 2024 Margaret Mary Health 5K Walks Safety Plan & Chain of Command

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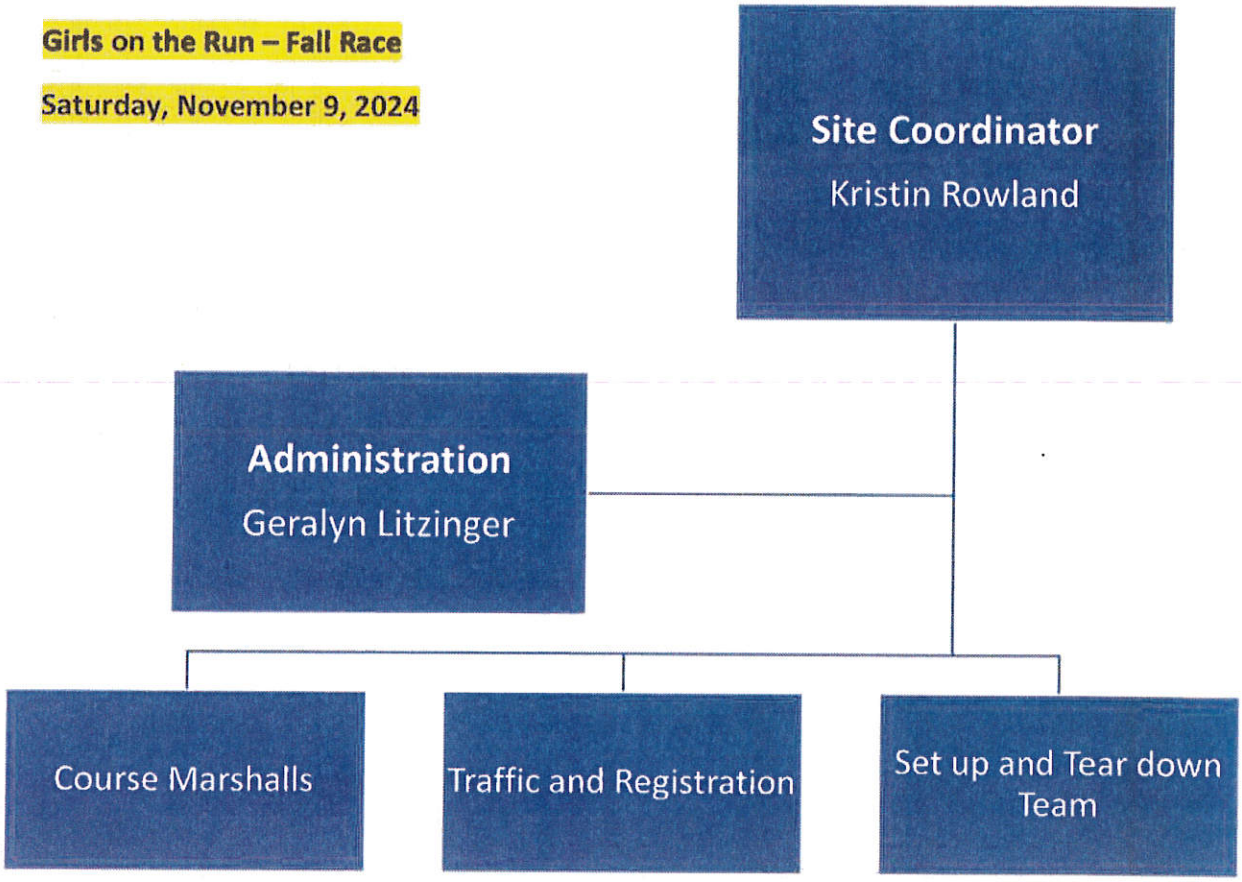
    b. In the event of a security or building related evacuation or emergency, dial 911 for police, fire and/or EMS.
5. Meeting Place
    a. In the event of a security related evacuation all team members, volunteers and participants should move from the building or parking lot.
6. First Aid Kit
    a. Available at the registration area.
7. Injury Reporting
    a. If an MMH team member or volunteer is injured, they will need to follow MMH's Occupational Health policy regarding Injury on Duty.

MARGARET MARY HEALTH

MMH Outpatient and Oncology Center
24 Six Pine ranch Road
Batesville, IN 47006

**Girls on the Run – Fall Race**

**Saturday, November 9, 2024**




**Contact Information:**

Geralyn Litzinger – (812) 212-5698

Jonathon Maple – (812) 212-2474

Kristin Rowland – (812) 212-5698

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**PRODUCER**
Arthur J. Gallagher Risk Management Services, LLC
110 W. Carmel Dr.
Suite 260
Carmel IN 46032

**CONTACT NAME:** Kris Hughes
**PHONE (A/C, No, Ext):** | **FAX (A/C, No):**
**E-MAIL ADDRESS:** kris_hughes@ajg.com

| INSURER(S) AFFORDING COVERAGE | NAIC # |
|---|---|
| INSURER A : Suburban Health Organization Risk Retention Group, | |
| INSURER B : | |
| INSURER C : | |
| INSURER D : | |
| INSURER E : | |
| INSURER F : | |

**INSURED** SUBUHEA-01
Margaret Mary Community Hospital, Inc.
321 Mitchell Avenue
Batesville, IN 47006

**COVERAGES** **CERTIFICATE NUMBER:** 1568030892 **REVISION NUMBER:**

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| | X CLAIMS-MADE ☐ OCCUR | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | $ 100,000 |
| | | | | | | | MED EXP (Any one person) | $ 0 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | PERSONAL & ADV INJURY | $ 1,000,000 |
| | X POLICY ☐ PRO-JECT ☐ LOC | | | | | | GENERAL AGGREGATE | $ 3,000,000 |
| | OTHER: | | | | | | PRODUCTS - COMP/OP AGG | $ 1,000,000 |
| | | | | | | | | $ |
| | AUTOMOBILE LIABILITY | | | | | | COMBINED SINGLE LIMIT (Ea accident) | $ |
| | ANY AUTO | | | | | | BODILY INJURY (Per person) | $ |
| | OWNED AUTOS ONLY ☐ SCHEDULED AUTOS | | | | | | BODILY INJURY (Per accident) | $ |
| | HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY | | | | | | PROPERTY DAMAGE (Per accident) | $ |
| | | | | | | | | $ |
| | UMBRELLA LIAB ☐ OCCUR | | | | | | EACH OCCURRENCE | $ |
| | EXCESS LIAB ☐ CLAIMS-MADE | | | | | | AGGREGATE | $ |
| | DED ☐ RETENTION $ | | | | | | | $ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N | | | | | | PER STATUTE ☐ OTH-ER | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ (Mandatory in NH) | N/A | | | | | E.L. EACH ACCIDENT | $ |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | 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)

**CERTIFICATE HOLDER**
City of Batesville
132 South Main Street
Batesville IN 47006
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**
J Rymer