



HUMBOLDT BAY FIRE  
533 "C" Street  
Eureka, CA 95501  
(707) 441-4000

Banner Check-Off List



- Humboldt Bay Fire maintains the reservation calendar for the two banner locations at 5<sup>th</sup> & "C" Streets and Harris & Spring Streets. Reserve dates for banner.
- Complete the Banner Hanging Application.
- Obtain a Certificate of Insurance and Additional Insured Endorsement required by the City of Eureka.
- Ensure the banner conforms to construction requirements listed on the Banner Hanging Application.
- Obtain Fire Department approval/signature on Banner Hanging Application for items listed above.

**5<sup>th</sup> & "C" Street location:**

- Ten days prior to installation date, submit required paperwork and banner to the Administrative personnel at Humboldt Bay Fire, 533 "C" Street.
- After the removal date, pick up banner from Humboldt Bay Fire within two weeks.

**Harris & Spring Street location:**

- Ten days prior to installation date, submit required paperwork and banner to the Operating Clerk at Pacific Gas & Electric Company, 2905 Hubbard Lane, Suite B, (707) 445-5697.
- After the removal date, pick up banner from Pacific Gas & Electric within two weeks.



HUMBOLDT BAY FIRE  
533 "C" Street, Eureka, CA 95501

Banner Hanging Application

Applicant: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Purpose for Banner: \_\_\_\_\_

***Permits shall be issued only to civic organizations or public agencies for the purpose of bringing to the attention of the public events which are of a general public interest, such as parades, fairs and community celebrations. No permit shall be issued to further political or commercial events.***

No permit will be issued for a period in excess of two weeks or more than four times per calendar year.

Banner Location, Requirement(s) & Dates:

<input type="checkbox"/> <b><u>5<sup>th</sup> &amp; "C" Streets</u></b> <i>(Installed by fire department personnel on Sundays only, due to a light traffic flow)</i> <input type="checkbox"/> Contact Information: Administrative Technician Humboldt Bay Fire 533 "C" Street Eureka, CA 95501 (707) 441-4000 <input type="checkbox"/> Certificate of Insurance <i>(Attach to application)</i>  Date of Install: _____  Date of Removal: _____	<input type="checkbox"/> <b><u>Harris &amp; Spring Streets</u></b> <i>(Installed by PG&amp;E personnel, due to high voltage lines)</i> <input type="checkbox"/> Contact Information: Operating Clerk Pacific Gas & Electric 2905 Hubbard Lane, Suite B Eureka, CA 95501 (707) 445-5697 <input type="checkbox"/> Certificate of Insurance <i>(Attach to application)</i>  Date of Install: _____  Date of Removal: _____
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**Banner Construction:**            *(Banner must conform to requirements listed below and will be validated prior to hanging)*

- Banner to be no smaller than 24" high by 12' wide and no larger than 30" inches high by 15' feet wide.
- 10 oz. reinforced banner material or material of equal strength, hemmed edges with reinforced corners.
- Banners shall have a minimum of six (6) vents for a 24" x 12' banner and eight vents for a 30" by 15' banner (*stitched reinforced vents.*) Vent openings shall be of a size sufficient to pass an adult fist through.
- Letters shall be a minimum of 6" in height. Painted letters shall be of a type that will not run in wet weather.
- 5<sup>th</sup> & "C" Streets:** Street Banner to have a one inch, 3000 pound rated nylon webbing running continuously along the upper and lower (top & bottom) dimensions of the banner with ¼" steel O-rings triple stitched in the ends of the webbing. This assembly shall be of sufficient design and construction to adequately support the banner by the four corners.
- Harris & Spring Streets:** One-half inch (1/2") manila, or three-eighths inch (3/8") nylon or polypropylene, rope will be utilized for hanging the banner. The rope will extend the length of the banner both top and bottom. An excess of twenty-five feet (25') of rope will extend beyond the four corners for tying to the poles. The rope at the top and bottom of the banner is to be tied at each corner as close to the banner as possible. This is to keep the banner from sliding back and forth on the rope.

In signing this permit, applicant and or contractor agree to terms and conditions stated hereon and/or attached hereto.

**Hold Harmless Agreement**

APPLICANT shall indemnify and hold harmless CITY and its officers, officials, employees, and volunteers from and against all claims, damages, losses and expenses including attorney fees arising out of the performance of the work described herein, caused in whole or in part by any negligent act or omission of the contractor, any subcontractor, anyone directly or indirectly employed by any of them or anyone for whose acts any of them may be liable, except where caused by the active negligence, sole negligence, or willful misconduct of CITY.

\_\_\_\_\_ Date: \_\_\_\_\_ Fee: (Waived)  
Applicant Signature

\_\_\_\_\_ Date: \_\_\_\_\_  
Fire Department Approval



CITY OF EUREKA  
531 "K" Street, Eureka, CA 95501

Certificate of Insurance Requirements

Prior to Banner installation, the applicant/organization shall furnish to Humboldt Bay Fire a certificate and endorsement(s) of insurance showing that they have the following minimum insurance coverage. Coverage shall be effective through the term of the installation.

General Liability: \$2,000,000 Combined Single Limit per occurrence for bodily injury, personal injury, and property damage.

In addition to a Certificate of Insurance the applicant must provide an Additional Insured Endorsement which must contain the following specific components: (See attached example.)

1. The insurance policy number.
2. A statement that includes the following language:

*"The City of Eureka, including its officers, officials, employees, and volunteers, are insured."*

3. A statement that includes the following language:

*"The insurance shall be primary as respects the insured shown in the schedule above, or if excess, shall stand in an unbroken chain of coverage excess of the Named Insured's scheduled underlying primary coverage. In either event, any other insurance maintained by the Insured scheduled above shall be in excess of this insurance and shall not be called upon to contribute with it."*

4. A statement that includes the following language:

*"The insurance afforded by this policy shall not be canceled except after thirty days prior written notice by certified mail return receipt requested has been given to the City."*

5. An original, authorized signature.

Note: A CG 20 10 11 85 Form is preferred for General Liability Endorsements. Alternative endorsement may be substituted, but must reference "your work".

# CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

(the "City")

<b>PRODUCER</b>  	THIS CERTIFICATE OF INSURANCE IS NOT AN INSURANCE POLICY AND DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.												
<b>INSURED</b>  	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"><b>COMPANIES</b></td> <td style="text-align: center;"><b>BEST'S RATING</b></td> </tr> <tr> <td>COMPANY LETTER <b>A</b> _____</td> <td>_____</td> </tr> <tr> <td>COMPANY LETTER <b>B</b> _____</td> <td>_____</td> </tr> <tr> <td>COMPANY LETTER <b>C</b> _____</td> <td>_____</td> </tr> <tr> <td>COMPANY LETTER <b>D</b> _____</td> <td>_____</td> </tr> <tr> <td>COMPANY LETTER <b>E</b> _____</td> <td>_____</td> </tr> </table>	<b>COMPANIES</b>	<b>BEST'S RATING</b>	COMPANY LETTER <b>A</b> _____	_____	COMPANY LETTER <b>B</b> _____	_____	COMPANY LETTER <b>C</b> _____	_____	COMPANY LETTER <b>D</b> _____	_____	COMPANY LETTER <b>E</b> _____	_____
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COMPANY LETTER <b>D</b> _____	_____												
COMPANY LETTER <b>E</b> _____	_____												

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)	ALL LIMITS IN THOUSANDS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR. <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT. <input type="checkbox"/> OTHER _____				GENERAL AGGREGATE \$ _____ PRODUCTS-COMP/OPS AGGREGATE \$ _____ PERSONAL & ADVERTISING INJURY \$ _____ EACH OCCURRENCE \$ _____ FIRE DAMAGE (Any one fire) \$ _____ MEDICAL EXPENSE (Any one person) \$ _____
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY				COMBINED SINGLE LIMIT \$ _____ BODILY INJURY (Per person) \$ _____ BODILY INJURY (Per accident) \$ _____ PROPERTY DAMAGE \$ _____
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ _____ AGGREGATE \$ _____
	<input type="checkbox"/> WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY				STATUTORY _____ EACH ACCIDENT \$ _____ DISEASE-POLICY LIMIT \$ _____ DISEASE-EACH EMPLOYEE \$ _____
	PROPERTY INSURANCE <input type="checkbox"/> COURSE OF CONSTRUCTION				AMOUNT OF INSURANCE \$ _____

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/RESTRICTIONS/SPECIAL ITEMS

**THE FOLLOWING PROVISIONS APPLY:**

1. None of the above-described policies will be canceled until after 30 days' written notice has been given to the City at the address indicated below.
2. The City, its officials, officers, employees and volunteers are added as insureds on all liability insurance policies listed above.
3. It is agreed that any insurance or self-insurance maintained by the City will apply in excess of and not contribute with, the insurance described above.
4. The City is named a loss payee on the property insurance policies described above, if any.
5. All rights of subrogation under the property insurance policy listed above have been waived against the City.
6. The workers' compensation insurer named above, if any, agrees to waive all rights of subrogation against the City for injuries to employees of the insured resulting from work for the City or use of the City's premises or facilities.

<b>CERTIFICATE HOLDER/ADDITIONAL INSURED</b> (CITY)	<b>AUTHORIZED REPRESENTATIVE</b> SIGNATURE _____ TITLE _____ PHONE NO. _____
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INSURER  
POLICY NO:  
ENDORSEMENT NO:

ISO FORM CG 20 11 01 96 (MODIFIED)  
COMMERCIAL GENERAL LIABILITY

**THIS ENDORSEMENT CHANGES THE POLICY, PLEASE READ IT CAREFULLY**  
**ADDITIONAL INSURED – MANAGERS OR LESSORS OF PREMISES**

This endorsement modifies insurance provided under the following:

**COMMERCIAL GENERAL LIABILITY COVERAGE PART.**

**SCHEDULE**

1. Designation of Premises (Part Leased to You):
2. Name of Person or Organization (ADDITIONAL INSURED):
3. Additional Premium:

(If no entry appears above, the information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement).

**WHO IS INSURED** (Section II) is amended to include as an insured the person or organization shown in the Schedule but only with respect to liability arising out of the ownership, maintenance or use of that part of the premises leased to you and shown in the Schedule and subject to the following additional exclusions.

This insurance does not apply to:

1. Any "occurrence" which takes place after you cease to be a tenant in that premises.
2. Structural alterations, new construction or demolition operations performed by or on behalf of the person or organization shown in the Schedule.

**Modifications to ISO for CG 20 11 01 96**

1. The insured scheduled above includes the insured's elected or appointed officers, officials, employees and volunteers.
2. This insurance shall be primary as respects the insured shown in the schedule above, or if excess, shall stand in an unbroken chain of coverage excess of the Named Insured's scheduled underlying primary coverage. In either event, any other insurance maintained by the Insured scheduled above shall be in excess of this insurance and shall not be called upon to contribute with it.
3. The insurance afforded by this policy shall not be canceled except after thirty (30) days prior written notice by certified mail, return receipt requested, has been given to the Entity.

\_\_\_\_\_  
Signature-Authorized Representative

\_\_\_\_\_  
Address