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**THE CITY OF BLUE ISLAND  
COOK COUNTY, ILLINOIS**

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**RESOLUTION  
NUMBER 2017-013**

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**A RESOLUTION ALLOWING THE GIRL SCOUTS OF GREATER  
CHICAGO AND NORTHWEST INDIANA TO HOLD BI-WEEKLY  
MEETINGS AT THE JOHN D. RITA RECREATION CENTER.**

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**DOMINGO F. VARGAS, Mayor  
Randy Heuser, City Clerk**

<b>1st Ward</b>	<b>TOM HAWLEY</b>	<b>GEORGE POULOS</b>
<b>2nd Ward</b>	<b>LETICIA VIEYRA</b>	<b>FRED BILOTTO</b>
<b>3rd Ward</b>	<b>NANCY RITA</b>	<b>KEVIN DONAHUE</b>
<b>4th Ward</b>	<b>CANDACE CARR</b>	<b>ALECIA SLATTERY</b>
<b>5th Ward</b>	<b>JANICE OSTLING</b>	<b>KENNETH PITTMAN</b>
<b>6th Ward</b>	<b>DEXTER JOHNSON</b>	<b>JAIRO FRAUSTO</b>
<b>7th Ward</b>	<b>NANCY THOMPSON</b>	<b>JAMES JOHANSON</b>

**Aldermen**

## **RESOLUTION NO. 2017-013**

### **A RESOLUTION ALLOWING THE GIRL SCOUTS OF GREATER CHICAGO AND NORTHWEST INDIANA TO HOLD BI-WEEKLY MEETINGS AT THE JOHN D. RITA RECREATION CENTER**

Whereas, the Mayor and City Council of the City of Blue Island wish to support the Girl Scouts of Greater Chicago and Northwest Indiana and welcome them to Blue Island;

Whereas, the Girl Scouts of Greater Chicago and Northwest Indiana request to use the John D. Rita Recreation Center to hold their bi-weekly meetings;

Whereas, the appropriate city officials have considered and reviewed the application and insurance policy attached as Exhibit A and find the same to be in the best interests of the City;

NOW AND THEREFORE, BE IT RESOLVED by the City Council of the City of Blue Island, Cook County, Illinois, as follows:

#### **SECTION 1: AGREEMENT FORM AND TERMS AUTHORIZED**

The terms and conditions as shown in the Agreement attached as Exhibit A to this Resolution are hereby approved.

#### **SECTION 2: AUTHORIZATION OF AGENT TO EXECUTE AND ACT IN ACCORDANCE WITH AGREEMENT**

The City Council further authorizes the Mayor or his designee to execute any and all documentation that may be necessary to carry out the intent of this Resolution. The officers, employees, and/or agents of the City shall take all action necessary or reasonably required by the City to carry out, give effect to, and consummate the intent of this Resolution.

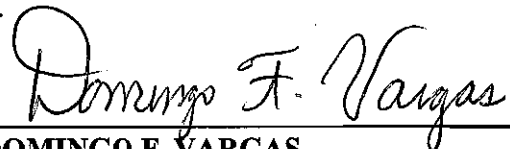
#### **SECTION 3: EFFECTIVE DATE**

This resolution shall be in full force and effect upon its passage and approval as required by law.

**ADOPTED** this 28th day of March, 2017, pursuant to a roll call vote as follows:

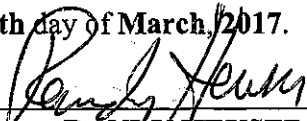
	<b>YES</b>	<b>NO</b>	<b>ABSENT</b>	<b>PRESENT</b>	<b>ABSTAIN</b>
Alderman Hawley	X				
Alderman Poulos	X				
Alderman Vieyra	X				
Alderman Bilotto			X		
Alderman Rita			X		
Alderman Donahue			X		
Alderman Carr	X				
Alderman Slattery	X				
Alderman Ostling	X				
Alderman Pittman	X				
Alderman Johnson	X				
Alderman Frausto			X		
Alderman Thompson			X		
Alderman Johanson	X				
Mayor Vargas					
<b>TOTAL</b>	9		5		

**APPROVED** by the Mayor on March 28, 2017.



**DOMINGO F. VARGAS**  
**MAYOR OF THE CITY OF BLUE ISLAND,**  
**COUNTY OF COOK AND STATE OF ILLINOIS**

**ATTESTED and Filed** in my office this  
 28th day of March, 2017.



**RANDY HEUSER**  
**CITY CLERK**



City of Blue Island  
 13051 Greenwood Avenue  
 Blue Island, IL 60406  
 www.blueisland.org

### Application for Recreation Center Facility Rental

Type of Activity/Event: Girl Scout Meetings

Representative: Veronica Latham Title: Community Org.

Address: 1005 175th St. Homewood, IL, 60430

Daytime Phone: 708-658-2329 Evening Phone: \_\_\_\_\_

E-mail: vlatham@girlsoutsgcnwi.org

Organization (if any): Girl Scouts of Greater Chicago?

Secondary Representative: Northwest Indiana Title: \_\_\_\_\_

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

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Requested Dates: \_\_\_\_\_ If multiple- requested times: Biweekly

Estimated Attendance: 20

Will there be a fee or donation charged for participation or attendance? Y Amount: \$15 per year

Will there be food and drink concessions during this activity? U/K

Is this activity sponsored by a recognized non-profit organization? 36-3871241  
 (state non-profit ID#)

Please give a detailed description of requested use of the Recreation Center. Describe any insurance policy information that your organization carries as well as any other legal information that can be shared.

The Girl Scouts would like to use space at the Blue Island Rec. Center for the sole purpose of Girl Scout Meeting space.

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City of Blue Island  
 13051 Greenwood Avenue  
 Blue Island, IL 60406  
 www.blueisland.org

**By signing this application, you understand that you are responsible for any injury, damage to property or illegal actions during the event. In the event that there should be a directive, written or oral, from the police department to discontinue the event for proper reasons, then the applicants must comply. \*Note- the City of Blue Island will notify you if your application is approved.**

*[Handwritten Signature]*  
 \_\_\_\_\_  
 Signature of Representative

Veronica Latham  
 \_\_\_\_\_  
 Printed Name

\_\_\_\_\_  
 Signature of Secondary Representative

\_\_\_\_\_  
 Printed Name



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/15/2017

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> Palmer & Cay, LLC 22 Barnard Street Suite 200 Savannah GA 31401	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): FAX (A/C, No):	
	E-MAIL ADDRESS: gssolutions@palmerandcay.com	
<b>INSURED</b> 178 Girl Scouts of Greater Chicago and Northwest IN 20 South Clark Street, 2nd FL Chicago IL 60606-6101	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A:</b> National Casualty Company	<b>NAIC #</b> 11991
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	

**COVERAGES**

CERTIFICATE NUMBER: 1837490687

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.

RBR LTR	TYPE OF INSURANCE	ADDL SUBR RSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		KKO20314200	7/1/2016	7/1/2017	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	\$5,000,000
						PRODUCTS - COMP/OP AGG	\$5,000,000
							\$
	<b>AUTOMOBILE LIABILITY</b> <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					COMBINED SINGLE LIMIT (Ea accident)	\$
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
							\$
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			PER STATUTE	OTH-ER
						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)

The Certificate Holder named below is an Additional Insured on the general liability policy with respect to the use of its premises for Girl Scout activities of the insured Girl Scout Council.

**CERTIFICATE HOLDER****CANCELLATION**

Blue Island Recreation Center  
 John D. Rita Recreation Center  
 2805 W. 141st Street  
 Blue Island IL 60406

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

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