Lee's Summit West High School

Jereme Hubbard, Assistant Principal Meticille, Athletics Director

DATE: _5/31/18

TO: Dept of Planning & Development & LS Police

FROM: Jereme Hubbard

FAX NUMBER: 816-969-1619 816-969-1634

Attn: Captain Shaeffer I J. Thompson

Comments:

Special Event Approval for LSW HS Homecoming Parade Oct, 2018

Number of pages (including cover page):

2600 SW Ward Road Lee's Summit, MO 64082 T: 816-986-4000

F: 816-986-4113

PLEASE PRINT OR TYPE

Chief of Police City of Lee's Summit

TO:

DEPARTMENT OF POLICE PARADE PERMIT

	Appl hold	ication is hereby made, as provided in Section 29.451 of the Lee's Summit Traffic Code to a parade as follows:
	1.	Route of parade (include starting and terminating points and assembly area(s). INCLUDE MAP NO INCLUDE LSWHS Campus
	2.	Date of Parade: /0-5-18 3. Assembly Time: /3()
	4.	Starting Time: 4:00 (am/pm) 5. Ending Time: 4:30 (am/pm)
	6.	Name(s), addresses and telephone numbers of sponsoring organizations or persons: Lely Summit Wast HS Jevenne Hubbara
30bb	y. E	Number of person(s) and/or units (state which) expected to participate in parade. (If units are used, give full description.)
	8.	Purpose or object of parade: Homo Coming
·	9.	Will parade occupy all, or a portion, of streets used?
	10. Wa	Special provisions: Please assist blocking I lane of ard Rd Thanks
	Signati	ire of Parade Chairman: Jerene Alles
	s (#, street, city): Stow Sw Ward releptione # 986-401/	
	Author	ization for the above parade is hereby: APPROVED DISAPPROVED
	Date:_	Signed
		Chief of Police

City of Lees Summit Department of Planning and Development Application Form

APPLICATION TYPE:	
Special Event Permit for LED'S SummIT	DEST HEGH SCHOOL WILLIAM
10-5-1 AT 1600 HRS	(FLEXTRIS IDNO SAROLLAS PAIZADE
PROPERTY LOCATIO ADDRESS: LSW HS	S (SEE ATTACHMENT)
ZONING OF PROPERTY:	
APPLICANT LESS SUMMET R-7/LSWHS	PHONE \$16 984-40002
CONTACT PERSON Jereme Hubbare	\$ FAX (\$16) 986-4113
ADDRESS 2600 SW WARD RD	CITY/STATE CODE (SCHO) 640X(
PROPERTY OWNER	BHONE
CONTACT PERSON	FRONE
ADDRESS	FAX
ADDRESS	CITY/STATE/ZIP
ENGINEER/SURVEYOR	PHONE
CONTACT PERSON	FAX
ADDRESS	CITY/STATE/ZIP
All applications require the signature of the owner affidavit. Applications without the proper signature processed. PROPERTY OWNER Print name Jerene Hubbard Tity use only, do not write below this line.	Jerene Walled APPLICANI APPLICANI
Approved Planning & Development	

Lee's Summit West High School Homecoming Parade

Date:

10-5-18 4:00 pm

Staging Area: Back of campus by baseball fields

Route:

The parade will start at the tennis gate by the tennis courts

NE towards the stoplight at Ward Road

East on Ward Road in one lane

West back into campus on south entrance End at main gate into Athletic Complex

Street Closures: One lane of Ward Road in front of LSWHS campus

5/31/2018

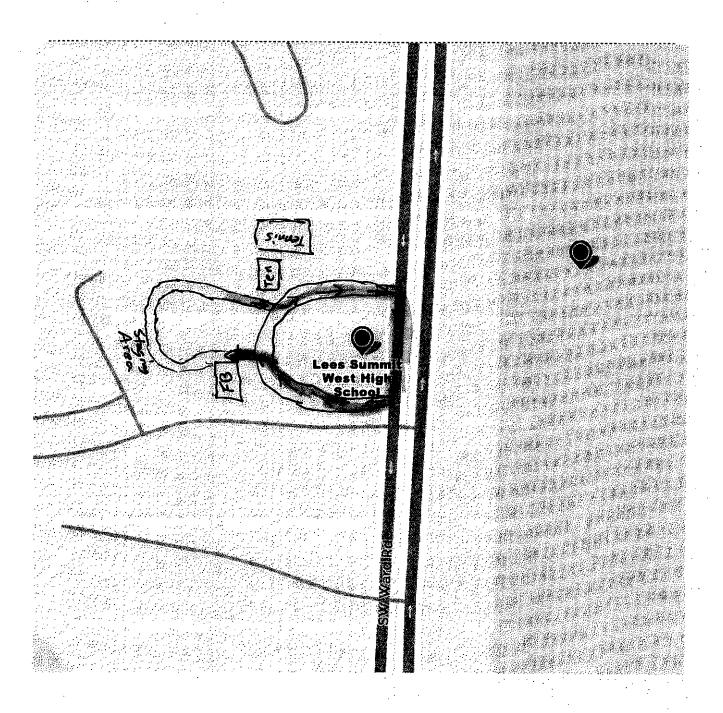
Lees Summit West High School - MapQuest

Search Results for "Lees Summit West High School"

page 1 of 1

10-5-18 4pm.

1. Lees Summit West High School 2600 SW Ward Rd, Lees Summit, MO 64082





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/8/2017

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.

	MPORTANT: If the certificate holder in SUBROGATION IS WAIVED, subject in this certificate does not confer rights to	to the	e ten	ms and conditions of the	policy	, certain poil	cies may re	NAL INSURED provisions quire an endorsement. A	or b state	e endorsed, ment on				
PRO	DUCER				CONTACT MUSIC Staff									
Art	nur J. Gallagher Risk Management S i44 Powerscourt Drive Louis MO 63131	iervic	ces,	inc.	PHONE FAX (A/C, No):									
124 St.	Louis MO 63131				E-MAIL ADDRESS: musicprogram@ajg.com									
"					INSURER(S) AFFORDING COVERAGE NAIC #									
					INSURER A : Missouri United School Insurance (MUSIC), a									
INS	URED			***********	INSURER B : Safety National Casualty Corporation 15105									
Lec	e's Summit School District R-VII				INSURER C:									
	a Member of M.U.S.I.C				INSURE									
702	2 SE 291 Highway 2's Summit MO 64063				INSURER £:									
Lee		2			INSURER F:									
<u></u>	VERAGES CER	TIFIC	:ATF	NUMBER: 1929086335	<u> </u>									
T () C	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.													
INSE LTB		INSD	₩VÞ	POLICY NUMBER	POLICY EFF POLICY E			LIMITS						
Α	X COMMERCIAL GENERAL LIABILITY			MUSIC-2017-00		12/31/2016	12/31/2017	EACH OCCURRENCE \$	2,800	000				
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Es occurrence) \$	SEE E	ELOW-				
								MED EXP (Any one person) \$	(P (Any one person) \$EXCLUDED					
								PERSONAL & ADV INJURY \$	RSONAL & ADV INJURY \$2,800,000					
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$	UNLIN	MITED				
	X POLICY PRO-							·	2,800,	000				
	OTHER:							COMBINED SINGLE LIMIT						
A	AUTOMOBILE LIABILITY			MUSIC-2017-00		12/31/2016	12/31/2017	(Ea accident)	2,800,	OOD				
	X ANY AUTO							BODILY INJURY (Per person) \$						
	OWNED AUTOS ONLY AUTOS							BODILY INJURY (Per accident) \$						
	AUTOS ONLY HIRED AUTOS ONLY X AUTOS ONLY X AUTOS ONLY							PROPERTY DAMAGE (Per accident) \$						
								\$						
	UMBRELLA LIAB OCCUR			,				EACH OCCURRENCE \$						
ŀ	EXCESS LIAB CLAIMS-MADE							AGGREGATE \$						
	DED RETENTION \$							\$		 				
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			AGC4056126		12/31/2016	12/31/2017	X PER OTH-						
ANY PROPRIETOR/PARTNER/EXECUTIVE								E.L. EACH ACCIDENT \$	\$1,000,000					
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE \$	\$1,000,000					
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT S	1,000,	000				
A	Auto Physical Damage Excess Workers Comp			MUSIC-2017-00 AGC4056126		12/31/2016 12/31/2016	12/31/2017 12/31/2017		000 De se Bel					
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) ** Safety National provides Excess WC to MUSIC above a Specific and Aggregate Retention ** *Fire Legal Liability Limit \$1,000,000 EVIDENCE ONLY														
CE	RTIFICATE HOLDER			· · · · · · · · · · · · · · · · · · ·	CANC	ELLATION								
	City of Lee's Summit, MO 220 SE Green St Lee's Summit MO 64063				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									
					شهما	how K tank								