



May 2, 2023

Tim Miller
YC Public Works Department
PO Box 35024
Billings, MT 59107

Dear Tim,

The Big Sky State Games is gearing up for its 38th year. We are very excited about the Games and look forward to working with you again. Listed below are the County roads we are requesting the use of during Games on Saturday, July 15, for the 5K, 10K and Half Marathon Running Road Races.

**Road Race 5K, 10K and Half Marathon | Thiel/River Road, Saturday, July 15 –
(BSSG traffic control plan and map enclosed)**

The staging and starting area will be in the River's Edge Commercial Lots. The course will be out and back on Thiel Road, which turns into River Road. The event will take place from 6:45 a.m. to 10:30 a.m. The proper requests will be made to the City of Laurel. We request Thiel/River Road be open to local traffic only for the duration of the event. We will provide road guards and race in progress signs. In addition, we will have law enforcement or private security with a car and flashing lights at the start and on the run course.

In addition to this request, we would also ask you to please "pencil" us in for the 2024 Games. The 2024 Big Sky State Games will be held July 19, 20 & 21.

Enclosed is a 2023 facility use request form. Please sign and email/mail us a copy. Let us know of any other concerns regarding the use of County roads. We will send a copy of the Certificate of Insurance, naming Yellowstone County as additional insured, as soon as it is received.

Sincerely,

Liana Susott
Executive Director

Parker Rood
Operations Director

Cc: Ekkie Wedul, Bill Harrington





BIG SKY STATE GAMES FACILITY USE REQUEST 2023

FACILITY: Thiel River Road & Road sections of Yellowstone County

CONTACT: _____

ADDRESS: PO Box 35024

PHONE: _____

CITY: Billings

ALT. PHONE: _____

STATE: MT **ZIP:** 59107

EMAIL: _____

NAME/PHONE OF CONTACT DURING REQUEST DATES: _____

FACILITY USE REQUEST

Thiel River Road | 5K, 10K & ½ Marathon | Saturday, July 17, 6:45 a.m. – 11:00 a.m.

Possible road closure, local traffic only, and signage for road closure.

EQUIPMENT USE REQUEST

COMMENTS AND CONSIDERATION

Yellowstone County included as "Additional Insured" on Big Sky State Games Insurance Policy.

Liana Susott
Executive Director
liana@bigskygames.org

SIGNATURE

DATE



BIG SKY STATE GAMES TRAFFIC CONTROL PLAN ROAD RACE - 2023

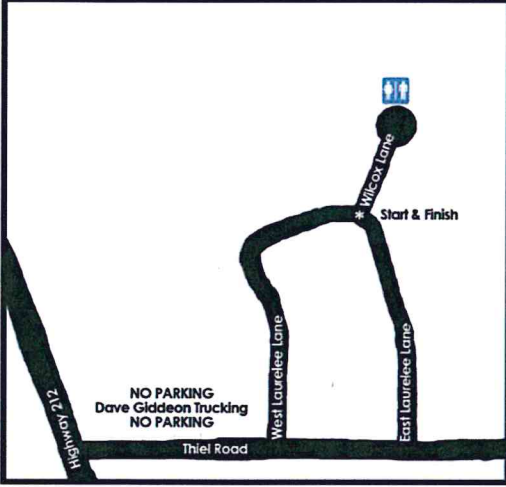
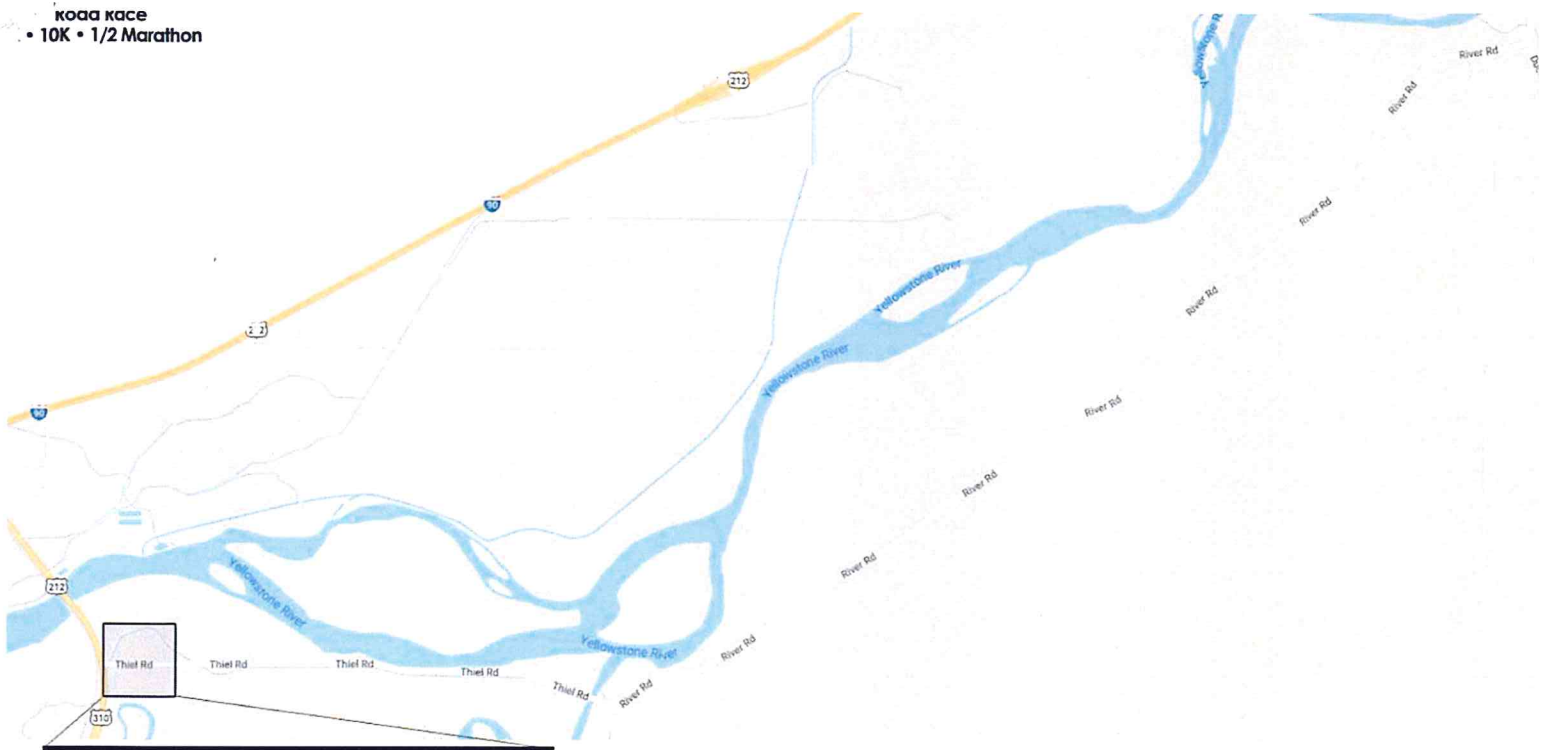
SATURDAY, JULY 15, 2023

The staging area and start line for the race is at the intersection of East Lauralee Lane and Wilcox lane in the River's Edge Commercial Lot. The course will be an out and back on Thiel Road/River Road. Runners head east and will run against traffic.

We request Thiel/River Road be open to local traffic only for the duration of the event. We will provide road guards and race in progress signs. In addition, we will have law enforcement or private security with a car and flashing lights at the start and on the run course.

The race begins at 7:00 a.m. and finishes by 10:30 a.m.

road race
• 10K • 1/2 Marathon



Map Key

- * Start/Finish
- * 5K Turn
- * 10K Turn
- * 1/2 Marathon Turn
- R Restroom
- W Water Stop

ACORDTM**CERTIFICATE OF LIABILITY INSURANCE**DATE (MM/DD/YYYY)
12/27/22

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	K & K Insurance Group, Inc. P.O. Box 2338 Fort Wayne, In 46801	CONTACT NAME:	SPORTS		
		PHONE (A/C, No. Ext):	800-441-3994	FAX (A/C, No):	260-459-5120
		E-MAIL ADDRESS:	KK.SPORTS@KANDKINSURANCE.COM		
		INSURER(S) AFFORDING COVERAGE			NAIC #
		INSURER A: NATIONWIDE LIFE INSURANCE COMP			66869
		INSURER B: NATIONAL CASUALTY COMPANY			11991
INSURED	MONTANA AMATEUR SPORTS, INC. D/B/A BIG SKY STATE GAMES BOX 7136 BILLINGS, MT 59103	INSURER C:			
		INSURER D:			
		INSURER E:			
		INSURER F:			

COVERAGES**CERTIFICATE NUMBER:**

2068191

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. NC=NOT COVERED

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR Owners & Contractors <input checked="" type="checkbox"/> SEXUAL ABUSE & MOLES: \$1M/\$2M GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	Y	N	KRO0009367200	12:01AM 12/31/22	12:01AM 12/31/23	EACH OCCURRENCE 1000000 DAMAGE TO RENTED PREMISES (Ea occurrence) 300000 MED EXP (Any one person) 5000 PERSONAL & ADV INJURY 1000000 GENERAL AGGREGATE 3000000 PRODUCTS-COMP/OP AGG 1000000 Part Lgl Liab 1000000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea Accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
B	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION			XK00009367300	12:01AM 12/31/22	12:01AM 12/31/23	EACH OCCURRENCE 1000000 AGGREGATE 1000000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A				PER-STATUS OTHER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT
A	Participant Accident			BAX0032001100	12:01AM 12/31/22	12:01AM 12/31/23	AD&D 10000 Primary Medical NC Excess Medical 25000 Weekly Indemnity NC

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

THE CERTIFICATE HOLDER IS AN ADDITIONAL INSURED REGARDING THEIR INTEREST IN THE OPERATIONS OF THE NAMED INSURED.
RELATIONSHIP-FACILITY

CERTIFICATE HOLDER**CANCELLATION**

YELLOWSTONE COUNTY PUBLIC WORKS
ATTN: TIM MILLER
3321 KING AVE. E
BILLINGS, MT 59102

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

