



STREET USE APPLICATION

Event: Race the Lake

Sponsored by: DuTri Run/ARC of Menasha

Responsible Person: Ben West

Address: 1170 N. Perkins
Appleton WI 54914

Email Address: ben@dutrinrun.com Phone: 920 544 2414

Street Use Date: Aug 17

Start Time: 7am

End Time: 9:30 AM

Number of Units: —
(Parades)

Street Route: see map
Description of Use (attach map)

Liability Insurance has been secured in the amount of \$ 2,000,000 with the City of Menasha named as the additional insured. This is primary insurance.

Insurance Company Paroubek Insurance Agency Policy No. CPP3214611
(Attached are samples of the certificate of insurance and endorsement; each naming the City of Menasha as additional insured)

pd #276

Date: 3-20-14 Applicant's Signature: [Signature]

Permit Fee: Each application for a Street Use Permit shall be accompanied by a fee of \$25.00 along with a Special Event Fee of \$25.00. Please make checks payable to City of Menasha.

Note to events planning to use City Parks and/or greenspace: Any multi-day event or event which plans to sell beer and/or wine to the public must appear before the Parks and Recreation Board.

TO BE COMPLETED BY CITY STAFF (Revised February 4, 2013)

Scheduled Park & Recreation Board Review Date: _____

Not Required: Approved: _____ Denied: _____

Scheduled Common Council Review Date: 6/16/2014

Approved: _____ Denied: _____

APPROVAL:

Police Dept. [Signature] Fire Dept. [Signature] Public Works Dept. MR City Attorney [Signature]



CERTIFICATE OF LIABILITY INSURANCE

DUTRI-2 OP ID: AP

DATE (MM/DD/YYYY)

03/25/2014

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).

PRODUCER Paroubek Insurance Agency Inc 301 N. Broadway, Suite 206 De Pere, WI 54115 Andy Paroubek	CONTACT NAME: Andy Paroubek	
	PHONE (A/C No., Ext): 920-347-9115	FAX (A/C, No): 920-347-9116
E-MAIL ADDRESS:		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A : Secura Insurance Companies		22543
INSURER B : Middlesex Insurance Company		
INSURER C :		
INSURER D :		
INSURER E :		
INSURER F :		

INSURED DuTriRun LLC
 1170 N. Perkins Street
 Appleton, WI 54914

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY	X		CPP3214611	11/04/2014	11/04/2015	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ Excluded
							PERSONAL & ADV INJURY \$ 1,000,000
	GENERAL AGGREGATE \$ 2,000,000						
	PRODUCTS - COMP/OP AGG \$ 2,000,000						
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						\$
A	AUTOMOBILE LIABILITY	X		CA3214612	11/04/2014	11/04/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (PER ACCIDENT) \$
	<input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS						\$
							\$
A	UMBRELLA LIAB	X		CU3214613	11/04/2014	11/04/2015	EACH OCCURRENCE \$ 1,000,000
	EXCESS LIAB						AGGREGATE \$
	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10000						\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N/A		89-464-9801	11/21/2014	11/21/2015	WC STATUTORY LIMITS OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT \$ 100,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 100,000
							E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 City of Menasha, its officers, agents & employees are NAMED AS AN ADDITIONAL INSURED AS RESPECTS THEIR INTEREST IN THE OPERATIONS OF THE THE NAMED INSURED. 08/17/2014 Ganther Race the Lake

CERTIFICATE HOLDER**CANCELLATION**

City of Menasha
 Third Floor, City Hall
 140 Main Street
 Menasha, WI 54952

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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SECURA INSURANCE, A Mutual Company
 P. O. BOX 819 APPLETON, WI 54912-0819
COMMERCIAL GENERAL LIABILITY
 DECLARATION

POLICY NO. 20-CP-003214611-3/000

ACCOUNT NUMBER: 00007279904
 NAMED INSURED AND MAILING ADDRESS

AGENCY AND MAILING ADDRESS 484330 0

DUTRIRUN LLC
 1170 N PERKINS ST
 APPLETON WI 54914

PAROUBEK INS AGY INC
 STE 206
 301 N BROADWAY
 DE PERE WI 54115

POLICY PERIOD: From 11/04/2013 to 11/04/2014 AT 12:01 A.M. STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE.

LOC CLASSIFICATION	CODE	PREMIUM BASIS	PMS RATE	PDTS RATE
SPECIAL EVENT LIABILITY PAPER DISCOVERY DUATHLON SPECIAL EVENT GROUP II 501 TO 1500	20028	OTHER		
SPECIAL EVENT LIABILITY GREEN BAY TRIATHLON SPECIAL EVENT GROUP II 501 TO 1500	20028	OTHER		
SPECIAL EVENT LIABILITY HIGH CLIFF TRIATHLON SPECIAL EVENT GROUP II 501 TO 1500	20028	OTHER		
SPECIAL EVENT LIABILITY CHISAGO LAKES TRIATHLON SPECIAL EVENT GROUP II 501 TO 1500	20028	OTHER		
SPECIAL EVENT LIABILITY RACE THE LAKE SPECIAL EVENT GROUP II 501 TO 1500	20028	OTHER		
SPECIAL EVENT LIABILITY LAKE COUNTRY HALF MARATHON SPECIAL EVENT GROUP II 501 TO 1500	20028	OTHER		
SPECIAL EVENT LIABILITY DOUSMAN DUATHLON SPECIAL EVENT GROUP II 501 TO 1500	20028	OTHER		
SPECIAL EVENT LIABILITY GREEN BAY DUATHLON SPECIAL EVENT GROUP II 501 TO 1500	20028	OTHER		



SECURA INSURANCE, A Mutual Company
P. O. BOX 819 APPLETON, WI 54912-0819
COMMERCIAL GENERAL LIABILITY
DECLARATION

POLICY NO. 20-CP-003214611-3/000

ACCOUNT NUMBER: 00007279904
NAMED INSURED AND MAILING ADDRESS

AGENCY AND MAILING ADDRESS 484330 0

DUTRIRUN LLC
1170 N PERKINS ST
APPLETON WI 54914

PAROUBEK INS AGY INC
STE 206
301 N BROADWAY
DE PERE WI 54115

POLICY PERIOD: From 11/04/2013 to 11/04/2014 AT 12:01 A.M. STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE.

ADDITIONAL INSURED(S)

VILLAGE OF ASHWAUBENON PER FORM: CG2026 (07-04)
2155 HOLMGREN WAY
GREEN BAY WI 54304

HIGH CLIFF STATE PARK PER FORM: CG2026 (07-04)
N7630 STATE PARK RD
SHERWOOD WI 54169

VILLAGE OF LAC DE BELLE PER FORM: CG2026 (07-04)
PO BOX 443
OCONOMOWOC WI 53066

YNCA AT PABST FARMS PER FORM: CG2026 (07-04)
1750 E VALLEY RD
OCONOMOWOC WI 53066

FAMILY PATHWAYS PER FORM: CG2026 (07-04)
1575 1ST AVE E
CAMBRIDGE MN 55008

CHISAGO LAKES AREA SCHOOL PER FORM: CG2026 (07-04)
13750 LAKE BLDG
LINDSTROM MN 55045

UNIVERSITY OF WISCONSIN FOX VALLEY PER FORM: CG2026 (07-04)
1478 MIDWAY RD
MENASHA WI 54952

CITY OF APPLETON PER FORM: CG2026 (07-04)
100 N APPLETON ST
APPLETON WI 54911

CITY OF MENASHA PER FORM: CG2026 (07-04)
1140 Main St

Ganther RACE THE LAKE

2014 COURSE MAP Key

- Course Route
- Course Direction
- Rest Stop
- Porta-Potty
- Relay Switch

Enlarged View Menasha Neenah

3rd St
Keys
9th/Naymut
Forest
1st
Wisconsin
Park Ave
Maple

Enlarged View High Cliff King of the Hill

Service Rd
bottle exchange
High Cliff Rd
Relay Switch
PP
Spring Hill
State Park Rd
Park Entrance

Enlarged View Oshkosh

Main St.
Bowen St.
E. Murdock Ave.
New York Ave.
Menominee Dr.

Enlarged View Start & Finish

START
Main Ave
Lakeside Park
FINISH
Harborview
Winnepetite

START
7 Scott Street
Fond du Lac, WI 54935
1 block from Lakeside Park

FINISH
Harborview Drive
Fond du Lac, WI 54935
Lakeside Park

