



STREET USE APPLICATION

Event: FIRST EVE
 Sponsored by: DOTY ISLAND DEVELOPMENT COUNCIL
COMMUNITY FORWARD INC
 Responsible Person: JAMES TAYLOR
 Address: 340 BROAD ST
MENASHA
 Email Address: _____

Street Use Date: 12-31-15/1-1-16
 Start Time: 9:10 PM
 End Time: 12:30 AM
 Number of Units: _____
 (Parades)

Phone: 725-4857

Street Route: ON FILE
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: OC SERVICES NAUTILUS Insurance Co. Policy No. NN636184
(Attached are samples of the certificate of insurance and endorsement; each naming the City of Menasha as additional insured)

Date: 12-15-15 Applicant's Signature: James Taylor

pdct #10407

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: 12-7-15
 Approved: _____ Denied: _____

APPROVAL:
 Police Dept. [Signature] Fire Dept. VG Public Works Dept. MR City Attorney _____

187th FIRST EVE FOX CITIES

207th 12-31-14 7415

217th 9:10:30 PM - 12:30 AM

22nd

Marina Place

Barricades full width across Main

MAIN

xxxxxxx

Relocate Street closed limits to Racine/Main

Racine

MILWAUKEE



Chute

US BANK ENT.

PARKING LOT ENT.

BROAD ST

Street Closure at Senior Center driveway

CENTER

Chute Marina Place open to traffic (across Main only)

EDGE SIDE

CLOSURE

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

FULLY EARNED PREMIUM ENDORSEMENT

If this policy is cancelled at your request, the premium for this policy will be fully earned and no refund will be made.

Non-payment of premium is considered a request by the first Named Insured for cancellation of this policy.

All other terms and conditions of this policy remain unchanged.

COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS

POLICY NUMBER: **NN636184**

Extension of Declarations is attached.

Effective Date: 12/31/2015 12:01 A.M. Standard Time

LIMITS OF INSURANCE If box is checked, refer to form **S132** Amendment of Limits of Insurance.

General Aggregate Limit (Other Than Products/Completed Operations)	\$ 2,000,000	
Products/Completed Operations Aggregate Limit	\$ INCLUDED	
Personal and Advertising Injury Limit	\$ 1,000,000	Any One Person Or Organization
Each Occurrence Limit	\$ 1,000,000	
Damage To Premises Rented To You Limit	\$ 100,000	Any One Premises
Medical Expense Limit	\$ 5,000	Any One Person

RETROACTIVE DATE (CG 00 02 ONLY)

This insurance does not apply to "bodily injury", "property damage" or "personal and advertising injury" which occurs before the Retroactive Date, if any, shown here: NONE (Enter Date or "NONE" if no Retroactive Date applies)

BUSINESS DESCRIPTION AND LOCATION OF PREMISES

BUSINESS DESCRIPTION: SPECIAL EVENT-OUTDOOR NEW YEARS FESTIVAL

LOCATION OF ALL PREMISES YOU OWN, RENT, OR OCCUPY: Location address is same as mailing address.

1. CURTIS RD. SQ./MAIN ST.
MENASHA WI 54952-
- 2.

Additional locations (if any) will be shown on form **S170**, Commercial General Liability Coverage Part Declarations Extension.

LOCATION OF JOB SITE (If Designated Projects are to be Scheduled):

CODE # -	CLASSIFICATION	*	PREMIUM BASIS	RATE		ADVANCE PREMIUM
				Prem/Ops	Prod/Comp Ops	
90562	Special Events - Group II - Up to 500 average daily attendance Rate is Number of Days	t+	3	101.581	INCLUDED	305 INCLUDED
49950	Additional Insured - All Other	t	1	25.000		25 FE
	- FE=FULLY EARNED					

*** PREMIUM BASIS SYMBOLS** **+** = Products/Completed Operations are subject to the General Aggregate Limit

a = Area (per 1,000 sq. ft. of area)	o = Total Operating Expenditures (per \$1,000 Total Operating Expenditures)	s = Gross Sales (per \$1,000 of Gross Sales)
c = Total Cost (per \$1,000 of Total Cost)	p = Payroll (per \$1,000 of Payroll)	t = See Classification
m = Admissions (per 1,000 Admissions)		u = Units (per unit)

PREMIUM FOR THIS COVERAGE PART \$ 330

FORMS AND ENDORSEMENTS (other than applicable Forms and Endorsements shown elsewhere in the policy)

Forms and Endorsements applying to this Coverage Part and made part of this policy at time of issue:

Refer to Schedule of Forms and Endorsements

THESE DECLARATIONS ARE PART OF THE POLICY DECLARATIONS CONTAINING THE NAME OF THE INSURED AND THE POLICY PERIOD.

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED - OWNERS, LESSEES OR
CONTRACTORS - SCHEDULED PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):	Location(s) Of Covered Operations
CITY OF MENASHA 140 MAIN STREET, MENASHA, WI 54952	CURTIS RD. SQ./MAIN ST MENASHA WI 54952-
	-
	-
	-
	-

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. Section II - Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.