Menasha

STREET USE APPLICATION

Sponsored by: Menasha Marina

Responsible Person: Riane Schabacho

Address: 1 Center St.
Menasha

Phone: 967-5193 or 853-3422

Email Address: MenashaMarina@AOL.com

Street Route: (Attach Map)
Description of Use: 12 Annual Corn Roast, approx 200 people - boaters + guest on the corner of South Center in front of the marina office, shut off the street about 100 ft on either side of the marina office

Street Use Date: 9-5-09
Start Time: 4pm
End Time: 10pm
Number of Units:

Liability Insurance has been secured in the amount of $ 1,000,000. **with the City of Menasha named as the additional insured.**

Insurance Company Scott Umland Services - West Bend Policy No. 0110126819
(Attached is a copy of the insurance certificate).

Date: 4-28-09 Applicant's Signature: Riane Schabacho

Permit Fee: Each application for a Street Use Permit shall be accompanied by a fee of Twenty-Five Dollars ($25.00). Make checks payable to City of Menasha. See highlighted portion of the attached City of Menasha Municipal Code.

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.

pd ck #3154 CS

TO BE COMPLETED BY CITY STAFF

Scheduled Park & Recreation Board Review Date: BT

Not Required: ✓ Approved: _____ Denied: _____

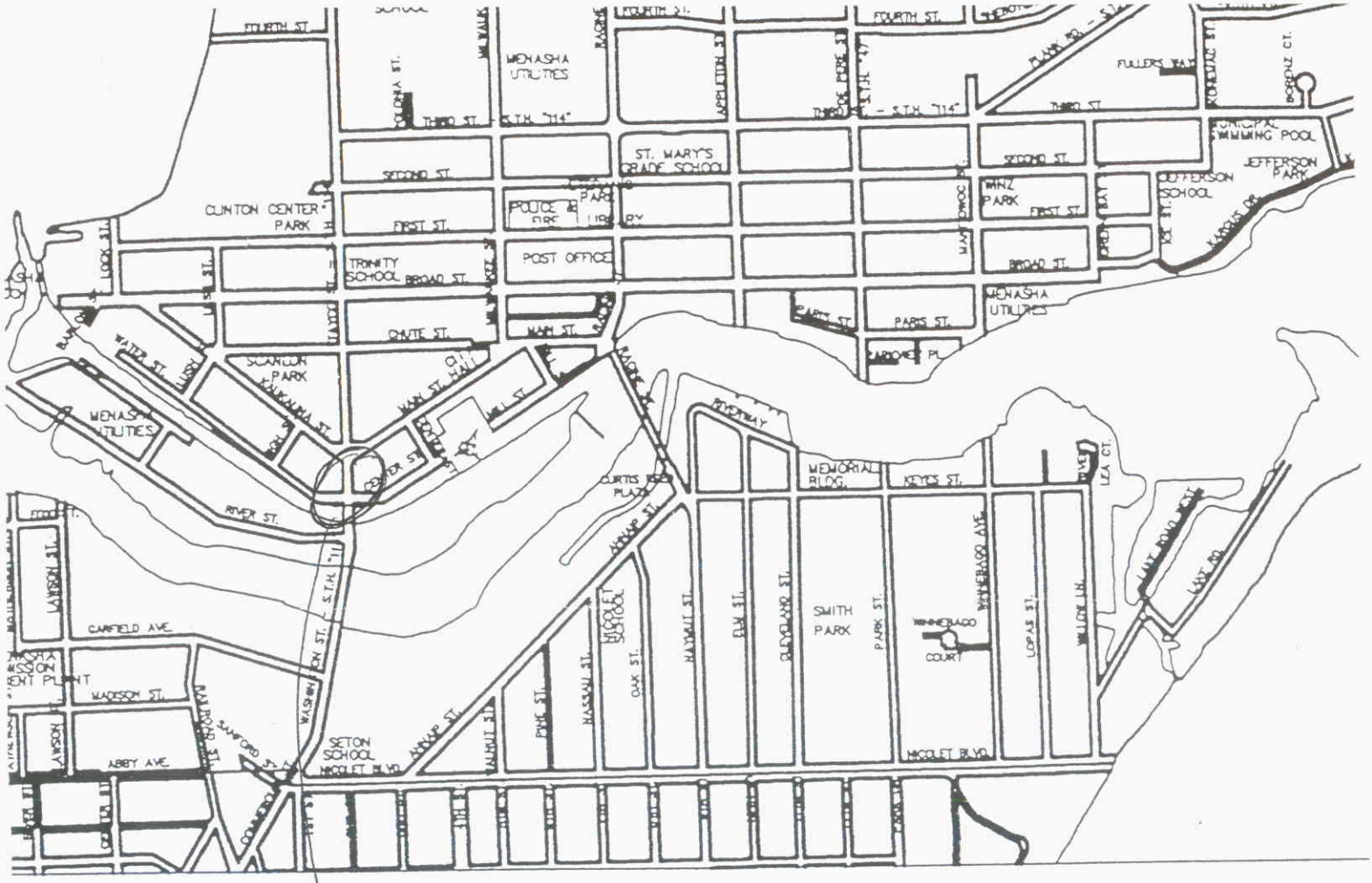
Scheduled Common Council Review Date: 5/18/09

Approved: _____ Denied: _____

APPROVAL:

Police Dept. _____ Fire Dept. _____ Public Works Dept. _____ City Attorney _____

Revised January 2009



Labor Day Corn Roast
possibly 2 grills - picnic tables
table & chairs to be placed on Center
Street in front of Marin Office
will use baracades to shut off Street.

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/17/2009

PRODUCER (920) 898-5755
SCOTT UMLAND INSURANCE SERVICES, LLC
2028 Jackson St.
P.O. Box 236
New Holstein WI 53061-0236

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED
Schabach, Diane
PO Box 74
Hilbert WI 54129-

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: West Bend Mutual	
INSURER B: Middlesex Insurance Compa	
INSURER C:	
INSURER D:	
INSURER E:	

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	X	GENERAL LIABILITY	0110126819	05/10/2009	05/10/2010	EACH OCCURRENCE	$ 1,000,000
		X COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
		CLAIMS MADE X OCCUR		/ /	/ /	MED EXP (Any one person)	$ 5,000
						PERSONAL & ADV INJURY	$ 1,000,000
				/ /	/ /	GENERAL AGGREGATE	$ 2,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG	$ 2,000,000
		POLICY PRO-JECT LOC		/ /	/ /		
		AUTOMOBILE LIABILITY		/ /	/ /	COMBINED SINGLE LIMIT (Ea accident)	$
		ANY AUTO					
		ALL OWNED AUTOS		/ /	/ /	BODILY INJURY (Per person)	$
		SCHEDULED AUTOS					
		HIRED AUTOS		/ /	/ /	BODILY INJURY (Per accident)	$
		NON-OWNED AUTOS					
				/ /	/ /	PROPERTY DAMAGE (Per accident)	$
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	$
		ANY AUTO		/ /	/ /	OTHER THAN AUTO ONLY: EA ACC	$
						AGG	$
		EXCESS/UMBRELLA LIABILITY		/ /	/ /	EACH OCCURRENCE	$
		OCCUR CLAIMS MADE				AGGREGATE	$
							$
		DEDUCTIBLE		/ /	/ /		$
		RETENTION $					$
B		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	89-24211	05/23/2009	05/23/2010	X WC STATUTORY LIMITS / OTHER	
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		/ /	/ /	E.L. EACH ACCIDENT	$ 100,000
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	$ 100,000
						E.L. DISEASE - POLICY LIMIT	$ 500,000
		OTHER		/ /	/ /		
				/ /	/ /		
				/ /	/ /		

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
City of Menasha is listed as additional insured.

CERTIFICATE HOLDER

( ) - ( ) -

City of Menasha
140 Main Street
Menasha WI 54952-

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

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