



STREET USE APPLICATION

Sponsored by: NEENAH-MENASHA VETERANS
NEENAH VFW POST 10893

Responsible Person: JIM ROMNEK

Address: 809 WOODFIELD ROAD
NEENAH, WI 54956

Phone: 920 740-1472

Email Address: jromnek@neew.vr.com

Street Use Date: 5-31-10

Start Time: 8:00 AM

End Time: 10:30 AM

Number of Units: 75-100 units

Street Route: (Attach Map) ROUTE ATTACHED

Description of Use _____

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

Insurance Company COLONY INSURANCE Policy No. AR 636047-2
 (Attached is a copy of the certificate of insurance). GENESIS INDEMNITY

Date: 3-1-10 Applicant's Signature: [Signature]

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.

TO BE COMPLETED BY CITY STAFF

Scheduled Park & Recreation Board Review Date: _____

Not Required: _____ Approved: _____ Denied: _____

Scheduled Common Council Review Date: 4-5-10

Approved: _____ Denied: _____

APPROVAL:

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

PARADE ENDS

DOTY AVE.

MEMORIAL DAY PARADE ROUTE

Monday, May 31, 2010

NEENAH

NORTH COMMERCIAL

Nicolet Blvd

SANFORD ST.

MENASHA

WASHINGTON

8:00 AM
WATER
FRONT
SERVICE

WILL ST

MAIN ST

TAYCO ST.

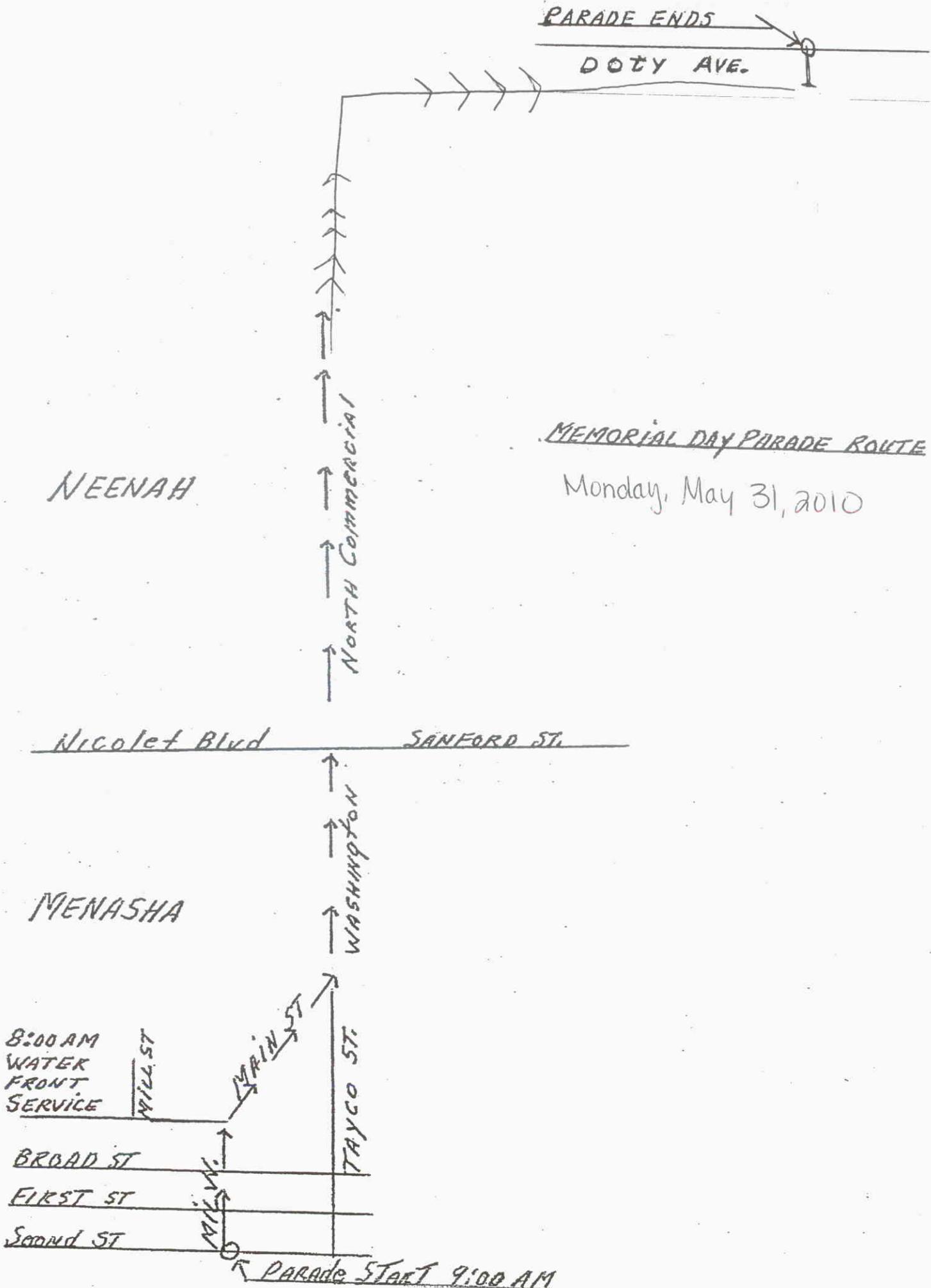
BROAD ST

FIRST ST

Second ST

MILWAU.

PARADE START 9:00 AM



76661

NO. DR (2010/2011)

CERTIFICATE OF INSURANCE
SPECIAL EVENT LIABILITY GROUP INSURANCE TRUST, A RISK PURCHASING GROUP

FACILITY OWNER (Additional Insured): City of Menasha 140 Main St. Menasha, WI 54952	PRODUCER: HUB INTERNATIONAL INSURANCE SERVICES INC. P.O. BOX 4047 CONCORD, CA 94524-4047 PH: 925-609-6500 FX: 925-609-6550 specialevent@hubinternational.com	CA License #0757776
EVENT HOLDER (Named Insured/Member): VFW Post 11893 Jim Romnes 235 Woodfield Rd. Necanicum, WI 54956	EVENT INFORMATION	
	TYPE: Parade	
	DATE(S): May 31, 2010	
	LOCATION: Keesau/Menasha-route attached	
	ATTENDANCE: 475	CLASS: 11

This is to certify that the policies of insurance listed below have been issued to the insured named above for the event date(s) indicated above. 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.

Insurers:		Insurer A: Colony Insurance Company		Insurer B: Genesis Indemnity Insurance Company		
INSR LTR	Type of Insurance	Policy Number	Effective	Expiration	Policy Limits	
A	Primary Commercial General Liability	AR6360147	1/1/2010	1/1/2011	Each Occurrence	\$250,000
					Damage to Premises Rented to You	\$250,000
					Medical Payments	\$5,000
					Personal & Advertising Injury	\$250,000
					General Aggregate	\$1,000,000
B	Excess Commercial General Liability	ZXB300938G	1/1/2010	1/1/2011	Products/Completed Operations Aggregate	\$1,000,000
					Each Occurrence	\$750,000
					Personal & Advertising Injury	\$750,000
					General Aggregate	\$1,500,000
					Damage to Premises Rented to You	\$250,000
B	Optional Excess Limits	ZXB300938G	1/1/2010	1/1/2011	Products/Completed Operations Aggregate	\$1,500,000
					Each Occurrence	
					General Aggregate	

COVERAGE TERMS

Occurrence Form (CG 0001)
 Host Liquor Liability Included
 Full Liquor Liability Included when a separate premium has been charged.

All participants in athletic activities are required to sign Release and Waiver of Liability forms.

The coverage afforded by this insurance is primary and not contributing with any insurance held by the "ADDITIONAL INSURED", WHEN REQUIRED BY WRITTEN CONTRACT. The limits of insurance apply separately to each event insured by this policy as if a separate policy of insurance has been issued for that event. Who is an insured is amended to include as an additional insured the "Facility Owner - Additional Insured" above and any person or organization shown in the schedule below. This insurance does not apply to: any "occurrence" which takes place after the event holder ceases to be a tenant in that premises. This insurance applies only to: an "occurrence" which takes place during the dates indicated under "Event Information" above.

COVERAGE EXCLUSIONS (REFER TO POLICY FOR COMPLETE LISTING OF EXCLUSIONS):

-Sexual Abuse & Molestation
 -Terrorism

**Specific Events are excluded from coverage.
 Please see reverse side for list of excluded events.**

On behalf of the Risk Purchasing Group and each member, the trustee has declined coverage for the Terrorism Risk Insurance Act (TRIA).

OTHER ADDITIONAL INSURED:

City of Keesau
 211 Walnut St.
 Keesau, WI 54956

CANCELLATION: Should the above described policy(s) be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the insured event holder and additional insureds listed.

AUTHORIZED REPRESENTATIVE:

DATE ISSUED:

3/1/10