



### STREET USE APPLICATION

Event: 17TH ANNUAL ST. JOE'S 5K RUN/WALK

Sponsored by: PAVESETTER'S - FOX CITIES

Responsible Person: NED HUGHES - RALE DIRECTOR

Address: P.O. BOX 681  
MENASHA, WI

Phone: 920-475-7116

Email Address: RVNEDRYN@HOTMAIL.COM

Street Route: (Attach Map) 5K (3.1 MILES) RUN/WALK COURSE!  
Description of Use ANNUAL BENEFIT FUNDRAISER/FOODRAISER FOR THE ST. JOSEPH FOOD PANTRY PROGRAM!

Street Use Date: 10/16/2010  
Start Time: 8:45 AM  
End Time: 10:30 AM  
Number of Units: 641 (2009)  
PROJECTED: 600+ (2010)

Liability Insurance has been secured in the amount of \$ 1,000,000.00 with the City of Menasha named as the additional insured. This is primary insurance.

Insurance Company NATIONAL CASUALTY COMPANY Policy No. KRO-0000000754800  
(Attached is a copy of the certificate of insurance).

Date: June 19, 2010 Applicant's Signature: [Signature]

OK #3687  
CS

**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.

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**TO BE COMPLETED BY CITY STAFF (Revised May 2010)**

Scheduled Park & Recreation Board Review Date: \_\_\_\_\_  
Not Required: X Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

Scheduled Common Council Review Date: 7-6-10  
Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

APPROVAL:  
Police Dept. RS Fire Dept. [Signature] Public Works Dept. MR City Attorney \_\_\_\_\_

# ST. JOE'S 5K RUN/WALK COURSE MAP

## Runners/Walkers Important Information Regarding The 5K (3.1 Miles) Run/Walk Course:

1. As the 5K course is laid out as an out-and-back... orange cones will be placed down the middle (in the center) of the trail segment of the course!
2. On the trail... runners and walkers stay to your right (except to pass)
3. On the trail... runners and walkers pass only on your left!
4. On the trail... runners... as you approach walkers or other runners from behind to pass... please call out... "Runner... passing on your left!"
5. On the trail... walkers... please no more than two walkers walking abreast (side-by-side) at all times!

## Other Important 5K Run/Walk Information:

1. Traffic Control... the City of Menasha Police will be directing traffic at three intersections on the street part of the course: Intersection #1: Main Street/Milwaukee Street; Intersection #2: Broad Street/Milwaukee Street; Intersection #3: Broad Street/Tayco Street
2. Course Marshalls will be stationed at every street intersection on the course and at strategic locations on The Friendship Trestle Trail!
3. Tall mile marker cones (with a large mile marker number printed on each) will be positioned at mile markers 1, 2, and 3! MM means mile marker.



# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
6/9/2010

PRODUCER (260) 467-5693 FAX: (260) 467-5651  
 STAR Insurance - Fort Wayne Office  
 2130 East DuPont Road  
 Fort Wayne IN 46825  
 INSURED  
 ROAD RUNNERS CLUB OF AMERICA/2010 & ITS MEMBER  
 7410 SKYLINE DRIVE  
 FREDERICK MD 21702-3652

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.

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: NATIONAL CASUALTY COMPANY	11991
INSURER B: NATIONWIDE LIFE INS. CO.	66869
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 ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	KRO 0000000754800	12/31/2009 12:01 A.M.	12/31/2010 12:01 A.M.	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 5,000
	<input checked="" type="checkbox"/> LEGAL LIAB. TO PART.				PERSONAL & ADV INJURY \$ 1,000,000
	\$1,000,000				GENERAL AGGREGATE \$ NONE
	GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG \$ 1,000,000
<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	A&M AGGREGATE \$5,000,000				ABUSE & MOLESTATION 500,000
A	AUTOMOBILE LIABILITY	KRO 0000000754800	12/31/2009 12:01 A.M.	12/31/2010 12:01 A.M.	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS				
<input checked="" type="checkbox"/> NON-OWNED AUTOS					
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
					AUTO ONLY: AGG \$
	EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
	<input type="checkbox"/> DEDUCTIBLE				\$
	RETENTION \$				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT \$
	If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE \$
B	OTHER EXCESS ACCIDENT & MEDICAL	SPX 0000003732100	12/31/2009 12:01 A.M.	12/31/2010 12:01 A.M.	EXCESS MEDICAL \$10,000 \$250 DEDUCTIBLE PER CLAIM AD & SPECIFIC LOSS \$2,500

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS  
 CITY OF MENASHA, ITS OFFICERS, AGENTS & EMPLOYEES ARE NAMED ADDITIONAL INSURED AS RESPECTS THEIR INTEREST IN THE OPERATIONS OF THE NAMED INSURED.  
 DATE & EVENT: 10/16/10 17TH ANNUAL ST. JOE'S 5K RUN/WALK FOR ST. JOE'S FOOD PANTRY PROGRAM (Revised 06/17/10. This voids & replaces previous certificate.)  
 INSURED CLUB: PACESETTER'S RUNNING CLUB, ATTN: NED HUGHES; P.O. BOX 681; MENASHA, WI 54952

## CERTIFICATE HOLDER

10/16/10 CITY OF MENASHA, WI  
 ATTACHMENTS-PCN0229,CG2012,KRGL79  
 ATTN: MARK RADTKE, DIRECTOR  
 DEPT. OF PUBLIC WORKS  
 140 MAIN STREET  
 MENASHA, WI 54952-3151

## 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  
 John Lefever/JR 

THE ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

IL 12 01 11 85

**POLICY CHANGES**

<b>POLICY NO.</b> KRO0000000754800	<b>POLICY CHANGES EFFECTIVE</b> 10/16/10	<b>COMPANY</b> NATIONAL CASUALTY COMPANY
<b>NAMED INSURED</b> ROAD RUNNERS CLUB OF AMERICA AND ITS		<b>AUTHORIZED REPRESENTATIVE</b> K&K INSURANCE AGENCY, INC.
<b>COVERAGE PARTS AFFECTED</b> Commercial General Liability	PAGE 01 OF 01	

**CHANGES**

Form Number: KR-GL-79 "Policy Conditions"

Form Number: CG2012 "Additional Insured-State or Political Subdivisions-Permits"

(X) Add Forms To Include Additional Insured Below:

CITY OF MENASHA, WI  
140 MAIN ST.  
MENASHA, WI 54952-3151

Club: Pacesetters Running Club  
Event: 17th Annual St. Joe's 5K Run For St. Joe's Food Pantry Program  
Date: 10/16/10

No Premium Change

NLS 06/16/10



Authorized Representative Signature

# National Casualty Company

**ENDORSEMENT**  
NO. 0229

ATTACHED TO AND FORMING A PART OF POLICY NUMBER	ENDORSEMENT EFFECTIVE DATE (12:01 A.M. STANDARD TIME)	NAMED INSURED	AGENT NO.
KRO0000000754800	10/16/10	ROAD RUNNERS CLUB OF AMERICA AND ITS	

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## POLICY CONDITIONS

This endorsement modifies insurance provided under the following:

### COMMERCIAL GENERAL LIABILITY COVERAGE PART

The **Other Insurance** condition of this Coverage Part is replaced by the provision marked below with an "X" in the box:

#### Other Insurance

If other valid and collectible insurance with any other insurer including any formal self-insured retention programs is available to you covering a loss also covered by this Coverage Part, other than insurance that is in excess of the insurance afforded by this Coverage Part, the insurance afforded by this Coverage Part shall be in excess of and shall not contribute with such other insurance. Nothing herein shall be construed to make this insurance subject to the terms, conditions and limitations of other insurance.

Coverage afforded under this Coverage Part is primary insurance and Other Insurance shall not apply as respects

**\*\*SEE BELOW\*\***

as additional insureds.

The **Cancellation** condition of this Coverage Part is amended by the addition of the following if an "X" is in the box:

Cancellation

The following is added: It is a condition of the Policy by this Endorsement that the Policy will not be cancelled without \_\_\_\_\_ days' prior written notice to:

and further, that the person(s) named above are not liable for the payment of any premiums or assessments on this Policy.

CITY OF MENASHA, WI  
140 MAIN ST.  
MENASHA, WI 54952-3151



AUTHORIZED REPRESENTATIVE

DATE

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – STATE OR POLITICAL SUBDIVISIONS – PERMITS**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

**SCHEDULE**

**State Or Political Subdivision:**

CITY OF MENASHA, WI  
140 MAIN ST.  
MENASHA, WI 54952-3151

Club: Pacesetters Running Club  
Event: 17th Annual St. Joe's 5K Run For St. Joe's Food Pantry Program  
Date: 10/16/10

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

**Section II – Who Is An Insured** is amended to include as an insured any state or political subdivision shown in the Schedule, subject to the following provisions:

1. This insurance applies only with respect to operations performed by you or on your behalf for which the state or political subdivision has issued a permit.

2. This insurance does not apply to:

- a. "Bodily injury," "property damage" or "personal and advertising injury" arising out of operations performed for the state or municipality; or
- b. "Bodily injury" or "property damage" included within the "products-completed operations hazard".