STREET USE APPLICATION

Event: 23rd Annual Marina Steak Fry

Sponsored by: Menasha Marina

Responsible Person: Diane Schabach

Address: 1 Center St.
Menasha

Phone: 967-5193

Email Address: menasha.marina@aol.com

Street Use Date: 6-19-10
Start Time: 4 pm
End Time: 10 pm
Number of Units: _____

Street Route: (Attach Map)
Description of Use: Annual Steak Fry in front of the marina offices on the street for about 200 boaters and guest

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 Service - West Bend. Policy No. 0110126819
(Attached is a copy of the certificate of insurance).

Date: 4-26-10 Applicant's Signature: Diane Schabach

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 (Revised April 2010)

Scheduled Park & Recreation Board Review Date: _____

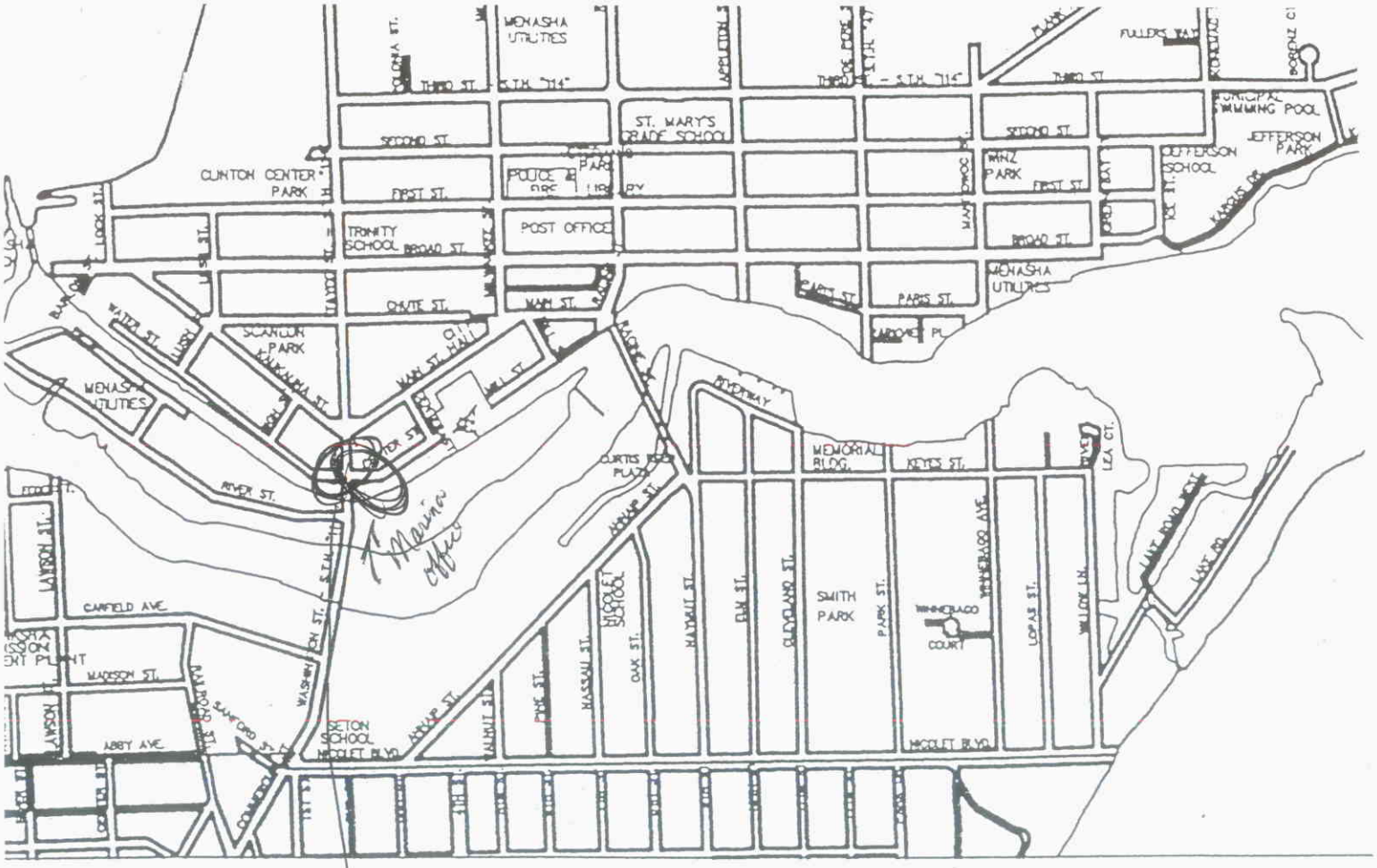
Not Required: _____ Approved: _____ Denied: _____

Scheduled Common Council Review Date: _____

Approved: _____ Denied: _____

APPROVAL:

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



For Steak fry
2 grills - Picnic tables, table and chairs to be placed on Center Street in front of Marina office
Will use baracades to shut off street.

For Street Permit

4/20/10 mailed

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/12/2010

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

COPY

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	05/10/2010	05/10/2011	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	05/23/2010	05/23/2011	[X] WC STATU-TORY LIMITS [ ] OTH-ER	
		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 Scott A. Umland

© ACORD CORPORATION 1988

STREET USE APPLICATION

Event: 13th. Annual Labor Day Corn Roast

Sponsored by: Menasha Marina

Responsible Person: Riane Schabach

Address: 1 Center St.
Menasha

Phone: 967-5193

Email Address: menashamarina@aol.com

Street Route: (Attach Map)
Description of Use: Annual Corn Roast in front of the marina office on the street for about 200 boaters and guest

Street Use Date: 9-4-10
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 Service - West Bend Policy No. 0110126819
(Attached is a copy of the certificate of insurance).

Date: 4-26-10 Applicant's Signature: Riane Schabach

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 (Revised April 2010)

Scheduled Park & Recreation Board Review Date: _____

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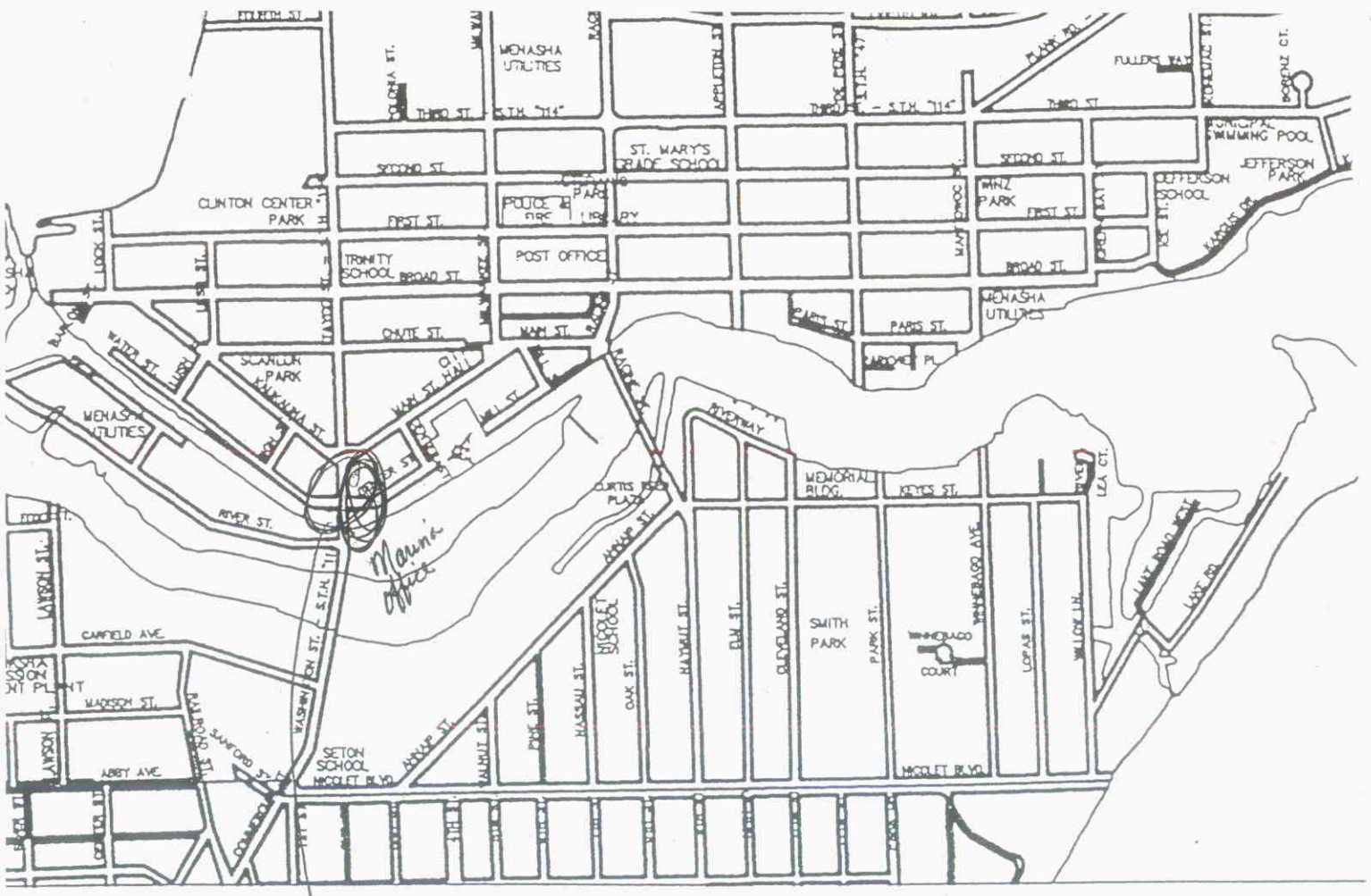
Approved: _____ Denied: _____

APPROVAL:

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



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.

For Street Permit

4/20/10 mailed

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

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		[ ] 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	05/23/2010	05/23/2011	[X] WC STATU-TORY LIMITS [ ] OTH-ER	
		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
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		OTHER		/ /	/ /		
				/ /	/ /		
				/ /	/ /		

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City of Menasha is listed as additional insured.

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City of Menasha
140 Main Street

Menasha WI 54952-

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AUTHORIZED REPRESENTATIVE Scott A. Umland

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