



### STREET USE APPLICATION

Event: SUNRUNNER

Sponsored by: MENASHA ACTION COUNCIL

Responsible Person: PAUL BRUNETTE

Address: 226 MAIN ST  
MENASHA

Phone: 886-9989

Email Address: WREATHFACTORY FOX@HOTMAIL.COM

Street Route: (Attach Map) MAIN ST (CHUTE TO RAINE) MILWAUKEE ST (MAIN TO ALLE)  
Description of Use MILL ST, PORTION OF BROAD ST LOT ( FRI SAT, SUN )  
MARINA PLACE LOT

Street Use Date: 19 JUNE 2010

Start Time: 7:00 AM

End Time: 11:00 PM

Number of Units: \_\_\_\_\_

**Liability Insurance has been secured in the amount of \$ \_\_\_\_\_ with the City of Menasha named as the additional insured.**

Insurance Company \_\_\_\_\_ Policy No. \_\_\_\_\_  
(Attached is a copy of the certificate of insurance).

Date: 5-11-10 Applicant's Signature: Paul Brunette

**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 April 2010)**

Scheduled Park & Recreation Board Review Date: \_\_\_\_\_

Not Required: \_\_\_\_\_ Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

Scheduled Common Council Review Date: \_\_\_\_\_

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

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



# CERTIFICATE OF LIABILITY INSURANCE

OP ID LJ  
MENAC-1DATE (MM/DD/YYYY)  
05/13/10

<b>PRODUCER</b> McClone Insurance Group 150 Main Street, Ste 102 P.O. Box 389 Menasha WI 54952 Phone: 920-725-3232 Fax: 920-725-3233	<b>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.</b>	
	<b>INSURERS AFFORDING COVERAGE</b>	<b>NAIC #</b>
<b>INSURED</b>  Menasha Action Council Sunrunner P. O. Box 432 Menasha WI 54952	INSURER A: Cincinnati Specialty Underwriter INSURER B: 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/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A X	<b>GENERAL LIABILITY</b>	SAMPLE	06/18/10	06/22/10	EACH OCCURRENCE \$ 1000000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ EXCLUDED
A	<input checked="" type="checkbox"/> <b>Liquor Liability</b>	SAMPLE	06/18/10	06/22/10	PERSONAL & ADV INJURY \$ 1000000
	GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE \$ 2000000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				PRODUCTS - COMP/OP AGG \$ 2000000
A A	<b>AUTOMOBILE LIABILITY</b>	SAMPLE	06/18/10	06/22/10	COMBINED SINGLE LIMIT (Ea accident) \$
	<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				AUTO ONLY - EA ACCIDENT \$
	<input checked="" type="checkbox"/> NON-OWNED AUTOS				OTHER THAN EA ACC AGG \$
	<b>GARAGE LIABILITY</b>				EACH OCCURRENCE \$
	<input type="checkbox"/> ANY AUTO				AGGREGATE \$
	<b>EXCESS / UMBRELLA LIABILITY</b>				\$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				\$
	DEDUCTIBLE				\$
	RETENTION \$				\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>				WC STATU-TORY LIMITS OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N				E.L. EACH ACCIDENT \$
	(Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE \$
	<b>OTHER</b>				E.L. DISEASE - POLICY LIMIT \$

### DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

2nd annual sunrunner event on the streets of downtown Menasha, Spectator Liability coverage only subject to policy exclusions. Medical Payments are Excluded.

### CERTIFICATE HOLDER

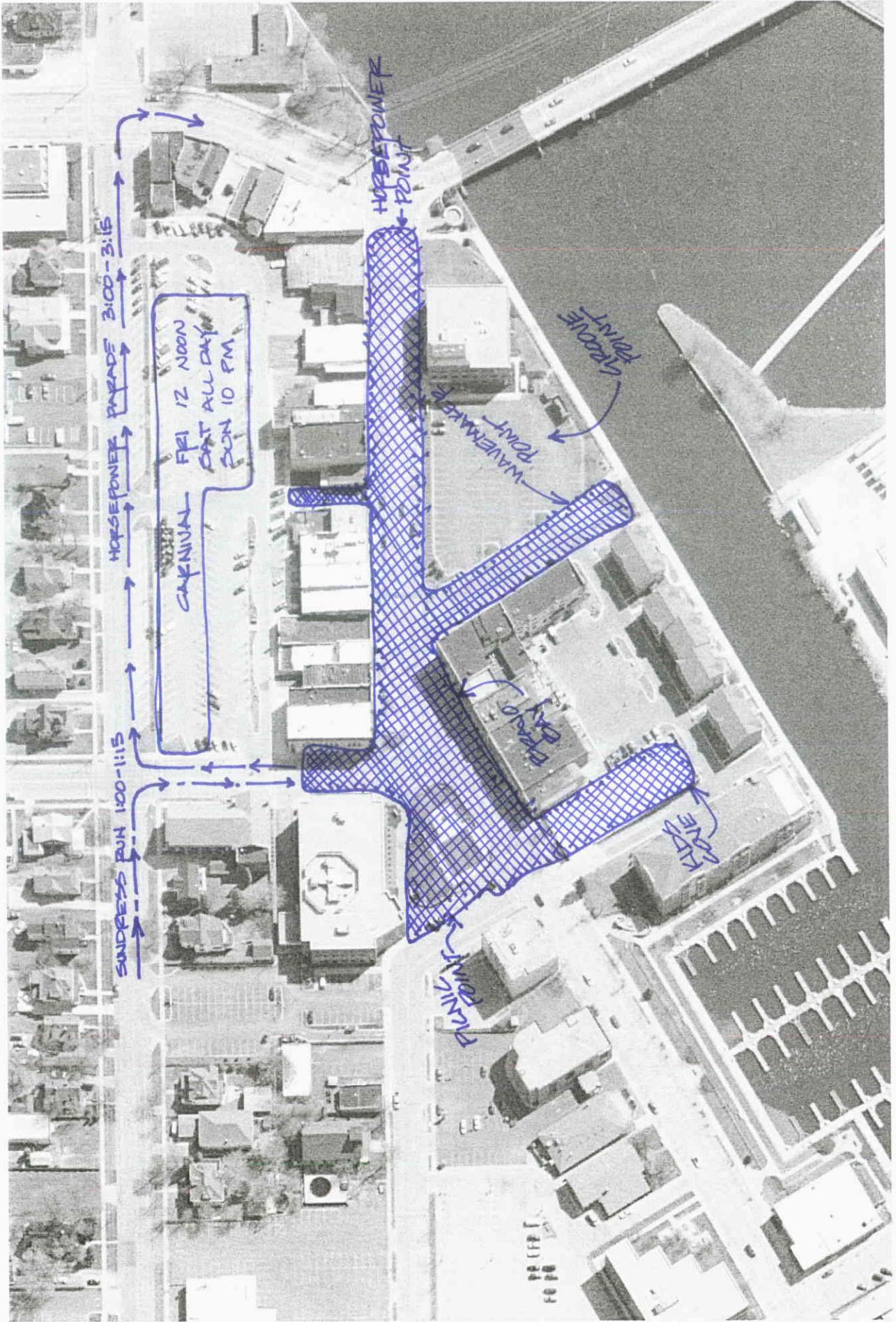
MENASH1

CITY OF MENASHA  
 FAX # 920-967-5271  
 Don Merkes  
 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  
 Lois Jaenke



REQUEST POLICE ASSISTANCE FOR RUN + PARADE @  
 BRAD + MILWAUKEE  
 BRAD + RAGINE