



STREET USE APPLICATION

Sponsored by: Team Hailey 5K / PLGA Foundation

Responsible Person: Peg Meltz

Address: 1500 Alean Dr
Menasha, WI 54952

Phone: 954-5355

Email Address: pmeltz@new.m.com

Street Route: (Attach Map) _____
Description of Use: 5K Run/Walk

Street Use Date:	<u>4/17/10</u>
Start Time:	<u>8:00 A</u>
End Time:	<u>10:30 A</u>
Number of Units:	<u>estim. 600</u>

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

Insurance Company Star Insurance Policy No. _____
(Attached is a copy of the insurance certificate)
National Casualty Co., Nationwide Life Insurance

Date: 12/28/09 Applicant's Signature: Peg Meltz

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: 2/1/10

Approved: _____ Denied: _____

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

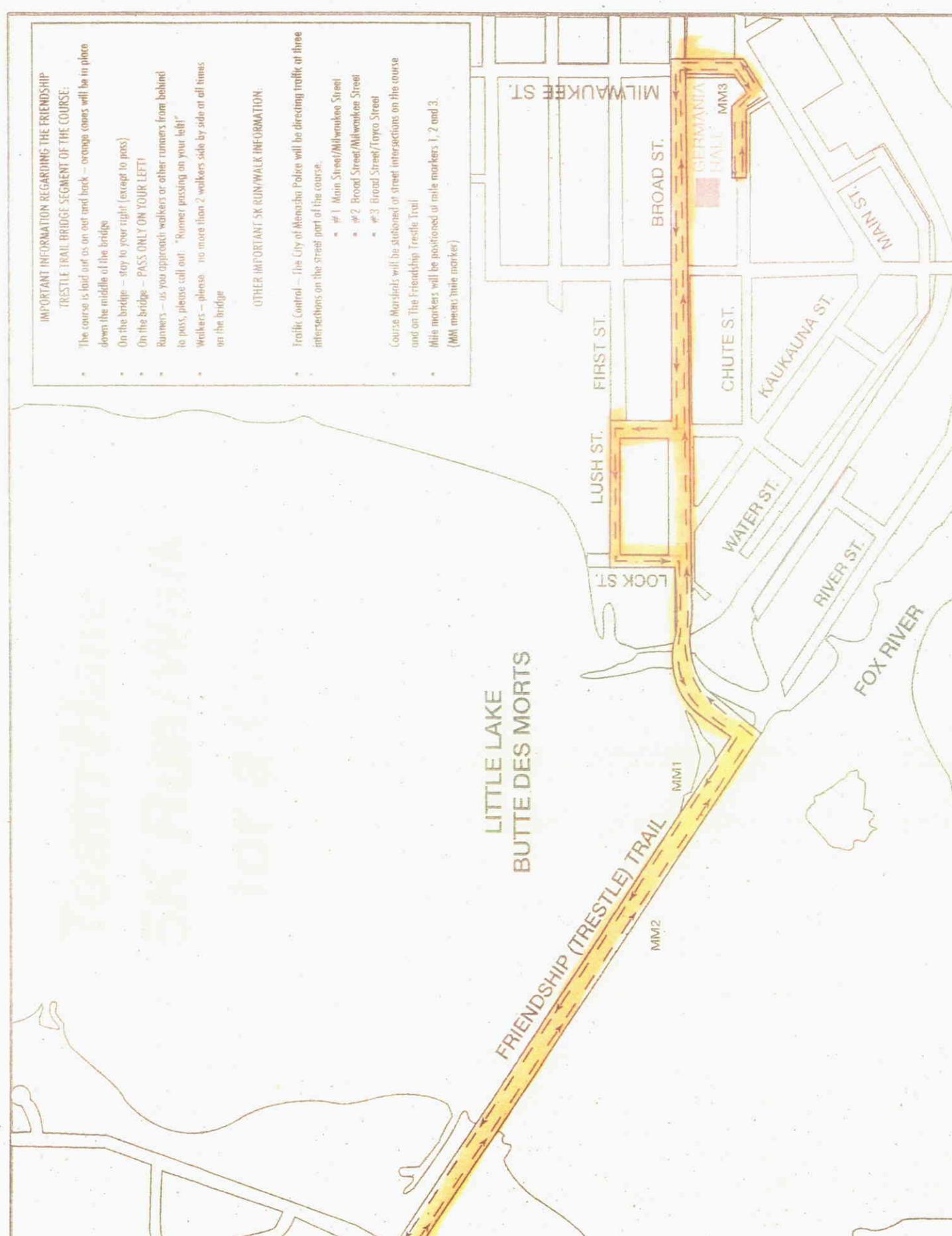
**IMPORTANT INFORMATION REGARDING THE FRIENDSHIP
TRESTLE TRAIL BRIDGE SEGMENT OF THE COURSE:**

- The course is laid out as on out and back - orange cones will be in place down the middle of the bridge
- On the bridge - stay to your right (except to pass)
- On the bridge - PASS ONLY ON YOUR LEFT!
- Runners - as you approach walkers or other runners from behind to pass, please call out: "Runner passing on your left"
- Walkers - please no more than 2 walkers side by side at all times on the bridge

OTHER IMPORTANT 5K RUN/WALK INFORMATION:

- Traffic Control - The City of Menasha Police will be directing traffic at three intersections on the street part of the course.
 - #1 Main Street/Milwaukee Street
 - #2 Broad Street/Milwaukee Street
 - #3 Broad Street/Taylor Street
- Course Marshals will be stationed at street intersections on the course and on The Friendship Trestle Trail
- Mile markers will be positioned at mile markers 1, 2 and 3. (MM means mile marker)

**LITTLE LAKE
BUTTE DES MORTS**



N. LAKE ST.

FRIENDSHIP (TRESTLE) TRAIL

MM2

MM1

LOCK ST.

LUSH ST.

FIRST ST.

BROAD ST.

CHUTE ST.

KAUKAUNA ST.

WATER ST.

RIVER ST.

FOX RIVER

GERMANIA HALL
MM3

MILWAUKEE ST.

MAIN ST.

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/22/2009

PRODUCER (260)467-5690 FAX: (260)467-5651
STAR Insurance - Fort Wayne Office
2130 East DuPont Road

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.

Fort Wayne IN 46825

INSURERS AFFORDING COVERAGE NAIC #

INSURED

INSURER A NATIONAL CASUALTY COMPANY 11991

ROAD RUNNERS CLUB OF AMERICA/2010

INSURER B NATIONWIDE LIFE INS. CO. 66869

AND ITS MEMBER CLUBS

7410 SKYLINE DRIVE

FREDERICK MD 21702-3652

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	12/31/2010	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 type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	A&M AGGREGATE \$5,000,000			ABUSE & MOLESTATION 500,000
A		AUTOMOBILE LIABILITY	KRO 0000000754800	12/31/2009	12/31/2010	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 \$
		EXCESS/UMBRELLA LIABILITY				AUTO ONLY AGG \$
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				EACH OCCURRENCE \$
		<input type="checkbox"/> DEDUCTIBLE				AGGREGATE \$
		<input type="checkbox"/> RETENTION \$				\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY 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 \$
						E L DISEASE - POLICY LIMIT \$
B		OTHER EXCESS ACCIDENT & MEDICAL	SPX 0000003732100	12/31/2009	12/31/2010	EXCESS MEDICAL \$10,000
				12:01 A.M.	12:01 A.M.	\$250 DEDUCTIBLE PER CLAIM
						AD & SPECIFIC LOSS \$2,500

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
CERTIFICATE HOLDER IS NAMED AS AN ADDITIONAL INSURED AS RESPECTS THEIR INTEREST IN THE OPERATIONS OF THE NAMED INSURED.

DATE & EVENT: 04/17/10 TEAM HAILEY 5K RUN/WALK FOR A CURE

INSURED CLUB: TEAM HAILEY 5K RUN/WALK FOR A CURE, ATTN: PEG MELTZ; 1500 ALCAN DR.; MENASHA, WI 54952

CERTIFICATE HOLDER

04/17/10 CITY OF MENASHA, WI
ATTN: PAMELA CAPTAIN
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

John Lefever/JR



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		If yes, describe under SPECIAL PROVISIONS below				E.L. EACH ACCIDENT \$
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CERTIFICATE HOLDER

04/17/10 PLGA FOUNDATION
ATTN: AMY WEINSTEIN
98 RANDOM FARMS DRIVE
CHAPPAQUA, NY 10514

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AUTHORIZED REPRESENTATIVE

John Lefever/JR

