



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) Annual Corn Roast in front of the marina office on the street
Description of Use 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

*pd ct 330a
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.

TO BE COMPLETED BY CITY STAFF (Revised April 2010)

Scheduled Park & Recreation Board Review Date: _____

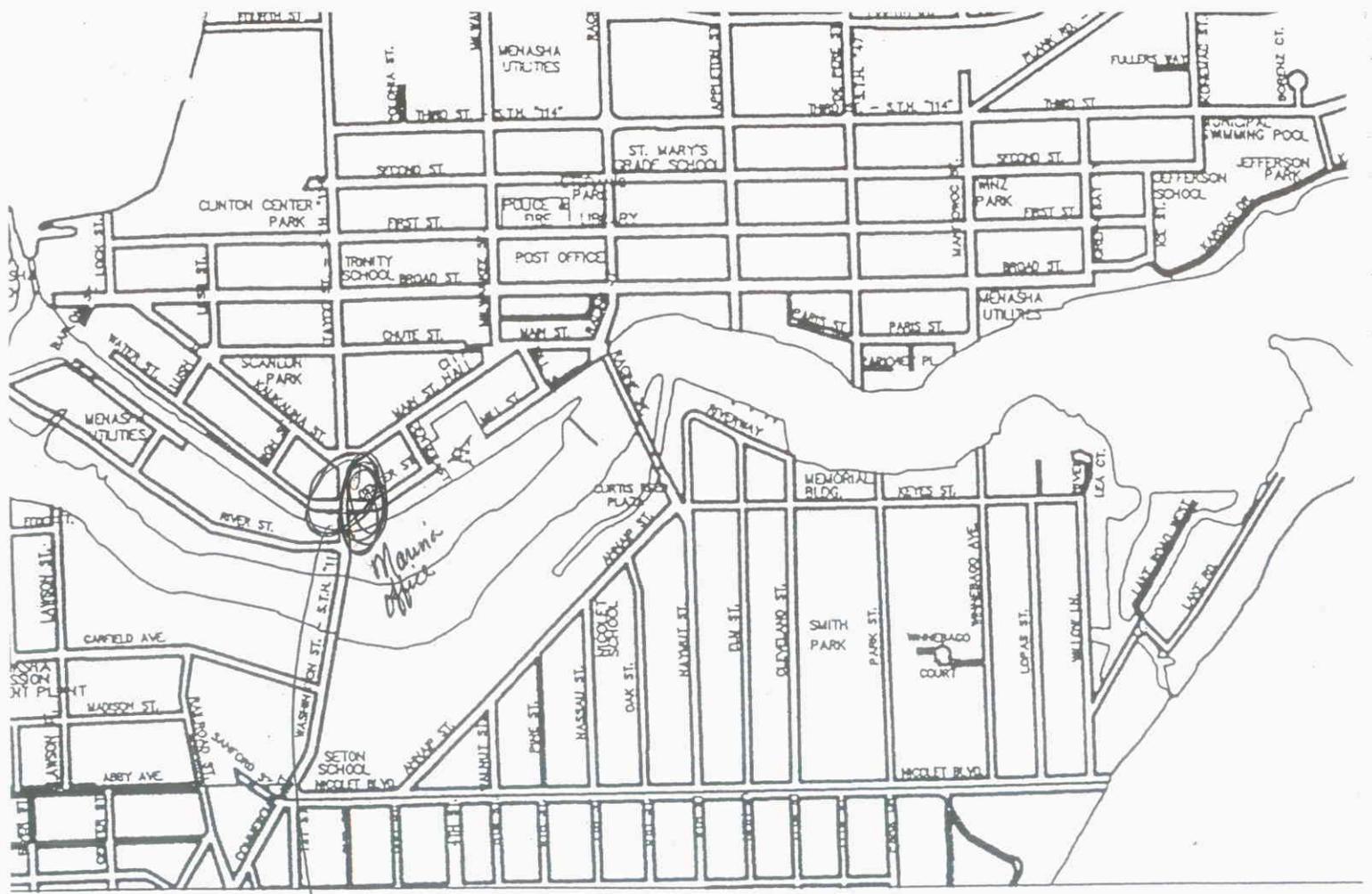
Not Required: _____ Approved: _____ Denied: _____

Scheduled Common Council Review Date: _____

Approved: _____ Denied: _____

APPROVAL: _____

Police Dept. MB Fire Dept. RL Public Works Dept. MR 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 barricades 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

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.

COPY

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
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR		/ /	/ /	MED EXP (Any one person)	\$ 5,000
		GEN'L AGGREGATE LIMIT APPLIES PER:		/ /	/ /	PERSONAL & ADV INJURY	\$ 1,000,000
		<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		/ /	/ /	GENERAL AGGREGATE	\$ 2,000,000
		AUTOMOBILE LIABILITY		/ /	/ /	PRODUCTS - COMP/OP AGG	\$ 2,000,000
		<input type="checkbox"/> ANY AUTO		/ /	/ /	COMBINED SINGLE LIMIT (Ea accident)	\$
		<input type="checkbox"/> ALL OWNED AUTOS		/ /	/ /	BODILY INJURY (Per person)	\$
		<input type="checkbox"/> SCHEDULED AUTOS		/ /	/ /	BODILY INJURY (Per accident)	\$
		<input type="checkbox"/> HIRED AUTOS		/ /	/ /	PROPERTY DAMAGE (Per accident)	\$
		<input type="checkbox"/> NON-OWNED AUTOS		/ /	/ /	AUTO ONLY - EA ACCIDENT	\$
		GARAGE LIABILITY		/ /	/ /	OTHER THAN EA ACC	\$
		<input type="checkbox"/> ANY AUTO		/ /	/ /	AUTO ONLY: AGG	\$
		EXCESS/UMBRELLA LIABILITY		/ /	/ /	EACH OCCURRENCE	\$
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE		/ /	/ /	AGGREGATE	\$
		DEDUCTIBLE		/ /	/ /		\$
		RETENTION \$		/ /	/ /		\$
B		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	89-24211	05/23/2010	05/23/2011	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below		/ /	/ /	E.L. EACH ACCIDENT	\$ 100,000
		OTHER		/ /	/ /	E.L. DISEASE - EA EMPLOYEE	\$ 100,000
				/ /	/ /	E.L. DISEASE - POLICY LIMIT	\$ 500,000

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