Menasha

STREET USE APPLICATION

Event: 24th Annual Marina Steak Fry

Sponsored by: Menasha Marina

Responsible Person: Diane Schabach

Address: 1 Center St
Menasha

Phone: 967-5193

Email Address: menashamarina@aol.com

Street Route: (Attach Map)
Description of Use: steak fry is in front of the marina office on the street for about 200 boaters and guest.

Street Use Date: 6-18-11
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 Services - West Bend Policy No. 6110126819
(Attached is a copy of the certificate of insurance).

Date: 4-22-11 Applicant's Signature: Duane 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: _____

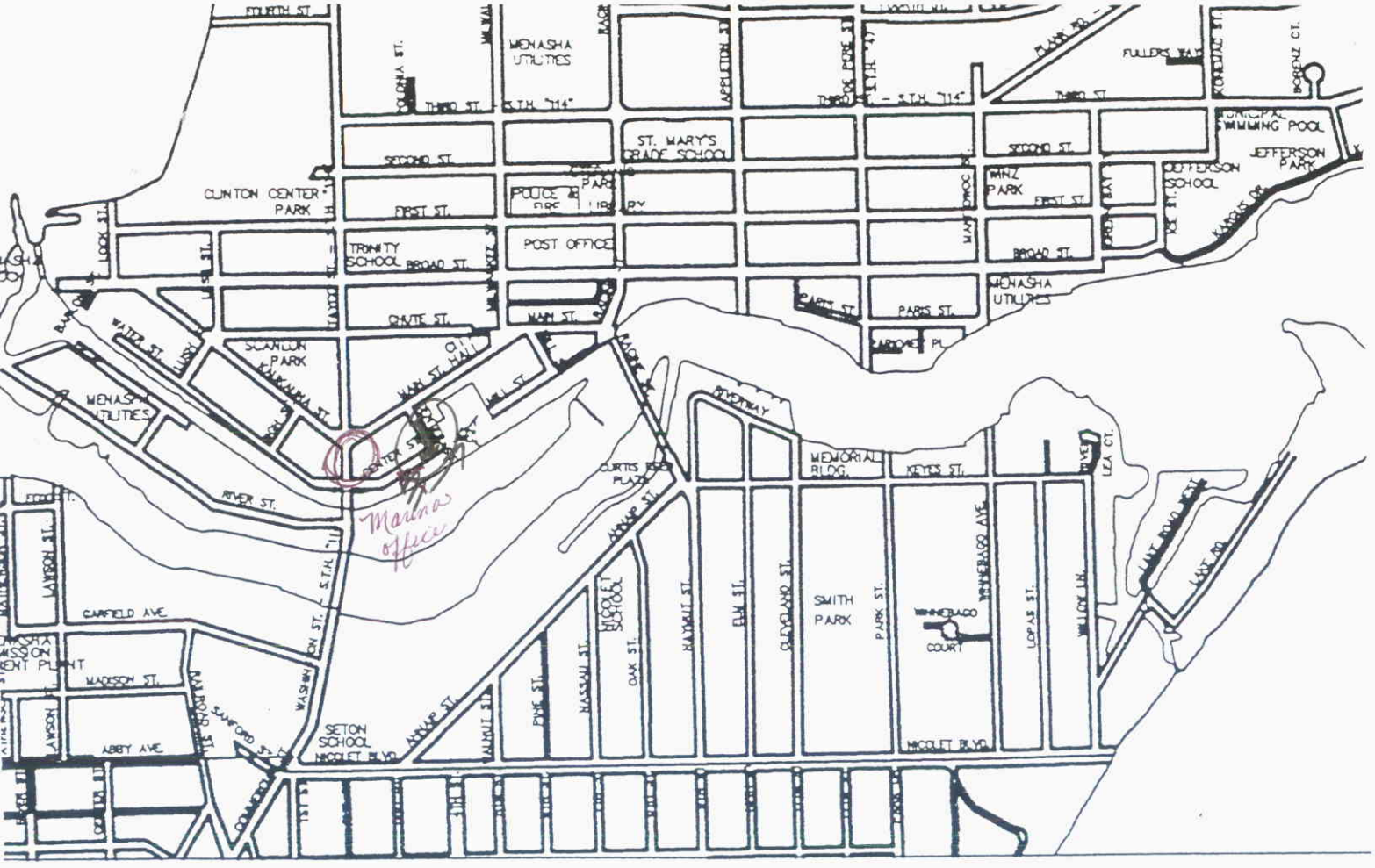
Not Required: _____ Approved: _____ Denied: _____

Scheduled Common Council Review Date: 6-6-11

Approved: _____ Denied: _____

APPROVAL:

Police Dept. MB Fire Dept. _____ Public Works Dept. MR City Attorney PAC



For Steak Fry

3-grills

picnic tables, table

And chairs to be placed

on Center Street in front

of Marina office

– Will use barricades to shut off this area

Close Center Street south of Main Street

and west of the bend in the street.

For Street Permit

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 04/11/2011

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.

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 [X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PRO-JECT [ ] LOC	0110126819	05/10/2011 / / / / / /	05/10/2012 / / / / / /	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 100,000 $ 5,000 $ 1,000,000 $ 2,000,000 $ 2,000,000
		AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [ ] HIRED AUTOS [ ] NON-OWNED AUTOS		/ / / / / / / /	/ / / / / / / /	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $ $ $
		GARAGE LIABILITY [ ] ANY AUTO		/ /	/ /	AUTO ONLY - EA ACCIDENT OTHER THAN AUTO ONLY: EA ACC AGG	$ $ $
		EXCESS/UMBRELLA LIABILITY [ ] OCCUR [ ] CLAIMS MADE [ ] DEDUCTIBLE [ ] RETENTION $		/ / / /	/ / / /	EACH OCCURRENCE AGGREGATE	$ $
B		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	89-24211	05/23/2011 / /	05/23/2012 / /	X WC STATU-TORY LIMITS [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 100,000 $ 100,000 $ 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

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IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

West Bend Mutual Insurance Company
1900 S. 18th Avenue | West Bend, WI 53095

R 331

WEST BEND SMART BUSINESS GENERAL LIABILITY DECLARATION

POLICY NUMBER BOS 0585846 06

RENEWAL

INSURED NAME: DIANE SCHABACH

THE INSURED IS AN INDIVIDUAL

LIMITS OF INSURANCE:

GENERAL AGGREGATE LIMIT (OTHER THAN PRODUCTS - COMPLETED OPERATIONS)	$2,000,000
PRODUCTS - COMPLETED OPERATIONS AGGREGATE LIMIT	$2,000,000
EACH OCCURRENCE LIMIT	$1,000,000
MEDICAL EXPENSE LIMIT, ANY ONE PERSON	$5,000
PERSONAL AND ADVERTISING INJURY LIABILITY LIMIT	$1,000,000
DAMAGE TO PREMISES RENTED TO YOU LIMIT	$100,000

OPTIONAL COVERAGES - LIMITS OF INSURANCE AND ADDITIONAL INFORMATION

SEE ATTACHED SCHEDULE FOR FORMS AND ENDORSEMENTS APPLICABLE TO THIS COVERAGE

WEST BEND
A MUTUAL INSURANCE COMPANY
West Bend Mutual Insurance Company
1900 S. 18th Avenue | West Bend, WI 53095

CUSTOMER NO. 0110126819

R 331

WEST BEND SMART BUSINESS GENERAL LIABILITY CLASSIFICATION SCHEDULE

POLICY NUMBER BOS 0585846 06

RENEWAL

INSURED NAME: DIANE SCHABACH

TOTAL PREMIUM: $322.00

COMMERCIAL GENERAL LIABILITY CLASSIFICATIONS

LOC	ST	TER	CODE	PREMIUM BASIS	PER	RATE	PREMIUM	
1	WI	503	13455	50,000 GALLONS	1000	$0.820	$41	O
GASOLINE STATIONS / CONVENIENCE FOOD STORES - WITHOUT COOKING						$0.238	$12	P
1	WI	503	13506	38,000 GROSS SALES	1000	$1.966	$75	O
GIFT SHOPS						$0.137	$5	P
				ADDITIONAL FOR COVERAGE MINIMUM:			$34	O
				ADDITIONAL FOR COVERAGE MINIMUM:			$151	P
				TERRORISM RISK INSURANCE ACT			$4	

COV P IS FOR PRODUCTS-COMPLETED OPERATIONS, AND COV O IS FOR ALL OTHER HAZARDS

WEST BEND
A MUTUAL INSURANCE COMPANY
West Bend Mutual Insurance Company
1900 S. 18th Avenue | West Bend, WI 53095

CUSTOMER NO. 0110126819

R 331

POLICY NUMBER BOS 0585846 06

RENEWAL

INSURED NAME: DIANE SCHABACH

ADDITIONAL INTEREST

LOCATION 0001
CITY OF MENASHA
140 MAIN ST
MENASHA, WI
54952
FORM BP0410 APPLIES
OWNERS OR OTHER INT - LEASED
*ADDITIONAL INSURED

WEST BEND
A MUTUAL INSURANCE COMPANY
West Bend Mutual Insurance Company
1900 S. 18th Avenue | West Bend, WI 53095

CUSTOMER NO. 0110126819

R SB9

WEST BEND SMART BUSINESS GENERAL LIABILITY DECLARATION

POLICY NUMBER BOS 0585846 06

RENEWAL

INSURED NAMED: DIANE SCHABACH

FORMS SCHEDULE

NUMBER		DESCRIPTION
BP0003	01/06	BUSINESSOWNERS COVERAGE FORM
BP0127	01/06	WISCONSIN CHANGES
BP0410	01/06	ADDITIONAL INSURED - OWNERS OR OTHER INTERESTS FROM WHOM LAND HAS BEEN LEASED
BP0417	07/02	EMPLOYMENT-RELATED PRACTICES EXCLUSION
BP0454	01/06	NEWLY ACQUIRED ORGANIZATIONS
BP0523Y	01/08	CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM
BP1007	07/02	EXCLUSION - YEAR 2000 COMPUTER RELATED AND OTHER ELECTRONIC PROBLEMS WITH EXCEPTION FOR BODILY INJURY ON YOUR PREMISES
WB660	01/09	TWO OR MORE COVERAGE FORMS OR POLICIES ISSUED BY US
WB1468	01/09	EXCLUSION - ASBESTOS OR ASBESTOS PRODUCTS
WB1718	01/09	AMENDMENT - LIQUOR LIABILITY EXCLUSION
BP0578Z	01/06	LIMITED FUNGI OR BACTERIA COVERAGE (LIABILITY)
WB1910	05/09	PRODUCTS/COMPLETED OPERATIONS HAZARD REDEFINED

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS OR OTHER INTERESTS FROM WHOM LAND HAS BEEN LEASED

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

SCHEDULE

A. Name Of Person Or Organization:
B. Designation Of Premises (Part Leased To You):
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The following is added to Paragraph **C. Who Is An Insured** in **Section II – Liability:**

3. The person or organization shown in the Schedule is also an insured, but only with respect to liability arising out of the ownership, maintenance or use of that part of the land leased to you and shown in the Schedule and subject to the following additional exclusions:

   This insurance does not apply to:

   a. Any "occurrence" that takes place after you cease to lease that land; or

   b. Structural alterations, new construction or demolition operations performed by or for the person or organization shown in the Schedule.

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