

### STREET USE APPLICATION

Event: Homecoming Parade  
 Sponsored by: Menasha High School  
 Responsible Person: Rick Grable  
 Address: 420 7th St.  
Menasha, WI 54952  
 Phone: 920-967-1806  
 Email Address: GrableR@mvsd.k12.wi.us

Street Use Date:	<u>Oct 5, 2012</u>
Start Time:	<u>5:30</u>
End Time:	<u>6:15</u>
Number of Units:	<u>20</u>
(Parades)	

Street Route: (Attach Map) (See attached)  
 Description of Use

Liability Insurance has been secured in the amount of \$ 5,000,000 with the City of Menasha named as the additional insured. This is primary insurance.  
 Insurance Company Maritime Insurance Group Policy No. SLC2221312  
 (Attached is a copy of the certificate of insurance and endorsement, each naming the City of Menasha as additional insured)

Date: 8/3/12 Applicant's Signature: [Signature]

*red ct #19667*

**Permit Fee:** Each application for a Street Use Permit shall be accompanied by a fee of \$25.00 along with a Special Event Fee of \$25. Please make checks payable to City of Menasha in the amount of \$50.00.

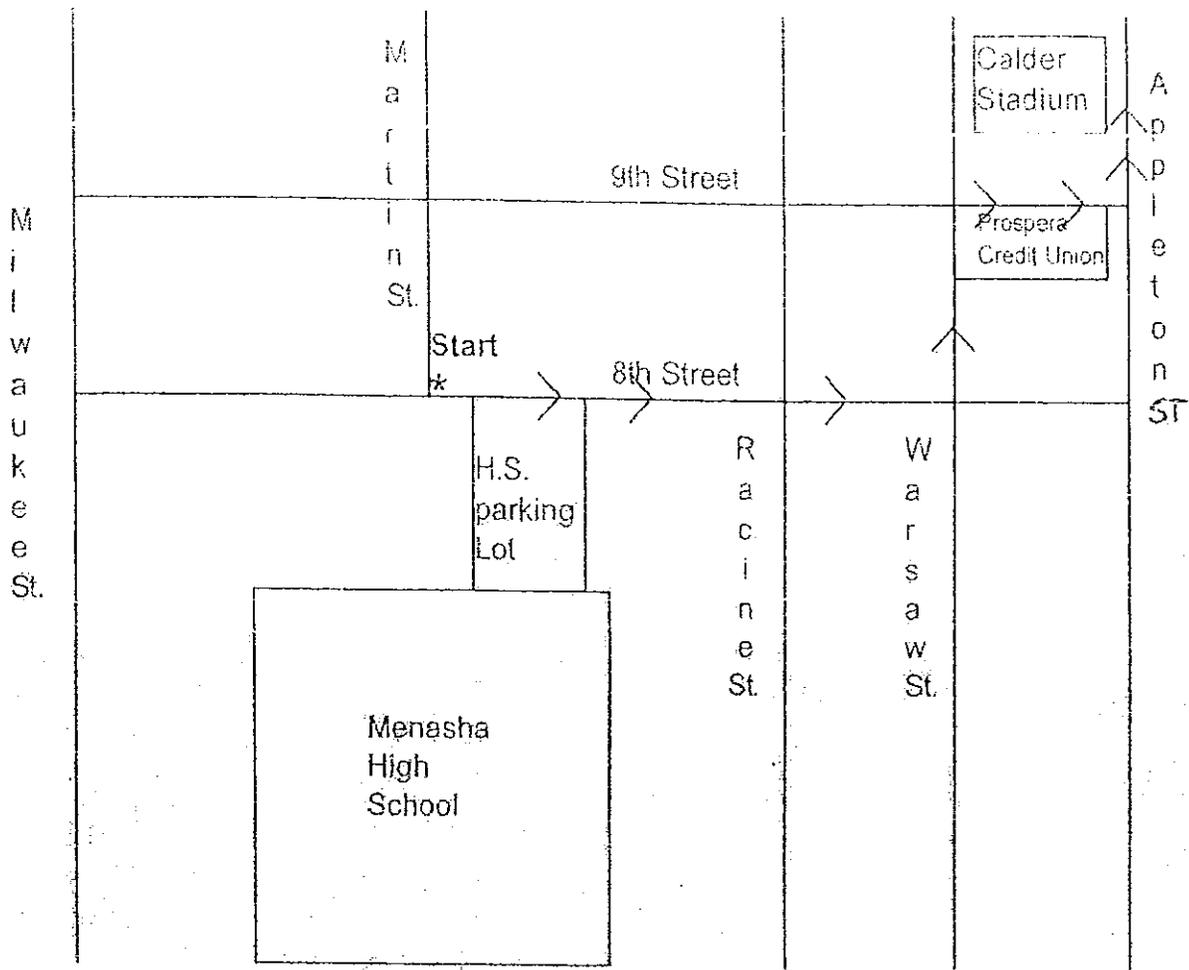
**Note to events planning to use City Parks and/or greenspace:** Any multi-day event or event which plans to sell beer and/or wine to the public must appear before the Parks and Recreation Board.

TO BE COMPLETED BY CITY STAFF (Revised January 16, 2012)

Scheduled Park & Recreation Board Review Date: \_\_\_\_\_  
 Not Required:  Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

Scheduled Common Council Review Date: 9/17/12  
 Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

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



## HOMECOMING PARADE DIRECTIONS

PARADE STARTS AT 5:30 P.M.

- \*Start at the corner of Martin St. and 8th St. (By the H.S. Parking Lot).
- \*Cross over Racine St.
- \*Turn left on Warsaw St.
- \*Turn right on 9th St. (By Prospera Credit Union)
- \*Turn left on Appleton St.
- \*This road leads into Calder Stadium.

8/17/2012

MHS will pick up the "no parking" signs from the Public Works Facility on Friday, October 5, 2012 and return them on Monday, October 8 per Jody of MHS. cs



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
8/17/2012

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. 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).

<b>PRODUCER</b> Maritime Insurance Group 832 Niagara Avenue  Sheboygan WI 53081		<b>CONTACT NAME:</b> Donna Gibeault, ACSR, WISC <b>PHONE (A/C No, Ext):</b> (920) 457-7781 <b>FAX (A/C No):</b> (920) 451-8248 <b>E-MAIL ADDRESS:</b> dgibeault@maritime-ins.com	
<b>INSURED</b> Menasha Joint School District 328 6th Street P O Box 360 Menasha WI 54952-0360		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Community Insurance Corporation INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

**COVERAGES**                      **CERTIFICATE NUMBER:** 12/13 Certificate                      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR   WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY	<input checked="" type="checkbox"/>	SGL2221312	7/1/2012	7/1/2013	EACH OCCURRENCE	\$ 5,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ Included
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person)	\$ None
	<input checked="" type="checkbox"/> School Board E&O					PERSONAL & ADV INJURY	\$ Included
	GEN'L AGGREGATE LIMIT APPLIES PER					GENERAL AGGREGATE	\$ None
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					PRODUCTS - COMP/OP AGG	\$ None
A	AUTOMOBILE LIABILITY		SGL2221312	7/1/2012	7/1/2013	COMBINED SINGLE LIMIT (Ea accident)	\$ 5,000,000
	<input checked="" type="checkbox"/> ANY AUTO					BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident)	\$
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident)	\$
							\$
	UMBRELLA LIAB	<input type="checkbox"/>				EACH OCCURRENCE	\$
	EXCESS LIAB	<input type="checkbox"/>				AGGREGATE	\$
	DED	RETENTIONS					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC STATU-TORY LIMITS	OT-HER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/>	N/A			E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

**CERTIFICATE HOLDER**                      **CANCELLATION**

City of Menasha Carol Schmidt 140 Main St Menasha, WI 54952	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE  D Gibeault, ACSR, WISC <i>Donna M. Gibeault</i>
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# CERTIFICATE OF INSURANCE

ISSUE DATE: 7/1/2012

AEGIS CORPORATION  
18550 W. CAPITOL DRIVE  
BROOKFIELD, WISCONSIN 53045  
TEL: (800) 391-1116  
FAX: (262) 783-6091

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:  
Menasha Joint School District  
P.O. Box 360  
328 Sixth Street  
Menasha, WI 54952

## COMPANIES AFFORDING COVERAGE

COMPANY  
LETTER A

COMMUNITY INSURANCE CORPORATION

### COVERAGES

THIS IS TO CERTIFY THAT 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 OF 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO. LTR	TYPE OF INSURANCE	POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	LIMITS
A	LIABILITY GENERAL LIABILITY SCHOOL BOARD E&O AUTOMOBILE LIABILITY ALL OWNED AUTOS HIRED & NON-OWNED AUTOS UNINSURED MOTORISTS	SGL2221312	7/1/2012	7/1/2013	\$5,000,000 EACH OCCURRENCE

### DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEM

Certificate Holder is named as an Additional Insured with regard only to the Homecoming Parade on 10/5/12.

### CERTIFICATE HOLDER:

City of Menasha  
140 Main Street  
Menasha, WI 54952

### AUTHORIZED REPRESENTATIVE

*ri Heacor*

### CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

**MENASHA SCHOOL DISTRICT  
ADDITIONAL INSURED CERTIFICATES  
2012 - 2013**

**Violent Acts Coverage Endorsement  
FORM # CIC-SD4110 (4/10)  
ADDITIONAL INSURED - END. #01**

*City of Menasha  
140 Main Street  
Menasha, WI 54952  
FORM #2201  
ADDITIONAL INSURED - END. #02  
RE: the Homecoming Parade on 10/5/12.*

*Neenah Menasha YMCA of the Fox Cities  
110 W North Water St  
Neenah, WI 54956  
FORM #2208  
ADDITIONAL INSURED - END. #03  
RE use of the facilities for the 4 year old  
kindergarten program during the school year.*

*Ailco Equipment Finance Group, Inc.  
P. O. Box 710  
Brookfield, WI 53008  
FORM #2204  
ADDITIONAL INSURED - END. #04  
RE: the leased equipment; 22 TOSHIBA  
COPIERS Value \$ 150,000.00*