



### STREET USE APPLICATION

Event: Diablo Cycling Twilight Critérium

Sponsored by: Diablo Cycling

Responsible Person: Andrew Swokowski

Address: 528. W Tonka St  
Appleton, WI 54911

Phone: 920-213-5220

Email Address: diablocycling@gmail.com

Street Route: (Attach Map) Broad St. Ice St. 2nd St.  
Description of Use Manitowoc St.

Street Use Date:	<u>8/11/2012</u>
Start Time:	<u>8:00 am</u>
End Time:	<u>9:00 pm</u>
Number of Units:	_____
(Parades)	

**Liability Insurance has been secured in the amount of \$ 3,000,000 with the City of Menasha named as the additional insured. This is primary insurance.**

Insurance Company Willis of Texas Policy No. 79960314  
(Attached is a copy of the certificate of insurance and endorsement, each naming the City of Menasha as additional insured).

Date: 6/26/2012 Applicant's Signature: [Signature]

**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.

*Red ck #1001*

**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: 7-16-12

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

APPROVAL:

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



Get Google Maps on your phone  
Text the word "GMAPS" to 466453





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
06/18/2012

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>	Willis of Texas, Inc. c/o 26 Century Blvd. P.O. Box 305191 Nashville, TN 37230-5191	CONTACT NAME PHONE (A/C. NO. EXT.) 877-945-7378 E-MAIL ADDRESS. certificates@willis.com	FAX (A/C. NO.) 888-467-2378
<b>INSURED</b>	USA Cycling, Inc. 210 USA Cycling Point Colorado Springs, CO 80919	INSURER A: Federal Insurance Company	INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
		INSURER(S) AFFORDING COVERAGE	NAIC# 20281-001

**COVERAGES** CERTIFICATE NUMBER: 18043905 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	ADD'L SUBR INSRD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY	Y	79960314	12/31/2011	12/31/2012	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000
	CLAIMS-MADE: <input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person) \$
						PERSONAL & ADV INJURY \$ 1,000,000
						GENERAL AGGREGATE \$ 3,000,000
						PRODUCTS - COMP/OP AGG \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					
	<input type="checkbox"/> POLICY	<input type="checkbox"/> PRO-JECT	<input type="checkbox"/> LOC			\$
	AUTOMOBILE LIABILITY					
	<input type="checkbox"/> ANY AUTO					COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS				BODILY INJURY (Per accident) \$
						PROPERTY DAMAGE (Per accident) \$
						\$
	UMBRELLA LIAB OCCUR					
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				EACH OCCURRENCE \$
						AGGREGATE \$
						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A					
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below					
						WC STATU-TORY LIMITS \$
						OTH-ER \$
						E.L. EACH ACCIDENT \$
						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)

Endorsement 80-02-2306: Additional Insured : As required by written contract, certificate holders are named as additional insured for USA Cycling sanctioned/permited events.

Endorsement 80-02-9301: Event Organizer and/or Promoters are Named Insureds. It shall be a condition of coverage that all organizers/promoters for whom coverage is afforded under this policy execute a USAC event permit application and coverage will be afforded only for the specific event and dates on the permit.

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>
City of Menasha 1400 Main Street 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 



## ADDITIONAL REMARKS SCHEDULE

AGENCY Willis of Texas, Inc.	NAMED INSURED USA Cycling, Inc. 210 USA Cycling Point Colorado Springs, CO 80919
POLICY NUMBER 79960314	EFFECTIVE DATE: 12/31/2011
CARRIER Federal Insurance Company	NAIC CODE 20281-001

### ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
 FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

RE: Event #2012-2631  
 Event Name: Diablo Cycling Twilight Criterium  
 Event Location: Menasha, WI  
 Event Dates: 08/11/2012

Certificate Holder is an Additional Insured with respects to Event #2012-2631, Diablo Cycling Twilight Criterium, in Menasha, WI on 08/11/2012, but only with respect to the liability arising out of the Named Insured's Operations.

## **Liability Insurance**

### **Endorsement**

<i>Policy Period</i>	<b>12-31-2011 to 12-31-2012</b>
<i>Effective Date</i>	<b>8-11-2012</b>
<i>Policy Number</i>	<b>79960314</b>
<i>Insured</i>	<b>USA Cycling, etal</b>
<i>Name of Company</i>	<b>Federal Insurance Co.</b>
<i>Date Issued</i>	<b>June 18, 2012</b>

This Endorsement applies to the following forms:

### **GENERAL LIABILITY**

Under Who Is An Insured, the following provision is added:

#### **Who Is An Insured**

##### **State Or Political Subdivision – Permits**

Any state or political subdivision designated below is an **insured**; but they are **insureds** only with respect to liability arising out of operations performed by you or on your behalf for which the state or political subdivision has issued a permit.

Under Bodily Injury/Property Damage Exclusions, the following exclusion is added:

#### **Bodily Injury/Property Damage Exclusions**

##### **Operations For State Or Political Subdivision**

This insurance does not apply to **bodily injury** or **property damage** included within the **products-completed operations hazard** arising out of operations performed for any state or political subdivision designated as an **insured**.

---

Under Policy Exclusions the following exclusion is added:

**Policy Exclusions**

*Operations For State Or  
Political Subdivision*

This insurance does not apply to **bodily injury, property damage, advertising injury or personal injury** arising out of operations performed for any state or political subdivision designated as an insured.

Designation Of State Or Political Subdivision

**City of Menasha  
140 Main Street  
Menasha, WI 54952**

All other terms and conditions remain unchanged.

*Authorized Representative*

---