



STREET USE APPLICATION

Event: 19TH ANNUAL ST. JOE'S 5K RUN/WALK

Sponsored by: PALESETTER'S-FOX CITIES

Responsible Person: NED HUGHES - RACE DIRECTOR

Address: P.O. BOX 681
MENASHA, WI, 54952

Phone: 920-475-7116

Email Address: RUNNEDRUN@HOTMAIL.COM

Street Route: (Attach Map) 5K (3.1 MILES) RUN/WALK COURSE!
Description of Use ANNUAL BENEFIT FUNDRAISER/FOODRAISER FOR THE ST. JOSEPH FOOD PANTRY PROGRAM!

Street Use Date: 10/13/2012
Start Time: 8:00 AM
End Time: 10:00 AM
Number of Units: 523 (2011)
(Parades) PROTECTED 500-700

Liability Insurance has been secured in the amount of \$ 1,000,000.00 with the City of Menasha named as the additional insured. This is primary insurance.

Insurance Company NATIONAL CASUALTY COMPANY Policy No. KRO-0000000210800
(Attached is a copy of the certificate of insurance and endorsement, each naming the City of Menasha as additional insured).

Date: May 25, 2012 Applicant's Signature: Ned Hughes

check #3964

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: 7-16-12
Approved: _____ Denied: _____

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

ST. JOE'S 5K RUN/WALK COURSE MAP

Runners/Walkers Important Information Regarding The Friendship Trestle Trail Segment of The 5K (3.1 Miles) Run/Walk Course:

1. As the 5K course is laid out as an out and back... orange cones will be placed down the middle (in the center) of the trail segment of the course!
2. On the trail... runners and walkers stay to your right (except to pass)
3. On the trail... runners and walkers pass only on your left!
4. On the trail... runners... as you approach walkers or other runners from behind to pass... please call out... "Runner... passing on your left!"
5. On the trail... walkers... please no more than two walkers walking abreast (side by side) at all times!

Other Important 5K Run/Walk Information:

1. Traffic Control... the City of Menasha Police will be directing traffic at the following locations on the street part of the course:
Intersection #1: Main Street/Milwaukee Street
Intersection #2: Broad Street/Milwaukee Street
Intersection #3: Broad Street/Tayco Street
2. Course Marshalls will be stationed at every street intersection on the course and at strategic locations on The Friendship Trestle Trail!
3. Tall mile marker cones (with a large mile marker number printed on each) will be positioned at mile markers 1, 2, and 3! MM means mile marker.





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/18/2012

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).

PRODUCER STAR Insurance - Fort Wayne Office 2130 East DuPont Road Fort Wayne IN 46825	CONTACT NAME: Judy Weaver
	PHONE (A/C No. Ext): (260) 467-5697 FAX (A/C No): (260) 467-5651
	E-MAIL ADDRESS: judy.weaver@starfinancial.com
	INSURER(S) AFFORDING COVERAGE
	INSURER A: National Casualty Company NAIC # 11991
	INSURER B: Nationwide Life Insurance Co. 66869
	INSURER C:
	INSURER D:
	INSURER E:
	INSURER F:

COVERAGES CERTIFICATE NUMBER: 2012 - \$1M A.I. 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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Legal Liab. to Partic. \$1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	X		KRO 000002210800	12/31/2011 12:01 A.M.	12/31/2012 12:01 A.M.	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ NONE PRODUCTS - COMP/OP AGG \$ 1,000,000 ABUSE & MOLESTATION \$ 500,000
							A&M Aggregate \$5,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	X		KRO 000002210800	12/31/2011 12:01 A.M.	12/31/2012 12:01 A.M.	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTIONS						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	EXCESS MEDICAL & ACCIDENT (\$250 DEDUCTIBLE/CLAIM)	X		SPX 0000025293800	12/31/2011 12:01 A.M.	12/31/2012 12:01 A.M.	EXCESS MEDICAL \$10,000 AD & SPECIFIC LOSS \$2,500

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

City of Menasha, its officers, agents & employees are NAMED AS AN ADDITIONAL INSURED AS RESPECTS THEIR INTEREST IN THE OPERATIONS OF THE NAMED INSURED. DATE OF EVENT: 10/13/12 19th Annual St. Joe's 5k run/walk INSURED CLUB: Pacesetter's Running Club, attn: Ned Hughes; P.O. Box 681, Menasha WI 54952

CERTIFICATE HOLDER

10/13/12 City of Menasha, Wisconsin
Attachment: PCN 0141, KRGL79, CG2012
Dept. of Public Works
140 Main Street
Menasha, WI 54952

CANCELLATION

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

John Lefever/JWE

ATTACHED TO AND FORMING A PART OF POLICY NUMBER	ENDORSEMENT EFFECTIVE DATE (12:01 A.M. STANDARD TIME)	NAMED INSURED	AGENT NO.
KRO0000002210800	10/13/12	ROAD RUNNERS CLUB OF AMERICA AND ITS	

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

POLICY CONDITIONS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

The **Other Insurance** condition of this Coverage Part is replaced by the provision marked below with an "X" in the box:

Other Insurance

- If other valid and collectible insurance with any other insurer including any formal self-insured retention programs is available to you covering a loss also covered by this Coverage Part, other than insurance that is in excess of the insurance afforded by this Coverage Part, the insurance afforded by this Coverage Part shall be in excess of and shall not contribute with such other insurance. Nothing herein shall be construed to make this insurance subject to the terms, conditions and limitations of other insurance.
- Coverage afforded under this Coverage Part is primary insurance and Other Insurance shall not apply as respects

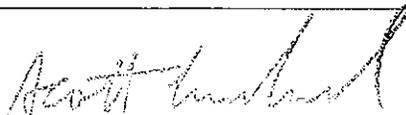
CITY OF MENASHA, ITS OFFICERS, AGENTS & EMPLOYEES
as additional insureds.

The **Cancellation** condition of this Coverage Part is amended by the addition of the following if an "X" is in the box:

- Cancellation

The following is added: It is a condition of the Policy by this Endorsement that the Policy will not be cancelled without _____ days' prior written notice to:

_____ and further,
that the person(s) named above are not liable for the payment of any premiums or assessments on this Policy.



AUTHORIZED REPRESENTATIVE

DATE

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – STATE OR GOVERNMENTAL AGENCY OR
SUBDIVISION OR POLITICAL SUBDIVISION – PERMITS OR AUTHORIZATIONS**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

State Or Governmental Agency Or Subdivision Or Political Subdivision:

CITY OF MENASHA, ITS OFFICERS, AGENTS & EMPLOYEES

Club: Pacesetter's Running Club
Event: 19th Annual St. Joe's 5K Run/Walk
Date: 10/13/12

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Section II – Who Is An Insured is amended to include as an insured any state or governmental agency or subdivision or political subdivision shown in the Schedule, subject to the following provisions:

1. This insurance applies only with respect to operations performed by you or on your behalf for which the state or governmental agency or subdivision or political subdivision has issued a permit or authorization.

2. This insurance does not apply to:

- a. "Bodily injury", "property damage" or "personal and advertising injury" arising out of operations performed for the federal government, state or municipality; or
- b. "Bodily injury" or "property damage" included within the "products-completed operations hazard".

Policy Change
Number 0141

GU 269
(11-85)

THE ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

IL 12 01 11 85

POLICY CHANGES

POLICY NO. KRO0000002210800	POLICY CHANGES EFFECTIVE 10/13/12	COMPANY NATIONAL CASUALTY COMPANY
NAMED INSURED ROAD RUNNERS CLUB OF AMERICA AND ITS		AUTHORIZED REPRESENTATIVE K&K INSURANCE AGENCY, INC.
COVERAGE PARTS AFFECTED Commercial General Liability		PAGE 01 OF 01

CHANGES

Form Number: KR-GL-79 "Policy Conditions"

Form Number: CG2012 "Additional Insured-State or Political
Subdivisions-Permits"

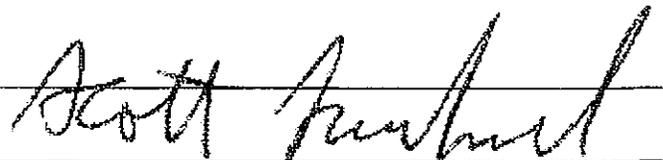
(X) Add Forms To Include Additional Insured Below:

CITY OF MENASHA, ITS OFFICERS, AGENTS & EMPLOYEES

Club: Pacesetter's Running Club
Event: 19th Annual St. Joe's 5K Run/Walk
Date: 10/13/12

No Premium Change

NLS 05/24/12



Authorized Representative Signature