



STREET USE APPLICATION

Event: LABOR DAY PARADE Labor Temple Coop Assn.
 Sponsored by: FOX VALLEY AREA LABOR COUNCIL
 Responsible Person: MARK WESTPHAL
 Address: P.O. BOX 186
MENASHA, WI 54952
 Email Address: SSWES@EARTHLINK.NET Phone: 920-727-1790
 Street Route: LETTER ATTACHED
 Description of Use (attach map)

Street Use Date: 9-1-14
 Start Time: 9:30 AM
 End Time: 10:30 AM
 Number of Units: 50
 (Parades)

Liability Insurance has been secured in the amount of \$ 2,000,000 with the City of Menasha named as the additional insured. This is primary insurance.

Insurance Company BADGER MUTUAL Policy No. 00520-12705
 (Attached are samples of the certificate of insurance and endorsement; each naming the City of Menasha as additional insured)

Date: 6-10-14 Applicant's Signature: Mark Westphal

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 \$25.00. Please make checks payable to City of Menasha.

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 February 4, 2013)

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

Scheduled Common Council Review Date: 8-18-14
 Approved: _____ Denied: _____

APPROVAL:

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

2014
July, 2013

To: Labor Day Parade Participants

The Fox Valley Area Labor Council is preparing for its 2014 observance of Labor Day.

This will be our 32st Annual Celebration. One of the highlights of this event is the Parade through the Cities of Neenah and Menasha on Monday, September 1, 2014. Would you be interested in celebrating along with us by taking part in this year's Parade?

The Parade will begin in Menasha at Curtis Reed Square at 10:00 a.m. Please have your entry at the parking lot area of Germania Hall, 320 Chute Street, Menasha WI., by 9:30 a.m. for line-up instructions.

XTCOR
The Parade will travel west down Main Street in Menasha. It will proceed to Tayco Street in Menasha and then head south, crossing both the Tayco Street and Washington Street Bridges. We will enter Neenah on Commercial Street and continue south. At Main Street, in downtown Neenah, the Parade will turn right and head west to the intersection of Church Street and Main Street where the Parade will end.

Please join us in the Parade and help make our Labor Day a successful event. Enclosed is a Parade entry form. Please fill it out and return by August 26th, 2014 to:

Fox Valley Area Labor Council, P.O. Box 186 Menasha WI 54952
or Fax back the form to us at 920-727-1794

Sincerely,

Mark Westphal

Mark Westphal, President



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/09/2014

PRODUCER Mayer & Associates 130 Main Street Suite 105 Menasha, WI. 54952	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.	
	INSURERS AFFORDING COVERAGE	NAIC #
INSURED Labor Temple Coop Association 157 S. Green Bay Rd. P.O. Box 127 Neenah, WI. 54956	INSURER A: Badger Mutual Insurance Co.	
	INSURER B:	
	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	ADDL INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR _____ _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	00520-12705	02/13/2014	02/13/2015	EACH OCCURRENCE \$ 500,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPI/OP AGG \$ 500,000
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS _____				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO _____				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE _____ <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
		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 St. 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 Brian Becker
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**BADGER MUTUAL
INSURANCE COMPANY**
1635 WEST NATIONAL AVENUE
MILWAUKEE, WISCONSIN 53204
414-383-1234 / 800-837-7833

Commercial Policy Program PAGE 03

Direct

****Amended Dec**** EFF. 9/01/14

POLICY NUMBER POLICY PERIOD 12:01 AM STANDARD TIME AGENT'S NUMBER

00520-12705 2/13/14 TO 2/13/15 58921 (920) 725-2925

AGENT'S NAME

Labor Temple Coop Association
157 S Green Bay Rd
PO Box 127
Neenah WI 54956-2246

Mayer & Associates LLC
130 Main St Ste 105
Menasha WI 54952-3181

SCHEDULE OF FORMS AND ENDORSEMENTS:

ENDORSEMENT NO	EDITION DATE	DESCRIPTION
GL 0348	06-02	Excl Wet/Dry Rot Fungi
GL 0349	06-02	Excl Bacteria Contractor
GL 0950	12-99	Known Injury or Damage
GL 1021	09-09	Other Insurance Amendment
GL 1280	06-06	Conditional NBC Terror Ex
GL-202	1.0	Excl-Athletic/Sports Part
GL-224	1.0	Liab Cov-Designated Prem
GL-452	2.0	Amendatory - WI
GL-600	1.0	Comm Liab Cov (Prem Only)
GL-890	1.0	Lead Liability Exclusion
GL-894	1.0	Punitive Damages Excl
GL-904	1.1	Pers/Advertis Inj Liab
GS 0348	01-08	Excl-War/Military Action
GS 1660	06-06	GS Conditional NBC Ex-Lim
GS-185	1.0	Amend End WI
GS-200	3.0	Glass Cov Part
IM 2101	04-04	Amendatory End-WI
IM 7000	04-04	Contractor's Equipment

ADDITIONAL INSURED(S)

AI#	INTEREST	NAME AND ADDRESS
1	GL-841/*50	City Of Menasha 140 Main St Menasha WI 54952-3190

DATE 6/30/14

FI

BADGER MUTUAL INSURANCE COMPANY

8950 Ed. 5-92

ADDITIONAL INSURED

NAMED INSURED Labor Temple Coop Association

POLICY # 00520-12705

EVENT DATE FROM 9/1/2014 TO 9/1/2014

INTEREST OR FUNCTION

Event: Labor Day Parade
140 Main St
Menasha, WI 54952
Date 9/1/2014

NAME OF ADDITIONAL INSURED

GL-841
City Of Menasha
140 Main St
Menasha, WI 54952

ADDITIONAL CHARGE \$ 50.00