



STREET USE APPLICATION

Event: Two Wheel Tuesday
 Sponsored by: The Locker Room
 Responsible Person: FREDERICK SCHROEDER
 Address: 800 Plank Rd.
Menasha, WI - 54952

Street Use Date: 7/22/14
 Start Time: 6:00 P.M.
 End Time: 9:00 P.M.
 Number of Units: _____
 (Parades)

Email Address: theLockerRoomBar@hotmail.com Phone: _____

Street Route: 300 Block of Manitowoc St.
 Description of Use (attach map)

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 SOCIETY INSURANCE Policy No. 15261
 (Attached are samples of the certificate of insurance and endorsement; each naming the City of Menasha as additional insured)

pd ct #7911

Date: July 22nd, 2014 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 \$25.00. 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: 7/7/2014
 Approved: _____ Denied: _____

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



CERTIFICATE OF LIABILITY INSURANCE

LOCKE01

OP ID: MK

DATE (MM/DD/YYYY)

06/04/14

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 ADEMINO & ASSOCIATES INC DAVID ADEMINO 1001 TRUMAN P O BOX 99 KIMBERLY, WI 54136-0099	920-734-3110 920-734-6027	CONTACT NAME: PHONE (A/C No., Ext): FAX (A/C No.): E-MAIL ADDRESS:
	INSURER(S) AFFORDING COVERAGE INSURER A: SOCIETY INSURANCE NAIC # 15261 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
INSURED THE LOCKER ROOM HOT BRASS LLC dba 800 PLANK RD MENASHA, WI 54952		

COVERAGES CERTIFICATE NUMBER: 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	ADDITIONAL COVERAGE (NSR LTR)	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 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PER <input type="checkbox"/> LOC	X	TRM 529484	08/18/13	08/18/14	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/PROP AGG \$ 2,000,000
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		TRM 529484	08/18/13	08/18/14	COMBINED SINGLE LIM (Per accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY FOREIGN OPERATIONS RELATIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			W/ STATE TRAVEL LIMITS <input type="checkbox"/> OTHER FEE <input type="checkbox"/> 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)
 EVENT: TWC WHEEL TUESDAY'S MOTORCYCLE SHOW.

CERTIFICATE HOLDER MENAS-1 CITY OF MENASHA 140 MAIN ST 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
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MIDTERM CHANGE DOCUMENT

POLICY NO. TRM 529484

99205

SOCIETY INSURANCE, a mutual company | ADEMINO & ASSOCIATES INS AGENCY INC

NAMED INSURED HOT BRASS LLC DBA THE LOCKER ROOM

MAILING ADDRESS 800 PLANK RD MENASHA WI 54952-2024

POLICY PERIOD: FROM 08/13/2013 TO 06/18/2014 at 12:01 A.M. Standard Time at your mailing address shown above

CHANGE EFFECTIVE 05/13/2014 CHANGE # 2

DESCRIPTION

FORM BP0407, ADDITIONAL INSURED - STATE OR POLITICAL SUBDIVISIONS PERMITS RELATING TO PREMISES, IN FAVOR OF CITY OF MENASHA IS DELETED. FORM SAI-44, ADDITIONAL INSURED-PRIMARY NON CONTRIBUTORY LIMITED FORM, IS ADDED IN FAVOR OF CITY OF MENASHA. REVISED ADDITIONAL INSURED LIABILITY SCHEDULE IS ATTACHED. ADDITIONAL PREMIUM WILL BE REFLECTED IN FUTURE INSTALLMENTS.

Original Premium \$	3,605	New Premium \$	3,848	Total Add'l/Return Premium \$	11
Original Fire Surcharge \$		New Fire Surcharge \$		Add'l/Return Fire Surcharge (included in above Premium) \$	NO CHANGE

COUNTERSIGNED 06/04/2014 BY C15 83
 (Date) (Authorized Representative) 06/04/2014

SOCIETY INSURANCE, a mutual company

ADDITIONAL INSURED - LIABILITY

POLICY # TRM 529484
HOT BRASS LLC DBA
THE LOCKER ROOM
800 PLANK RD
MENASHA WI 54952-3924

AGENT ADEMINO & ASSOCIATES INS AGENCY INC.
00203

GOOSE DREAMS LLC
800 PLANK RD
MENASHA, WI 54952

SPECIMEN

TBP-18 - WI - Loc #1

CITY OF MENASHA
140 MAIN ST
MENASHA, WI 54952-3153

SAI44 - WI - Loc #1

NOTE TO ADDITIONAL INSURED: YOUR RIGHT TO COVERAGE UNDER THIS
POLICY IS LIMITED. READ SPECIFIC TERMS AND CONDITIONS RELATING
TO YOUR INTEREST FOR DETAILS.

SAI-44 (9-02)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED - PRIMARY NONCONTRIBUTORY -
LIMITED FORM**

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS LIABILITY COVERAGE FORM
COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of Person or Organization (Additional Insured):

CITY OF MENASHA
140 MAIN ST
MENASHA WI 54952

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED is amended to include as an additional insured any person or organization shown in the Schedule as an additional insured. That entity shall be covered only for liability for bodily injury or property damage that is imputed to it as a result of your actions or conduct. In no event shall the additional insured receive any greater or additional coverage, or any greater or additional limits of liability than you receive under this policy.

If the name of the person or organization stated above includes any architect, engineer or surveyor, the following applies:

The insurance with respect to such architects, engineers or surveyors does not apply to "bodily injury", "property damage", "personal injury" or "advertising injury" arising out of the rendering of or the failure to render any professional services by or for you, including:

- a. The preparing, approving or failing to prepare or approve amps, drawings, opinions, reports, surveys, change orders, designs or specifications; and

SAI-44 (9-02)

b. Supervisory inspection or engineering services.

If a written contract between you and the additional insured specifically requires that this insurance be primary, then the insurance afforded by this endorsement is primary insurance and we will not seek contribution from any other insurance available to the additional insured named in this schedule unless the other insurance is provided by a contractor other than the named insured. Then we will share with that other insurance by the method described below.

If all of the other insurance permits contribution by equal shares, we will follow this method also. Under this approach each insurer contributes equal amounts until it has paid its applicable limit of insurance or none of the loss remains, whichever comes first.

If any of the other insurance does not permit contribution by equal shares, we will contribute by limits. Under this method, each insurer's share is based on the ratio of its applicable limit of insurance to the total applicable limits of insurance of all insurers.

If no contract between you and the additional insured requires that this insurance be primary, then the coverage granted to the additional insured under this endorsement shall be excess over any other valid and collectible insurance.

This endorsement provides no coverage to the additional insured for any liabilities arising out of the claimed negligence of the additional insured, or out of the claimed negligence of any entities other than the Named Insured.

SAI-44 (9-02)