



STREET USE APPLICATION

Event: TWISTED PISTONS CRUISE IN
 Sponsored by: TWISTED PISTONS INC
 Responsible Person: RANDALL THOMSON
 Address: 426 BROAD ST.
MENASHA, WI. 54952

Street Use Date: 8-20-15
 Start Time: 2:00pm
 End Time: 10:00pm
 Number of Units: _____
 (Parades) Car show

Email Address: TWISTED PISTONS 426 @ GMAIL.COM Phone: 920-727-1826

Street Route: MAIN ST. - MILWAUKEE TO JITTERS
 Description of Use (attach map)

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 HUB INTERNATIONAL Policy No. AR6360147
 (Attached are samples of the certificate of insurance and endorsement; each naming the City of Menasha as additional insured)

Date: 5/29/2015 Applicant's Signature: Randall Thomson

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: 7-20-15
 Approved: _____ Denied: _____

APPROVAL:
 Police Dept. BAA Fire Dept. MR Public Works Dept. MR City Attorney _____



Twisted Pistons 2015
Street barricades for August 20, 2015 event.

**CERTIFICATE OF INSURANCE
SPECIAL EVENT LIABILITY GROUP INSURANCE TRUST, A RISK PURCHASING GROUP**

FACILITY OWNER: (Additional Insured)		PRODUCER:	Certificate # 50629
City of Menasha 140 Main Street Menasha, WI 54952		HUB International Insurance Services Inc. P.O. Box 4047 Concord, CA 94524-4047 PH: 925 609 6500 FX: 925 609 6550 specialevent@hubinternational.us	CA License #0757776
EVENT HOLDER: (Named Insured)		EVENT INFORMATION	
Twisted Pistons Inc. c/o Randall Thomson 426 Broad St. Menasha, WI 54952		TYPE OF EVENT:	Car Show
		EVENT DATE(S):	8/20/2015
		EVENT LOCATION:	Main Street from Milwaukee Street to 23 Main Street in Menasha, WI
		ATTENDANCE:	500-1000
		CLASS:	1

This is to certify that the policies of insurance listed below have been issued to the insured named above for the event date(s) indicated above. 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.

INSURER A:		COLONY INSURANCE COMPANY				
INSR LTR	Type of Insurance	Policy Number	Effective	Expiration	Policy Limits	
A	Commercial General Liability	AR6360147	1/1/2015	1/1/2016	Each Occurrence	\$1,000,000
					General Aggregate	\$2,000,000
					Personal & Advertising Injury	\$1,000,000
					Products/Completed Operations Aggregate	\$2,000,000
					Damage to Premises Rented to You	\$500,000
					Medical Payments	\$5,000
					Liquor Liability Each Occurrence	\$1,000,000
					Liquor Liability Aggregate	Incl

COVERAGE TERMS:

Occurrence Form (CG 0010)
Host Liquor Liability Included.
Full Liquor Liability Included when a separate premium has been charged.
All participants in athletic activities are required to sign Release and Waiver of Liability forms.

The coverage afforded by this insurance is primary and not contributing with any insurance held by the "ADDITIONAL INSURED", WHEN REQUIRED BY WRITTEN CONTRACT. The limits of insurance apply separately to each event insured by this policy as if a separate policy of insurance has been issued for that event. Who is an insured is amended to include as an additional insured the "Facility Owner - Additional Insured" above and any person or organization shown in the schedule below. This insurance does not apply to: any "occurrence" which takes place after the event holder ceases to be a tenant in that premises. This insurance applies only to: an "occurrence" which takes place during the dates indicated under "Event Information" above.

COVERAGE EXCLUSIONS: (REFER TO POLICY FOR COMPLETE LISTING OF EXCLUSIONS)

-- Sexual Abuse & Molestation

Specific Events are excluded from coverage. Please see second page for list of excluded events.

-- Terrorism

On behalf of the Risk Purchasing Group and each Member, the Trustee has declined coverage for the Terrorism Risk Insurance Act (TRIA).

OTHER ADDITIONAL INSURED:

CANCELLATION: Should the above described policy(s) be canceled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the insured event holder and additional insureds listed.

AUTHORIZED REPRESENTATIVE:



DATE ISSUED: