



STREET USE APPLICATION

Event: Homecoming Parade

Sponsored by: Menasha High School

Responsible Person: Rick Grable

Address: 420 7th St.
Menasha WI 54952

Email Address: GrableR@msd.k12.wi.us

Street Route: (see attached)

Description of Use (attach map)

Street Use Date: <u>October 2, 2015</u>
Start Time: <u>5:30</u>
End Time: <u>6:15</u>
Number of Units: <u>20</u>
(Parades)

Phone: 920-967-1803

Liability Insurance: The event is covered by the amount of at least \$5,000,000. The City of Menasha is not responsible for the additional insurance. The City of Menasha is not responsible for the additional insurance.

Insurance Company: Community Assurance Corp. Policy No. 56122213

Date: 4/15/15 Applicant's Signature: Rick Grable RGS

All City of Menasha applications for street use must be approved by the City of Menasha. The City of Menasha is not responsible for the additional insurance.

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.

Scheduled Park & Recreation Board Review Date: _____

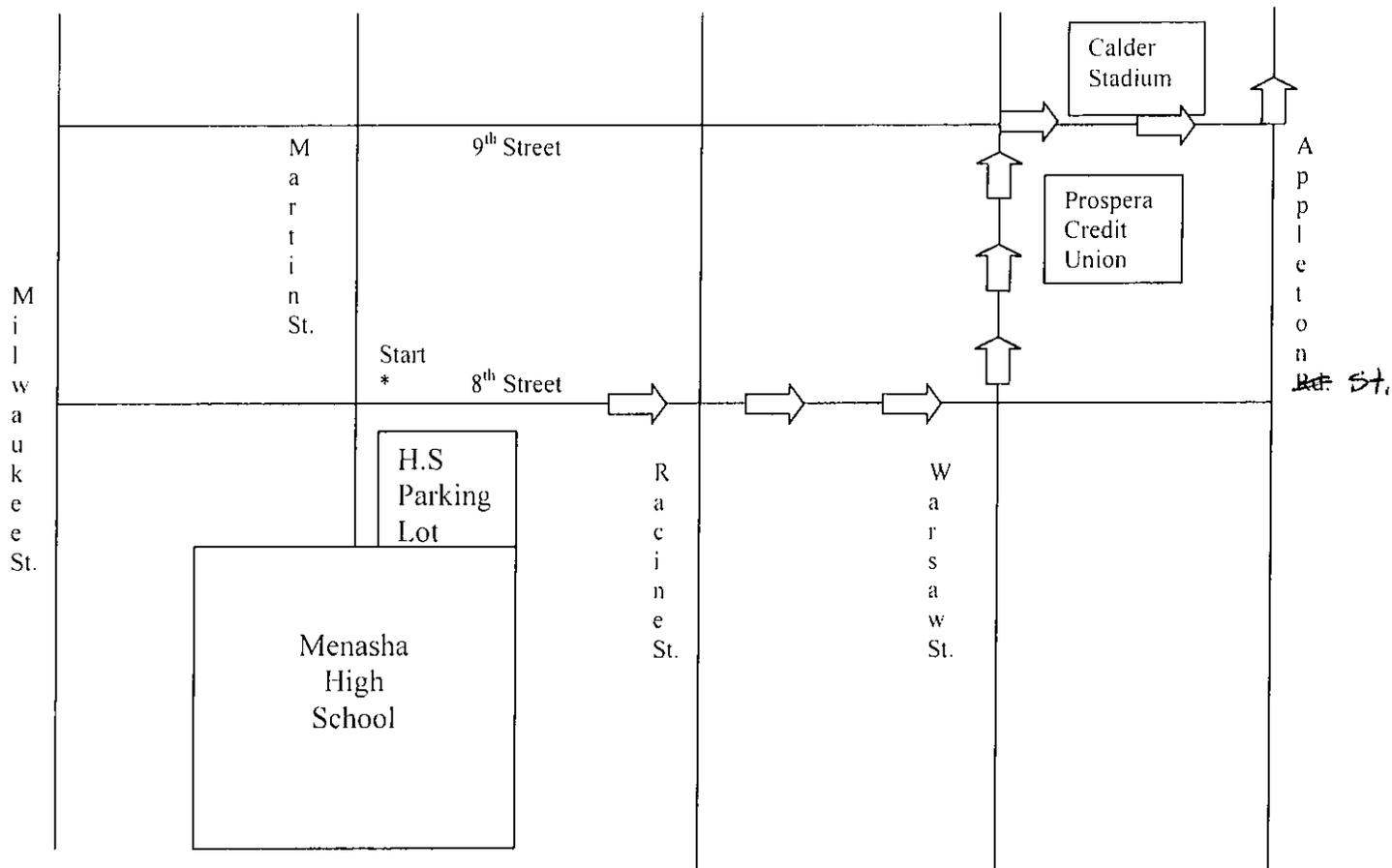
Not Required: Approved: _____ Denied: _____

Scheduled Common Council Review Date: 9-21-15

Approved: _____ Denied: _____

APPROVAL:

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



**HOMECOMING PARADE DIRECTIONS
PARADE STARTS AT 5:45 P.M.**

- *Start at the corner of Martin St. and 8th St. (By the H.S. Parking Lot).
- *Cross over Racine St.
- **Turn left on Warsaw St.
- *Turn right on 9th St. (By Prospera Credit Union)
- *Turn left on Appleton Rd.
- *This road leads into Calder Stadium

**** Please put "No Parking" signs on Appleton Street from 9th Street to Calder Stadium. To be picked up by Menasha Joint School District Maintenance after parade and delivered to city garage on Monday, October 5, 2015.**



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
7/16/2015

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 Ansay & Associates, LLC. PW 101 East Grand Ave. Suite #11 Port Washington WI 53074	CONTACT NAME: Cynthia Cook PHONE (A/C, No., Ext): 262-376-3251 E-MAIL ADDRESS: cindy.cook@ansay.com	FAX (A/C, No.): 262-377-3784
	INSURER(S) AFFORDING COVERAGE	
INSURED MENAJOI-01 Menasha Joint School District Brian Adesso PO Box 360 Menasha WI 54952	INSURER A: Community Insurance Corp	NAIC # 11250
	INSURER B: Acuity, A Mutual Insurance Co	NAIC # 14184
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER: 585012864** **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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			SGL22213	7/1/2015	7/1/2016	EACH OCCURRENCE \$5,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$No Aggregate PRODUCTS - COMP/OP AGG \$ \$
	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			SGL22213	7/1/2015	7/1/2016	COMBINED SINGLE LIMIT (Ea accident) \$5,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	F74817	7/1/2015	7/1/2016	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$100,000 E.L. DISEASE - EA EMPLOYEE \$100,000 E.L. DISEASE - POLICY LIMIT \$500,000

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

Homecoming Parade October 2, 2015

CERTIFICATE HOLDER

CANCELLATION

Attn: Carol Schmidt
City of Menasha
150 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

Cynthia M. Cook

CERTIFICATE OF INSURANCE

ISSUE DATE: 7/20/2015

AEGIS CORPORATION
18550 W. CAPITOL DRIVE
BROOKFIELD, WISCONSIN 53045
TEL: (800) 391-1116
FAX: (262) 783-6091

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.

COMPANIES AFFORDING COVERAGE

INSURED:
Menasha Joint School District
P.O. Box 360
328 Sixth Street
Menasha, WI 54952

COMPANY
LETTER A

COMMUNITY INSURANCE CORPORATION

COVERAGES

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 OF 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.

CO. LTR	TYPE OF INSURANCE	POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	LIMITS
A	LIABILITY GENERAL LIABILITY SCHOOL BOARD E&O AUTOMOBILE LIABILITY ALL OWNED AUTOS HIRED & NON-OWNED AUTOS UNINSURED MOTORISTS	SGL2221315	7/1/2015	7/1/2016	\$5,000,000 EACH OCCURRENCE

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEM

Certificate Holder is named as an Additional Insured with regard only to the Homecoming Parade held on 10/2/2015.

CERTIFICATE HOLDER:

City of Menasha
150 Main Street
Menasha, WI 54952

AUTHORIZED REPRESENTATIVE

Lori Heacox

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.