



### STREET USE APPLICATION

Event: LABOR Day Parade/Labor Temple Coop Association

Sponsored by: Fox Valley Area Labor Council

Responsible Person: Hugh Sloan

Address: P.O. Box 186  
Menasha, WI 54952

Street Use Date:	<u>9-5-16</u>
Start Time:	<u>9:30 A.M.</u>
End Time:	<u>10:30 A.M.</u>
Number of Units:	<u>50</u>
(Parades)	

Email Address: hugh.sloan@unitedwayfoxcities.org Phone: 920-735-5463

Street Route: See Attached Letter. Line up on Broad St.  
Description of Use (attach map) both east + west of Milwaukee

**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 Ins. Co. Policy No. 00520-12705  
(Attached are samples of the certificate of insurance and endorsement; each naming the City of Menasha as additional insured).

Date: 7/7/16 Applicant's Signature: Hugh A Sloan

*pd/c #7620  
CS*

**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.

**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 April 3, 2015)**

Scheduled Park & Recreation Board Review Date: \_\_\_\_\_

Not Required:  Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

Scheduled Common Council Review Date: 8/1/16

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

APPROVAL:

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



# Fox Valley Area Labor Council AFL-CIO

P.O. Box 186  
Menasha, Wisconsin 54952-0186  
920-727-1790 Phone  
920-727-1794 Fax  
[www.wi.aflcio.org/foxvalley](http://www.wi.aflcio.org/foxvalley)



July, 2016

To: Labor Day Parade Participants

**The Fox Valley Area Labor Council is preparing for its 2016 observance of Labor Day.**

This will be our **34<sup>th</sup> Annual Celebration**. One of the highlights of this event is the Parade through the Cities of Neenah and Menasha on **Monday, September 5, 2016**. 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.

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 25, 2016 to:

**Fox Valley Area Labor Council, P.O. Box 186 Menasha, WI 54952**  
**Or return your form by email to: [sswes@earthlink.net](mailto:sswes@earthlink.net)**

Sincerely,

Mark Westphal, President



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
06/02/2018

<b>PRODUCER</b> 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.	
<b>INSURED</b> Labor Temple Coop Association 157 S Green Bay Rd P.O. Box 127 Neenah, WI 54955		<b>INSURERS AFFORDING COVERAGE</b> INSURER A: Badger Mutual Insurance Co. INSURER B: INSURER C: INSURER D: INSURER E:	<b>NAIC #</b>

### 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. ASSIGNMENT LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR. LTR.	SUB. NAME	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A		<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLICABLE PER POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	00520-12705	02/13/2018	02/13/2017	EACH OCCURRENCE \$ 500,000 \$500,000 PER YEAR PER POLICY (PER OCCURRENCE) \$ 50,000 \$50,000 (Per Occurrence) PERSONAL & AUTO INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,500,000 INHERENT - OCCASIONAL AGG \$ 500,000
		<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Per Occurrence) \$ BODILY INJURY (Per Occurrence) \$ BODILY INJURY (Per Occurrence) \$ PROPERTY DAMAGE (Per Occurrence) \$
		<b>DAMAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA OCCIDENT \$ OTHER THAN AUTO ONLY \$
		<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<input type="checkbox"/> SUIVITANT FORY LIMITS <input type="checkbox"/> SUIVITANT HR \$1. EACH OCCIDENT \$ \$1. DISEASE - EMPLOYEES \$ \$1. DISEASE - POLICY LIMIT \$
		OTHER				

**DESCRIPTION OF OPERATIONS, LOCATIONS, VEHICLES, EXCLUSIONS, NOTED BY ENGINEER, SPECIAL PROVISIONS**  
 City of Menasha, its officers, agents & employees are NAMED AS ADDITIONAL INSURED AS RESPECTS THEIR INTEREST IN THE OPERATIONS OF THE NAMED INSURED. Date of event: 06/02/2018, Labor Day Parade

<b>CERTIFICATE HOLDER</b> City of Menasha 160 Main St. Menasha, WI 54952	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL Endeavour to MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER (MAILED TO THE LEFT) SUI FAILING 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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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

BADGER MUTUAL INSURANCE COMPANY  
8950 Ed. 5-92  
ADDITIONAL INSURED

NAMED INSURED Labor Temple Coop Association

POLICY # 00520-12705

EVENT DATE FROM 9/5/2016 TO 9/5/2016

INTEREST OF FUNCTION

Labor Day Parade and Cookout  
157 South Green Bay Rd  
Neenah, WI 54956  
09/05/16

NAME OF ADDITIONAL INSURED

Refer to GL841

City of Menasha  
140 Main St  
Menasha, WI 54952

City of Neenah  
211 Walnut Street  
Neenah, WI 54956

ADDITIONAL CHARGE \$ 100.00