

It is expected that a Quorum of the Personnel Committee, Administration Committee, and Common Council will be attending this meeting: (although it is not expected that any official action of any of those bodies will be taken)

**CITY OF MENASHA**  
**Board of Public Works**  
**Third Floor Council Chambers**  
**140 Main Street, Menasha**  
**May 3, 2010**  
**6:30 PM**  
**or immediately following the Administration Committee**

**AGENDA**

- A. CALL TO ORDER
- B. ROLL CALL/EXCUSED ABSENCES
- C. MINUTES TO APPROVE
  - 1. [April 20, 2010](#)
- D. ACTION ITEMS
  - 1. [Street Use Application – 23<sup>rd</sup> Annual Marina Steak Fry; Saturday, June 19, 2010; 4:00 – 10:00 PM \(City of Menasha Marina\)](#)
  - 2. [Street Use Application – 13<sup>th</sup> Annual Labor Day Corn Roast; Saturday, September 4, 2010; 4:00 – 10:00 PM \(City of Menasha Marina\)](#)
- E. ADJOURNMENT

"Menasha is committed to its diverse population. Our Non-English speaking population and those with disabilities are invited to contact the Menasha City Clerk at 967-3603 24-hours in advance of the meeting for the City to arrange special accommodations."

CITY OF MENASHA  
Board of Public Works  
Third Floor Council Chambers  
140 Main Street, Menasha  
April 20, 2010  
MINUTES

A. CALL TO ORDER

Meeting called to order by DPW Radtke at 7:28 p.m.

B. ROLL CALL/EXCUSED ABSENCES

PRESENT: Alderman Roush, Taylor, Wisneski, Langdon, Hendricks, Zelinski, Englebert, Benner.

ALSO PRESENT: Mayor Merkes, CA/HRD Captain, PC Stanke, DPW Radtke, C/T Stoffel, PRD Tungate, Clerk Galeazzi, and the Press.

C. MINUTES TO APPROVE

1. [April 5, 2010](#)

Moved by Alderman Englebert, seconded by Alderman Hendricks to approve minutes.  
Motion carried on voice vote.

D. ACTION ITEMS

1. Election of Chairman

DPW Radtke opened the floor for nominations for the position of Chairman of Board of Public Works.

Moved by Alderman Hendricks, seconded by Alderman Roush to nominate Alderman Taylor as Chairman of Board of Public Works.

Having no other nomination, DPW Radtke closed the nominations.

Hearing no objection DPW Radtke instructed the clerk to cast a unanimous ballot for Alderman Taylor as Chairman of Board of Public Works.

Chairman Taylor took over the meeting.

2. Election of Vice-Chairman

Chairman Taylor opened the floor for nominations for the position of Vice-Chairman of Board of Public Works.

Moved by Alderman Hendricks, seconded by Alderman Zelinski to nominate Alderman Langdon as Vice-Chairman of Board of Public Works.

Having no other nomination, Chairman Taylor closed the nominations.

Hearing no objection Chairman Taylor instructed the clerk to cast a unanimous ballot for Alderman Langdon as Vice-Chairman of Board of Public Works.

E. ADJOURNMENT

Moved by Alderman Wisneski, seconded by Alderman Hendricks to adjourn at 7:30 p.m.  
Motion carried on voice vote.

Respectfully submitted by  
Deborah A. Galeazzi, WCMC  
City Clerk



### STREET USE APPLICATION

Event: 23rd Annual Marina Steak Fry  
 Sponsored by: Menasha Marina  
 Responsible Person: Diane Schabach  
 Address: 1 Center St.  
Menasha  
 Phone: 967-5193  
 Email Address: menasha.marina@acw.com

Street Use Date: 6-19-10  
 Start Time: 4 pm  
 End Time: 10 pm  
 Number of Units: \_\_\_\_\_

Street Route: (Attach Map) Annual Steak Fry in front of the marina office on the street  
 Description of Use for about 200 boaters and guest.

**Liability Insurance has been secured in the amount of \$ 1,000,000. with the City of Menasha named as the additional insured.**  
 Insurance Company Scott Unland Service - West Bend. Policy No. 0110126819  
 (Attached is a copy of the certificate of insurance).

Date: 4-26-10 Applicant's Signature: Diane Schabach

**Permit Fee:** Each application for a Street Use Permit shall be accompanied by a fee of Twenty-Five Dollars (\$25.00). Make checks payable to City of Menasha. See highlighted portion of the attached City of Menasha Municipal Code.

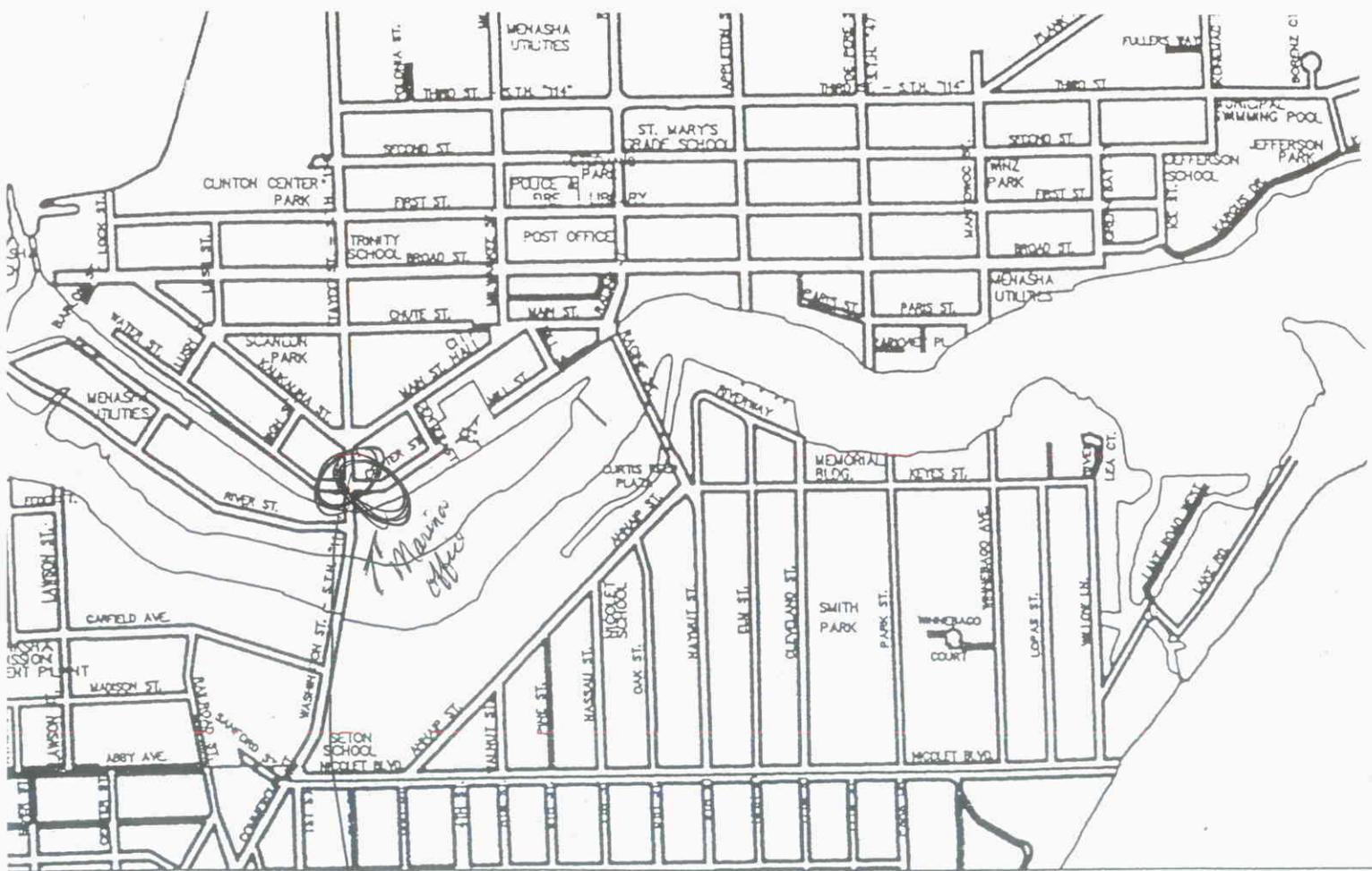
**Note to events planning to use City Parks and/or greenspace:** Any multi-day event or event which plans to sell beer and/or wine to the public must appear before the Parks and Recreation Board.

-----  
**TO BE COMPLETED BY CITY STAFF (Revised April 2010)**

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

Scheduled Common Council Review Date: \_\_\_\_\_  
 Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

APPROVAL:  
 Police Dept. \_\_\_\_\_ Fire Dept. \_\_\_\_\_ Public Works Dept. \_\_\_\_\_ City Attorney \_\_\_\_\_



For Steak Fry  
2 grills - picnic tables, table  
and chairs to be placed  
on Center Street in front of  
Marina office  
Will use barricades to shut off street.

For Street Permit

4/20/10 mailed

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
04/12/2010

PRODUCER (920) 898-5755  
SCOTT UMLAND INSURANCE SERVICES, LLC  
2028 Jackson St.  
P.O. Box 236  
New Holstein WI 53061-0236

COPY

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.

INSURED  
Schabach, Diane  
PO Box 74  
Hilbert WI 54129-

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: West Bend Mutual	
INSURER B: Middlesex Insurance Compa	
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	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	X	GENERAL LIABILITY	0110126819	05/10/2010	05/10/2011	EACH OCCURRENCE	\$ 1,000,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR		/ /	/ /	MED EXP (Any one person)	\$ 5,000
		GEN'L AGGREGATE LIMIT APPLIES PER:		/ /	/ /	PERSONAL & ADV INJURY	\$ 1,000,000
		<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		/ /	/ /	GENERAL AGGREGATE	\$ 2,000,000
		AUTOMOBILE LIABILITY		/ /	/ /	PRODUCTS - COMP/OP AGG	\$ 2,000,000
		<input type="checkbox"/> ANY AUTO		/ /	/ /	COMBINED SINGLE LIMIT (Ea accident)	\$
		<input type="checkbox"/> ALL OWNED AUTOS		/ /	/ /	BODILY INJURY (Per person)	\$
		<input type="checkbox"/> SCHEDULED AUTOS		/ /	/ /	BODILY INJURY (Per accident)	\$
		<input type="checkbox"/> HIRED AUTOS		/ /	/ /	PROPERTY DAMAGE (Per accident)	\$
		<input type="checkbox"/> NON-OWNED AUTOS		/ /	/ /	AUTO ONLY - EA ACCIDENT	\$
		GARAGE LIABILITY		/ /	/ /	OTHER THAN EA ACC	\$
		<input type="checkbox"/> ANY AUTO		/ /	/ /	AUTO ONLY: AGG	\$
		EXCESS/UMBRELLA LIABILITY		/ /	/ /	EACH OCCURRENCE	\$
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE		/ /	/ /	AGGREGATE	\$
		<input type="checkbox"/> DEDUCTIBLE		/ /	/ /		\$
		<input type="checkbox"/> RETENTION \$		/ /	/ /		\$
B		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	89-24211	05/23/2010	05/23/2011	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS	<input type="checkbox"/> OTH-ER
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		/ /	/ /	E.L. EACH ACCIDENT	\$ 100,000
		If yes, describe under SPECIAL PROVISIONS below		/ /	/ /	E.L. DISEASE - EA EMPLOYEE	\$ 100,000
		OTHER		/ /	/ /	E.L. DISEASE - POLICY LIMIT	\$ 500,000

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 Street  
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  
*Scott A. Umland*



### STREET USE APPLICATION

Event: 13th Annual Labor Day Corn Roast

Sponsored by: Menasha Marina

Responsible Person: Riane Schabach

Address: 1 Center St.  
Menasha

Phone: 967-5193

Email Address: menashamarina@aol.com

Street Route: (Attach Map) Annual Corn Roast in front of the marina office on the street  
Description of Use for about 200 boaters and guest

Street Use Date: 9-4-10

Start Time: 4pm

End Time: 10pm

Number of Units: \_\_\_\_\_

**Liability Insurance has been secured in the amount of \$ 1,000,000 with the City of Menasha named as the additional insured.**

Insurance Company Scott Unland Service - West Bend Policy No. 0110126819  
(Attached is a copy of the certificate of insurance).

Date: 4-26-10 Applicant's Signature: Riane Schabach

**Permit Fee:** Each application for a Street Use Permit shall be accompanied by a fee of Twenty-Five Dollars (\$25.00). Make checks payable to City of Menasha. See highlighted portion of the attached City of Menasha Municipal Code.

**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 2010)**

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

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

Scheduled Common Council Review Date: \_\_\_\_\_

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

APPROVAL:

Police Dept. \_\_\_\_\_ Fire Dept. \_\_\_\_\_ Public Works Dept. \_\_\_\_\_ City Attorney \_\_\_\_\_



Labor Day Corn Roast  
Possibly 2 grills - picnic tables  
Table & chairs to be placed on Center  
Street in front of Marin Office  
Will use barricades to shut off Street.

For Street Permit

4/20/10 mailed

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/12/2010

PRODUCER (920) 898-5755  
 SCOTT UMLAND INSURANCE SERVICES, LLC  
 2028 Jackson St.  
 P.O. Box 236  
 New Holstein WI 53061-0236

COPY

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.

INSURED  
 Schabach, Diane  
 PO Box 74

Hilbert WI 54129-

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: West Bend Mutual	
INSURER B: Middlesex Insurance Compa	
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	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	X	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	0110126819	05/10/2010	05/10/2011	EACH OCCURRENCE	\$ 1,000,000
				/ /	/ /	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
				/ /	/ /	MED EXP (Any one person)	\$ 5,000
				/ /	/ /	PERSONAL & ADV INJURY	\$ 1,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		/ /	/ /	GENERAL AGGREGATE	\$ 2,000,000
				/ /	/ /	PRODUCTS - COMP/OP AGG	\$ 2,000,000
		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	\$
				/ /	/ /		\$
				/ /	/ /		\$
B		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	89-24211	05/23/2010	05/23/2011	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	OTHER
				/ /	/ /	E.L. EACH ACCIDENT	\$ 100,000
				/ /	/ /	E.L. DISEASE - EA EMPLOYEE	\$ 100,000
				/ /	/ /	E.L. DISEASE - POLICY LIMIT	\$ 500,000
		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 Street  
 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

*Scott A. Umland*



### STREET USE APPLICATION

Event: 13th Annual Labor Day Corn Roast

Sponsored by: Menasha Marina

Responsible Person: Riane Schabach

Address: 1 Center St.  
Menasha

Phone: 967-5193

Email Address: menashamarina@aol.com

Street Route: (Attach Map) Annual Corn Roast in front of the marina office on the street  
Description of Use for about 200 boaters and guest

Street Use Date: 9-4-10

Start Time: 4pm

End Time: 10pm

Number of Units: \_\_\_\_\_

**Liability Insurance has been secured in the amount of \$ 1,000,000 with the City of Menasha named as the additional insured.**

Insurance Company Scott Unland Service-West Bend Policy No. 0110126819  
(Attached is a copy of the certificate of insurance).

Date: 4-26-10 Applicant's Signature: Riane Schabach

*pd ct 330a  
CS*

**Permit Fee:** Each application for a Street Use Permit shall be accompanied by a fee of Twenty-Five Dollars (\$25.00). Make checks payable to City of Menasha. See highlighted portion of the attached City of Menasha Municipal Code.

**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 2010)**

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

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

Scheduled Common Council Review Date: \_\_\_\_\_

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

APPROVAL: \_\_\_\_\_

Police Dept. MB Fire Dept. RL Public Works Dept. MR City Attorney \_\_\_\_\_



4/20/10 mailed

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
04/12/2010

PRODUCER (920) 898-5755  
SCOTT UMLAND INSURANCE SERVICES, LLC  
2028 Jackson St.  
P.O. Box 236  
New Holstein WI 53061-0236

COPY

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.

INSURED  
Schabach, Diane  
PO Box 74  
  
Hilbert WI 54129-

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: West Bend Mutual	
INSURER B: Middlesex Insurance Compa	
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	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	X	GENERAL LIABILITY	0110126819	05/10/2010	05/10/2011	EACH OCCURRENCE	\$ 1,000,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR		/ /	/ /	MED EXP (Any one person)	\$ 5,000
		GEN'L AGGREGATE LIMIT APPLIES PER:		/ /	/ /	PERSONAL & ADV INJURY	\$ 1,000,000
		<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		/ /	/ /	GENERAL AGGREGATE	\$ 2,000,000
		AUTOMOBILE LIABILITY		/ /	/ /	PRODUCTS - COMP/OP AGG	\$ 2,000,000
		<input type="checkbox"/> ANY AUTO		/ /	/ /	COMBINED SINGLE LIMIT (Ea accident)	\$
		<input type="checkbox"/> ALL OWNED AUTOS		/ /	/ /	BODILY INJURY (Per person)	\$
		<input type="checkbox"/> SCHEDULED AUTOS		/ /	/ /	BODILY INJURY (Per accident)	\$
		<input type="checkbox"/> HIRED AUTOS		/ /	/ /	PROPERTY DAMAGE (Per accident)	\$
		<input type="checkbox"/> NON-OWNED AUTOS		/ /	/ /	AUTO ONLY - EA ACCIDENT	\$
		GARAGE LIABILITY		/ /	/ /	OTHER THAN EA ACC	\$
		<input type="checkbox"/> ANY AUTO		/ /	/ /	AUTO ONLY: AGG	\$
		EXCESS/UMBRELLA LIABILITY		/ /	/ /	EACH OCCURRENCE	\$
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE		/ /	/ /	AGGREGATE	\$
		DEDUCTIBLE		/ /	/ /		\$
		RETENTION \$		/ /	/ /		\$
B		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	89-24211	05/23/2010	05/23/2011	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below		/ /	/ /	E.L. EACH ACCIDENT	\$ 100,000
		OTHER		/ /	/ /	E.L. DISEASE - EA EMPLOYEE	\$ 100,000
				/ /	/ /	E.L. DISEASE - POLICY LIMIT	\$ 500,000

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 Street  
  
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  
*Scott A. Umland*