



CITY OF MANITOWOC

WISCONSIN, USA
www.manitowoc.org

8



June 14, 2016

Ms. Kari Backhaus
Manitowoc-Two Rivers YMCA
205 Maritime Drive
P.O. Box 0471
Manitowoc, WI 54221-0471

RE: YMCA Family Fitness Event – Saturday, August 6, 2016

Dear Ms. Backhaus:

Your special events application requesting permission to hold the Manitowoc/Two Rivers YMCA Family Fitness Event at Washington Park on Saturday, August 6, 2016, from 8:30 a.m. until 10:30 a.m., was acted upon by the Special Events Committee at their meeting of Monday, June 6, 2016.

At said meeting the Committee approved your request.

Organizer should pick up a key for the outlets at the Parks Office, 2655 S 35th St., weekdays from 7 AM to 4 PM.

Very truly yours,

Jennifer Hudon
City Clerk

JH:dan

cc: Chief of Police Nick Reimer
Fire Chief Todd Blaser
Randy Junk, Operations Division Mgr. (Streets)
Chad Scheinoha, Operations Division Mgr. (Cemetery/Parks)
Karen Dorow, Business Manager



SPECIAL EVENT COMMITTEE APPROVAL FORM

MEETING DATE: 6/6/2016

EVENT NAME: YMCA Family Fitness Event

ORGANIZER: YMCA - Kari Backhaus

EVENT DATE: 8/6/2016

NEW OR RECURRING: Recurring

LOCATION/DESCRIPTION: Family friendly fitness event using Washington Park Metro Stage for 1.5 hours; use of outlets

ESTIMATED CITY COSTS:

POLICE	0
FIRE	0
PARKS	50
RECREATION	
STREETS	
TOTAL	50

ESTIMATED EVENT HOLDER CHARGES:

LATE APPL. FEE (<60 days)	
STAKE PERMIT	
DELIVERY CHARGES <i>(if delivery requested)</i>	
TOTAL E.H. CHARGES	0
GRAND TOTAL	

COMMITTEE CONCERNS:

COMMITTEE DECISION:

APPROVE

DENY

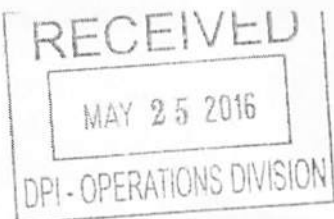
[Handwritten signatures under APPROVE]



COUNCIL ACTION REQUIRED:

ITEMS TO INCLUDE IN LETTER:

Organizer should pick up a key for the outlets at the Parks Office, 2655 S 35th St., weekdays from 7 AM to 4 PM



City of Manitowoc
SPECIAL EVENTS APPLICATION FORM

NOTICE: This application must be turned in to the Parks Office a minimum of 60 days prior to the date of the event. Your Certificate of Insurance must be on file in the City Clerk's Office a minimum of 10 days prior to the date of the event. If you have questions, please see the Special Event Guidelines & Policy for a list of contacts.

1. Name/Description of Event: Family Fitness Event

2. Date of Event: 8/6/16 If multiple days, Start Date: _____ End Date: _____
Include dates and times needed for setup and take down / cleanup.

3. Time Event will Begin Setup: 8:30 (AM/PM) Actual Start Time: 9 (AM/PM) Finish Time: 10:30 (AM/PM)

4. Name and Complete Address of Organization/Individual Organizing the Event:

Manitowoc - Two Rivers YMCA
Name of organization responsible for event

Kari Lynn Backhaus Telephone # PRIOR TO event (920) 242-5053
Name (first, middle, and last) of event organizer

_____ Telephone # DURING event 920) 242-5053
Contact name DURING event (if different)

205 Maritime Dr.
Street Address

Manitowoc, WI 54220 E-mail address kbackhaus@mtrymca.org
City, State, Zip of event organizer

Is the sponsoring organization a 501(c)(3) organization? Yes No

5. Location of the Event: Generally describe your event and its purpose and attach a DETAILED map or diagram of your event. Also, indicate the direction of the route, if any, including all turns and the number of traffic lanes to be used. Maps of the City and its parks are available online at www.manitowoc.org.

The YMCA would like to host a family-friendly fitness event in Washington Park - using the Metro Stage.

Will the event be held in a Manitowoc park or utilize any park facilities? Yes Which park? Washington No

What park facilities will be needed (buildings, tennis courts, ball diamonds, disc golf courses, etc.)?

Have you reserved the park &/or park facilities? Yes No If no, please contact the Parks Division at (920) 686-3580.

Does the event require streets to be closed? Yes No If yes, which street(s): _____

It is YOUR RESPONSIBILITY to provide federally approved traffic control items; however they may be rented from the Streets & Sanitation Division.

Will the event be held on the sidewalk? Yes No



6. Mariners Trail Permit:

Will any portion of the Mariners Trail be used? Yes No

If yes, where on the trail will the event begin: _____

Where on the trail will the event end: _____

When use of the trail is requested, consideration is given to how the public's use of the trail will be affected. Set up / take down and clean up, as well as other services provided by a City staff may be billed on a cost-recovery basis. The event organizer must provide a copy of event liability insurance naming BOTH CITIES as co-insured at least 10 days prior to the event. Permits do not allow "exclusive use" of the trail and the general public must be allowed to share the permitted areas.

This agreement is made and entered into by and between the Cities of Two Rivers and Manitowoc, Wisconsin, hereinafter called "City" and the above-named individual, hereinafter called "Permittee." The parties agree as follows: Bookings must be made no earlier than 12 months in advance. The Permittee understands his/her responsibility is to set up, clean up and restore premises within the time period listed above.

Limitation of Use: Permittee agrees that the number of persons on the rented premises during the rental period shall not exceed the capacity of the facility and that no intoxicating liquor or fermented malt beverages shall be served to minors. Permittee agrees to use premises rented for the purpose stated above and no other. In the event this Limitation of Use is not complied with, Permittee shall be charged and agrees to pay a fee of \$200.

Permittee agrees to abide by the rules and regulations contained in this agreement.

FOR OFFICE USE ONLY:
Signature of City of Two Rivers designee: _____ Date: _____

7. Tell Us About Your Event:

What is the estimated attendance at your event, including observers? 50

How many vendors will be at your event? 1 How many vehicles? unknown

Do you require any special parking restrictions? Yes No If yes, what type, when, and where:

Parking on grassy areas of a park is not allowed without prior approval. Contact the Police Department if traffic control is needed.

Will food be prepared and/or served at the event? Yes No
You are responsible for obtaining any necessary permits for food from the Manitowoc County Health Department.

Will you be having a band or amplified music? Yes No

Will a loudspeaker or similar electric sound amplification system be used outdoors? Yes No
If yes, what hours: 9-10:30am

Will the City need to provide any special electrical assistance or lighting (of ball diamonds, etc.)? Yes No
If yes, please describe:

Just access to outlets (2)

Contact the Parks Division at 686-3580 with questions.

Will any of the following services be required? Clean-up Street-sweeping
For help defining your parking, clean-up, & traffic control needs, please contact the Streets & Sanitation Division at (920) 686-6550.

Will any fireworks or pyrotechnic devices be used during the event? Yes No
If yes, contact the Fire Department at (920) 686-6540 to secure the proper permits for firework usage.

Will animals be present at the event? Yes No If yes, please indicate what types of animals, how many are expected, and where they will be located. _____

What toilet facilities will be made available to your participants? Indoor Outdoor N/A

Please describe the toilet facilities that will be provided, including their locations and the number of units:

Will alcoholic beverages be served/sold? Yes No If yes, a "Special Class B" license will allow sale/service of beer and/or wine.
Please contact the City Clerk's Office at (920) 686-6950 to obtain a license.

In the case of a premise with a current alcohol license, do you need an extension of your premise? Yes No If yes, give a detailed explanation under #5.

Do you require a waiver of the restriction to serve alcohol in a park? Yes No

8. Equipment Needed for Your Event:

Equipment rental charges will apply unless a waiver of some or all fees is approved. A non-waivable delivery fee will be charged if delivery/pickup by City personnel is needed. Delivery fees are based on total rental costs.

To make arrangements to pick up the items yourselves, please contact the Parks Division at 686-3580. All items must be picked up and returned weekdays between 7:00 A.M. and 2:30 P.M. It is the renter's responsibility to sign in all materials in the Streets & Sanitation office or with a Parks staff member prior to unloading at the time of return. It is unacceptable to drop off rental materials outside of return hours and without signing them in.

Please indicate where and when the items should be delivered:

Please indicate the total number of items requested:

Streets & Sanitation Division Equipment (686-3580):

	# Needed		# of Days*		Cost/Day	=	Total	
Barricades								
2'	_____	X	_____	X	\$3.00	=	_____	Flashers _____
3'	_____	X	_____	X	\$3.00	=	_____	Flashers _____
8'	_____	X	_____	X	\$4.00	=	_____	
Rail type-long	_____	X	_____	X	\$2.00	=	_____	
Rail type-short	_____	X	_____	X	\$2.00	=	_____	
Channelizer Drums	_____	X	_____	X	\$3.00	=	_____	
Cones								
18"	_____	X	_____	X	\$1.50	=	_____	
28"	_____	X	_____	X	\$1.50	=	_____	
Safety vests	_____	X	_____	X	No charge	=	No Charge	
Snow fence								
Rolls	_____	X	_____	X	\$4.00	=	_____	
Posts	_____	X	_____	X	No Charge	=	No Charge	
Post driver/pounder	_____	X	_____	X	No Charge	=	No Charge	
Traffic signs	_____	X	_____	X	\$2.00	=	_____	Description _____
	_____	X	_____	X	\$2.00	=	_____	Description _____
	_____	X	_____	X	\$2.00	=	_____	Description _____
Traffic signs (Portable)	_____	X	_____	X	\$3.00	=	_____	Description _____
	_____	X	_____	X	\$3.00	=	_____	Description _____
	_____	X	_____	X	\$3.00	=	_____	Description _____
Other (list items and amounts)								

Parks Division Equipment (686-3580): Do NOT count any picnic tables, garbage cans, etc. already located at the park.

Banquet tables, 8'	_____	X	_____	X	\$5.00	=	_____	
Park benches	_____	X	_____	X	\$7.00	=	_____	
Picnic tables	_____	X	_____	X	\$7.00	=	_____	
Risers, platform	_____	X	_____	X	\$15.00	=	_____	Description _____
Security stanchions	_____	X	_____	X	\$ 5.00	=	_____	
Tent, 10'x10'	_____	X	_____	X	\$30.00	=	_____	
Tent, 10'x20'	_____	X	_____	X	\$35.00	=	_____	
Ticket booths, outdoor	_____	X	_____	X	\$15.00	=	_____	
Trash cans	_____	X	_____	X	No Charge	=	No Charge	
Wenger portable bandwagon, 35x8'**	_____	X	_____	X	\$240.00	=	_____	
Other (list items and amounts):								

TOTAL RENTAL CHARGES _____

*Include the day of return but not the day of pickup/delivery. Items must be picked/returned weekdays between 7:00 am and 2:30 pm

**The bandwagon shall not be removed from the City limits without the approval of the Park & Recreation Committee and must be delivered/setup by City Personnel.

If you are requesting delivery/pickup by City personnel, the following non-waivable delivery fees will apply.

DELIVERY FEES	
Total Cost of Items Rented	Delivery Fee
\$0.00 - \$100.00	\$ 50.00
\$100.01 - \$250.00	\$ 75.00
\$250.01 - \$500.00	\$125.00
\$500.00 - \$1,000.00	\$250.00
\$1,000.01 and above	\$350.00

Delivery fees will be adjusted based on actual items rented.

9. Stake Permit: **There is a \$50.00 NON-WAIVABLE stake permit fee per event. If any items will be staked into the ground.** The event organizer is responsible for ensuring Diggers Hotline is contacted a minimum of three business days before set-up. Will any of these items (or items of similar nature) be erected or placed on the event grounds?

Tent or canopy Yes No
 Fence Yes No
 Sign Yes No
 Bounce house Yes No If electric, where will item be plugged in? _____
 Other _____ Yes No If electric, where will item be plugged in? _____

If yes for any, give a detailed explanation under #5.

10. Safety and Security for Your Event:

Do you have the correct level of insurance for your specific event? Yes No
 Please see the Special Events Insurance Form to ensure you have the proper coverage. You must submit the insurance certificate AND required endorsements to the City Clerk's Office at least 10 days before your event.

Do you need assistance from the Police or Fire Departments? Yes No If yes, please describe:

 Name of Security Coordinator () _____ Phone # before event () _____ Phone # the day of the event

Do you have a plan in place to deal with medical emergencies that may occur during your event? Yes No
 The City reserves the right to require a detailed written public safety plan.

11. Fees & Reimbursement: Unless waived by the Special Event Committee, the standard fees for all rentals and licenses will apply. The City may also require reimbursement for extraordinary expenses. Charges will apply for lost, stolen, or damaged equipment. Stake Permit Fees, License Fees and Delivery Fees will not be waived.

Is a waiver of some or all fees requested? Yes No

If yes, please explain what fees you desire waived or reduced and the reason(s):

Use of metrostage - non profit - free for all to attend

Will money be collected, tickets or concessions sold, registration fees charged, or money raised in conjunction with the event?

Yes No

If yes, explain and list specific charges

What are your estimated revenues and what will the revenues be used for?

Please attach any additional information which you feel will assist the committee in evaluating your request. The City reserves the right to request a current financial report for the previous two years indicating all expenses and all revenues of the group/organization.

12. Legal Notice

I understand the filing of this application does not ensure approval of a Special Event. I also understand that all Special Event organizers and participants must comply with all applicable City ordinances, traffic rules, park rules, state health laws, fire codes, and liquor licensing regulations. Fees for park facilities, temporary beer/wine licenses, stake and fireworks permits, and other necessary licenses and permits are in addition to the fees submitted for the Special Events Application. I further understand that an incomplete application may be cause for the denial of the event.

The undersigned agrees to indemnify and hold the City of Manitowoc harmless for any and all damage claims or personal injury claims occurring during this event. It is further agreed that all personal property of any kind brought on the premises shall be at the sole risk of the undersigned, and that the City of Manitowoc shall not be liable for any injury, loss or damage to said property or injury to any persons on the premises. The undersigned agrees to be responsible for any damage caused to said facility or equipment by mischief or negligence. By signing, I acknowledge that I have authority to bind the sponsoring organization and acknowledge that I have received, read and understand the Special Events Policy and agree to be bound by all requirements as stated in the Special Events Policy and it is hereby incorporated by reference into this signed agreement.

Date of birth of applicant 3 / 28 / 85

Signature of Applicant: Kari Barkman

Date: 5.25.16

Manitowoc Parks & Recreation Departments
METROSTAGE REQUEST FORM

Name of individual, firm or organization making request Manitowoc - Two Rivers YMCA
If club or organization, name of person responsible Kari Backhaus
Address 205 Maritime Dr. Telephone 920.242.5053

Purpose: The Renter starts that he will use the premises rented hereunder for the following purpose and none other: (list organization if possible) _____ Renter agrees to pay additional rental fee of \$300.00 in the event the premises are used for any purpose other than those stated in above.

Which do you consider your group to be?

- a. Community b. Private Business _____ c. Club/Organization _____
d. Other, Please explain _____

Rental Period: The Bandshell shall be rented to the Renter by the City on Aug. 6, 2016 for the period from 8:30 AM to 10:45 AM on such date. It is understood that the Renter's responsibility to clean & restore the premises including garbage pickup must be completed within this period.

POLICIES

Use of Facility

- 1) The use of the bandshell is not allowed without prior approval of the Manitowoc Parks & Recreation Departments.
- 2) Only officially approved vehicles are allowed within the park. A list of vehicles for entry into the park must accompany request for the use of the facility.
- 3) It is understood that any City of Manitowoc police officer and any other authorized City of Manitowoc employee have the right to enter the rented premise at any time.
- 4) The City of Manitowoc it not responsible for any articles left, lost or stolen on the rented premises.
- 5) No admission fees, donations, contributions or other fare shall be collected or be permitted to be collected by the renter unless prior approval has been secured in writing from the Recreation Board.

Responsibility of User

- 1) The user will furnish all personnel & equipment necessary to run event.
- 2) The user is responsible to notify participants, spectators, and staff associated with the event of department policies & regulations.
- 3) It is the responsibility of the organization using the facility to obtain all necessary permits or licenses required by City ordinance, resolution or state law, such as but not limited to alcohol, food, soda, etc.
- 4) The user agrees to provide the city with a certificate of liability insurance in the amount of \$300,000.
- 5) No changes in the physical appearance of the area shall take place without prior approval of the Parks Manager.
- 6) It shall be the responsibility of the renter to maintain the area including restrooms throughout the event and to restore all areas and facilities to the condition they were in prior to the event. The renter agrees to pay additional fees for damages or extra time required to clean and restore the facility. This amount will be determined by the Parks Department.
- 7) It shall be the responsibility of the renter to control spectators, vehicles, and all situations involved with the event. If necessary, additional deputies may be required.
- 8) It is the responsibility of the user to have premises vacated by 10:00 PM each evening during the term of the request.

Fees and charges

Groups/Organizations requesting special consideration for waiver of all or partial fees ordinarily charged to groups for use of City-owned facilities or equipment must fill out the Fee Waiver Request Form completely, at least 30 days in advance of the event. The request will be reviewed by the Parks and Recreation Committee, and the group or organization will be notified of approval or denial within 15 days of the Committee's decision.

- 1) The cost of the facility is \$50.00 per day
- 2) Renter agrees to pay the deposit fee at the time of making this application. Of a minimum of 20% of the total rental as breakage security which may later be applied to the base rental fee. The balance is due 24 hours prior to the rental date.
- 3) The daily fee is intended to cover the time period of 7:00 AM to 10:00 PM on the days indicated.

Additional Fees

- 1) Attendant Fee- A department attendant may be on duty when the facility is occupied. The current attendant rate per hour will be charged for the time spent at the event. Renter is responsible for the attendance and must follow his/her suggestions or directions.
- 2) Park Benches- If available, benches may be used for the event for a fee of \$5.25 + tax per bench.

PROVISIONS

The approval of this request is based upon the condition that the user agrees to indemnify and hold harmless the City from any accident or injuries to participants, spectators, and/or persons connected with the use of requested facilities or equipment.

It is further agreed that all property of any kind brought on the premises shall be at the sole risk of the undersigned and that the City shall not be liable for any injury, loss or damage to said property or injury to any person the premises.

The undersigned agrees to be responsible for any damage cause to said building, property or equipment by mischief or negligence.

This document signed on below date by authorized representative of the user and the lessee indicates that agreement is understood and will be adhered to by both parties.

Do you desire park benches? Yes, # of benches (40 max.) _____ No

Signed Kari L. Baehaus Date 5.25.16
(Person Responsible)

Terms or Conditions _____

Amount of rent to be charged _____ Deposit Received: \$ _____

Approved/Denied _____ Date _____
(Parks Manager)

MANITOWOC PARKS DEPARTMENT
SPECIAL CONSIDERATION FOR WAIVER OF PART OR ALL FEES
FOR USE OF CITY FACILITIES OR EQUIPMENT

Groups or organizations requesting special consideration for waiver of all or partial fees ordinarily charged to groups for the use of City-owned facilities or equipment must fill out this form completely, at least 30 days in advance of the event. The request will be reviewed by the Parks & Recreation Committee and the group or organization will be notified within 15 days of submitted request.

A CURRENT FINANCIAL REPORT FOR THE PREVIOUS TWO (2) YEARS INDICATING ALL EXPENSES AND ALL REVENUES OF THE GROUP/ORGANIZATION MUST ACCOMPANY THIS FORM PRIOR TO THE COMMITTEE REVIEWING THE REQUEST.

ALL QUESTIONS MUST BE ANSWERED

1. Name of club/organization making request Manitowoc - Two Rivers YMCA
Address 205 Maritime Dr. Telephone 920-242-5053

 2. Names of club officers:

Name	Address	Telephone
President _____		
Secretary _____		
Treasurer _____		

 3. Facility requested: MetroStage - Washington Park
Equipment requested: _____

 4. Specific dates and hours facility/equipment will be used: Date 8/6/16 Hrs. 2

 5. Please explain your request, as to what fees you desire waived or reduced and reasons. Metrostage - non-profit - event FREE for all public

 6. Which do you consider your group to be?
A. Community service B. Non-profit C. Private business _____
D. Club or organization E. Other, please explain _____

 7. Will money be collected, tickets sold, concessions sold or money raised in conjunction with the event?
Yes _____ No

 8. If #7 is "yes," explain and list specific charges _____

 9. What will revenues be used for? _____

 10. Do you wish to meet personally with the Board/Committee to discuss this request? Yes _____ No
If "yes," please provide the following information of individual to contact:
Name _____ Address _____ Telephone _____
- Signed Kari J. Beckhaus Date 5.25.16

Please attach any additional information which you feel will assist the committee in evaluating your request.

When completed, this form is to be returned to the Manitowoc Parks Department, 2655 S. 35th St., Manitowoc, WI 54220.

Committee Action: Approved _____ Denied _____ Date _____



CERTIFICATE OF LIABILITY INSURANCE

MANIT-1 OP ID: JF

DATE (MM/DD/YYYY)
01/22/2015

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 Burkart-Halsdorf - Shoboygan Mark McCabe, CPCU, CLU, RHU	Phone:	CONTACT NAME:
	Fax:	PHONE (A/C, No, Ext):
INSURED Manitowoc Two Rivers YMCA PO Box 471 Manitowoc, WI 54220-0471		
INSURER (B) AFFORDING COVERAGE		NAIC #
INSURER A: NSI - National Speciality Ins.		
INSURER B: Society Insurance		15261
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

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	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENTL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LCC	X	NSW1968535	12/31/2014	12/31/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 200,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		NSW1968535	12/31/2014	12/31/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE CED <input checked="" type="checkbox"/> RETENTIONS \$ 0		NUW1968536	12/31/2014	12/31/2015	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
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	WP 567073	12/31/2014	12/31/2015	WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedules, if more space is required)

CERTIFICATE HOLDER

CANCELLATION

CITY OF MANITOWOC FAX: 920-686-6959 900 QUAY STREET MANITOWOC, WI 54220-4543	MANCI-1 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 Mark McCabe, CPCU, CLU, RHU
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CERTIFICATE OF LIABILITY INSURANCE

MANIT-1 OP ID: N2

DATE (MM/DD/YYYY)
01/07/2016

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.

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PRODUCER Burkart-Heisdorf - Sheboygan A Division of McCrone 1807 Erie Avenue Sheboygan, WI 53081 Mark McCabe, CPCU, CLU, RHU	Phone: 920-458-6174 Fax: 920-458-1363	CONTACT NAME: _____ PHONE (A/C, No, Ext): _____ E-MAIL ADDRESS: _____ FAX (A/C, No): _____
	INSURED Manitowoc Two Rivers YMCA PO Box 471 Manitowoc, WI 54220-0471	
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: NSI - National Specialty Ins.		15261
INSURER B: Society Insurance		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

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	ADDL SUBR INSR WVD	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 GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	X	NSW1968535	12/31/2015	12/31/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 200,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> Hired AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		NSW1968535	12/31/2015	12/31/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTIONS \$ 0		NUW1968536	12/31/2015	12/31/2016	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
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	WP 567073	12/31/2015	12/31/2016	<input checked="" type="checkbox"/> INC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

City of Manitowoc is recognized as additional insured for general liability (WB1890)

*ok
manit
1/8/16*

CERTIFICATE HOLDER**CANCELLATION**

MANCI-1 CITY OF MANITOWOC FAX: 920-686-6959 800 QUAY STREET MANITOWOC, WI 54220-4543	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 Mark McCabe, CPCU, CLU, RHU
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Renewal

Commercial General Liability Endorsements and Miscellaneous Premiums

Customer Number: 0110331161
Policy Number: 1968535 03

Policy Period: 12/31/2015 to 12/31/2016
 at 12:01 AM Standard Time at Your Mailing Address Shown Below

Named Insured and Address:
 Manitowoc/Two Rivers YMCA
 PO Box 471
 Manitowoc, WI 54221

Agency Name and Address: 48416
 BURKART-HEISDORF INS AGY INC
 PO BOX 1320
 SHEBOYGAN, WI 53082
 920-458-6174

Additional Insureds

Description	Form Number	Premium
Automatic Status When Required by Written Contract With You	WB1890	

Endorsements

Description	Form Number
Pollution Exclusion - Limited Exception For A Short-Term Pollution Event	CG0429Z
Voluntary Property Damage Coverage	WB144
Amendment - Who Is An Insured	WB1480
Employee Benefits Liability	CG0435
Medical Payments - Coverage For Athletic Or Sports Participants (limit)	NS0043
Boats (Excluding Towing)	NS0165
Plus Pak - Liability	WB2000GL

Miscellaneous Premiums

Description	Form Number
Terrorism Risk Insurance Act	

Additional Premium to Meet Coverage Minimum Prod/Co:

Total General Liability Premium: