

October 1, 2014

City of Manitowoc Attn: Jennifer 900 Quay Street Manitowoc, WI 54220-4543

Dear Jennifer:

Again, it is that time of the year that I would like to request your assistance in placing us on the agenda for your City Council Meeting. 2455 9 B

We are seeking permission from the City Council to sell balloons and Christmas novelties along the Christmas Parade route on November 26, 2014.

We have participated for the last several years in your St. Patrick's Day parade and Christmas parade. For the parades, we have push carts with an assortment of items that we will push along the parade route curbside. Many times this provides an activity for parade attendees as they wait for the start of the parade.

Included is my Certificate of Insurance.

Thank you for considering our request. If you have any questions, please give me a jingle.

Sincerel

Otto Krueger

MIDWEST LLC

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## CERTIFICATE OF LIABILITY INSURANCE

OP ID: TB

DATE (MM/DD/YYYY) 10/01/2014

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(les) 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

certifica	ate noider in lieu of such endorsement(s).						
PRODUCER	_	CONTACT NAME:					
(Bock Insu 12337 Jack	ırance Agency, Inc. Ison Street	PHONE FAX (A/C, No, Ext): (A/C, No):					
Oshkosh,	WI 54901	E-MAIL ADDRESS:					
Norman Bock		PRODUCER CUSTOMER ID #: MIDWE-1					
ļ		INSURER(S) AFFORDING COVERAGE	NAIC #				
INSURED	Midwest, LLC	INSURER A: Acuity Mutual Ins Co	14184				
	1574 Crystal Springs Ave	INSURER B: Pekin Insurance Company	24201				
	Oshkosh, WI 54902-6160	INSURER C: West Bend Mutual Ins. Co.	15350				
		INSURER D:					
		INSURER E:					
		INSURER F:					
COVEDA	CEC CEDTIFICATE MIMOR	ED. PEVISION NUMBER.	PEVISION 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. ADDL SUBR POLICY EFF | POLICY EXP

LTR	LTR TYPE OF INSURANCE		INSR	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMII	S	
	GENERAL LIABILITY							EACH OCCURRENCE	\$ 1,000,000	
Α	X COMME	ERCIAL GENERAL L	LIABILITY	Х		K90427	05/01/2014	05/01/2015	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
	CL	AIMS-MADE X	OCCUR						MED EXP (Any one person)	\$ 10,000
ĺ									PERSONAL & ADV INJURY	\$ 1,000,000
									GENERAL AGGREGATE	\$ 2,000,000
	GEN'L AGGF	EGATE LIMIT APPI	LIES PER:						PRODUCTS - COMPIOP AGG	\$ 2,000,000
	X POLICY	PRO- JECT	LOC							\$
	AUTOMOBILE LIABILITY		Х					COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AL								BODILY INJURY (Per person)	\$ 500,000
	<del></del>	NED AUTOS				0000000	05 105 1004 4	0510510045	BODILY INJURY (Per accident)	\$ 1,000,000
В		ULED AUTOS			Į.	00P628965 00P628965		05/25/2015 05/25/2015	PROPERTY DAMAGE	\$ 500,000
В	X HIRED	AUTOS							(PER ACCIDENT)	•
В	X 11011-0	WNED AUTOS	•	ì	}	00P628965	05/25/2014	05/25/2015		\$
				ļ	ļ					\$
	UMBRE	LLA LIAB	OCCUR						EACH OCCURRENCE	\$
	EXCES	S LIAB	CLAIMS-MADE						AGGREGATE	\$
	DEDUCTIBLE								\$	
	RETEN	TION \$								\$
			N/A				X WCSTATU- OTH- TORY LIMITS ER			
С					ZZZ 031667311	06/11/2014	06/11/2015	E.L. EACH ACCIDENT	\$ 100,000	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)			IV/A					E.L. DISEASE - EA EMPLOYEE	\$ 100,000
	If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. DISEASE - POLICY LIMIT	\$ 500,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)										
lon		D N		ıı `	201	I A				

Christmas Parade, November 26th, 2014

City of Manitowoc listed as Additional Insured.

City of Manitowoc 900 Quay Street	ANITOW  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Manitowoc, WI 54220-4543	AUTHORIZED RÉPRESENTATIVE Norman Bock

CANCELLATION

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**CERTIFICATE HOLDER**