Mariner's Trail Special Use Trail Permit

The Manitowoc and Two Rivers Parks and River Recreation Departments reserve the right to permit

events conducted on the Mariners Trail and facilities. Please complete the following information and submit it to either Parks and Recreation Office. There is no charge for a trail permit, and events will be considered on a case-by-case basis. Considerations for permitting a trail event include type of event, day of event, and other requests within 30 days of the event, as well as other considerations that may affect the public's use of the trail.

All special events or activities approved by the permit panel (Two Rivers & Manitowoc Park & Recreation Directors) can be reserved 12 months in advance including a renewal, "First Right of Refusal" clause. Set up, clean up and take down and other services provided by a City staff will be billed at the hourly rate currently charged by the Park & Recreation Department. Event promoter must provide a copy of 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.

Name: <u>Manitowic - Two Rivers YWM</u> Street Address: <u>PC</u>) Box 471 205 Mariline Dr.										
City: Manitowac State: LJT Zip: 5422											
Date of Event: August 22 23rd Facilities Requeste	ed:										
Date of Event: August 22th 23vd Facilities Requested: Purpose of Application: Tvi whom Start time: August 22th 24pm End: August 12th e 9 pm Purpose of Application: Tvi whom Start time: August 22th 274MEnd time: Aug. 23 cp 11 A.m. Will alcoholic beverages be served? Yes No if yes, what type? (Please note: Glass beverage containers not permitted in TR public parks - Ord. 7-1-10) 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. Permittee is required to provide event liability insurance naming the Cities of Two Rivers and Manitowoc as co-insured.											
Permittee agrees to abide by the rules and regulations contained	ed in this agreement.										
Signature of Permittee	5-19-14 Date										
Signature of Permittee	Date										
Approved by Manitowoc Parks Department Manager	Date										
Approved by Two Rivers Parks & Recreation Director	Date										



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/09/14

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

	ie terms and conditions of the policy ertificate holder in lieu of such endor				naorse	ment. A stal	ement on th	us ceruncate does not confi	er rights to the		
PRODUCER			CONTACT Kathy Peeters-Van Pay								
Bur	kart-Heisdorf - Sheboygan k McCabe, CPCU, CLU, RHU				PHONE (A/C, N	PHONE (A/C, No, Ext): (A/C, No):					
.s.c.1					E-MAIL ADDRE						
							URER(S) AFFOR	RDING COVERAGE	NAIC#		
				INSURER A: NSI - National Speciality Ins.							
INSURED Manitowoc Two Rivers YMCA 205 Maritime Drive Manitowoc, WI 54220		INSURER B : Society Insurance 15261				15261					
						INSURER C:					
Maintowot, 111 04220						INSURER D:					
					INSURE	RE:					
					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			SUBR WVD				POLICY EXP	LIMITS			
LIK	GENERAL LIABILITY	INSR	VIVO	FOUNT RUMBER		(AURUMOITTTI)	401MV44/1111	EACH OCCURRENCE \$	1,000,000		
A	X COMMERCIAL GENERAL LIABILITY	х				12/31/13	12/31/14	DAMAGE TO RENTED PREMISES (Ea occurrence) S	200,000		
	CLAIMS-MADE X OCCUR		1			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		MED EXP (Any one person) \$	10,000		
								PERSONAL & ADVINJURY \$	1,000,000		
								GENERAL AGGREGATE 5	2,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:	ļ	•					PRODUCTS - COMP/OP AGG \$	2,000,000		
	X POLICY PRO-							\$			
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident) \$	1,000,000		
A	X ANY AUTO					12/31/13	12/31/14	BODILY INJURY (Per person) \$			
	ALL OWNED SCHEDULED AUTOS				•			BODILY INJURY (Per accident) \$			
	HIRED AUTOS NON-OWNED AUTOS	ŀ						PROPERTY DAMAGE \$ (Per accident)			
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	X UMBRELLA LIAB X OCCUR				4000440		EACH OCCURRENCE \$	5,000,000			
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В	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yas, describe under DESCRIPTION OF OPERATIONS below				12/31/13	49/94/49	12/31/14	X WC STATU- OTH-	500 000		
0						1231/13	12131114	E.L. EACH ACCIDENT 5	500,000 500,000		
							E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$	500,000			
	DESCRIPTION OF OPERATIONS Below	 	-					E.L. DISEASE - POLICY LIMIT 5	300,000		
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DES	, CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (Attach /	ACORD 101, Additional Remarks !	Schedule	If more space is	required)				
Cit	y of Manitowoc is recogniz bility (WB1890)	ed	as a	dditional însured	for	general					
TIG	DITICA (MPISAC)										
								•			
CE	RTIFICATE HOLDER		······································		CANO	CELLATION					
					THE	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					
	MANITOWOC, WI 54220-4543										

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