

**NOTICE OF PUBLIC MEETING
COUNCIL CHAMBERS – VILLAGE HALL
102 South Huron Avenue
Phone: 436-5351**

7:00 P.M.

June 20, 2013

**AGENDA-REGULAR MEETING
MACKINAW CITY VILLAGE COUNCIL**

- I. Call to Order/Taking of Roll**
- II. Pledge of Allegiance**
- III. Approval of Agenda**
- IV. Clerks Report**
 - A. Approval of Minutes**
 - 1. Public Hearing-Zoning Board of Appeals of June 06, 2013**
 - 2. Regular Meeting of June 06, 2013**
 - B. Bills**
 - 1. Account Payable for June 20, 2013-\$74,440.26**
 - C. Communications**
 - 1. Thank You-Fort Michilimackinac Pageant Com.**
- V. Manager Report/President Report**
- VI. Public Comments-Agenda/Non Agenda Items**
- VII. Old Business:**
 - A. Correspondence from Little Traverse Bay Bands of Odawa Indians**
- VIII. New Business:**
 - A. Professional Service Agreement Emergency Dredging**
 - B. Special Event Application-Ironworkers Festival**
 - C. Special Event Application- Mackinac Straits Hospital**
 - D. Special Event Application-Waugoshance Trail Marathon**
- IX. Reports/Committees/Village Commissions**
- X. Closing Public Comments**
- XI. Scheduling of Council Sub Committee Meetings**
- XIII. Adjournment**

**All communication, petitions, etc. must be in the office of the Village Clerk by 12 o'clock noon on
the Tuesday proceeding the first and third Thursday of every month to be on the Agenda.
THURSDAY June 20, 2013 -6:45 PM
FINANCE COMMITTEE-REVIEW BILLS**

**UNAPPROVED
MINUTES PUBLIC HEARING
MACKINAW CITY ZONING BOARD OF APPEALS
Interpretation of B-3 Zoning District-Storage Use-GES Properties Appeal**

June 06, 2013

7:00 P.M.

President Jeff Hingston called the public hearing to order with the following Trustees present - Robert Glenn, Matt Yoder, Belinda Mollen, Sandy Planisek, Richard Perlick, and Paul Michalak. Also present- Manager Adam Smith, Ambulance/Fire/Interim Zoning Director Fred Thompson Jr. and Clerk Lana Jaggi

Department Heads and Elected Official Present:
Treasurer Patricia Pepler
Chief Pat Wyman-Police
Ken Newsome-DPW
Pat Rivera-Water/Sewer
Roy Cole for Greg Vieau-Facilities (Excused Absence)
Excused Absence-Dave Paquet-Rec/Marina

Visitors List attached.

President Hingston opened the public hearing and asked Mr. Thompson to give the audience a brief summary on his interpretation conclusion.

Public Comments:

- Rosada Mann-Asked who owns the property, who appealed and who will be using property?
- Dave McFarland, Architect Forum-Stated in his opinion the ordinance does not clearly address storage use. He confirmed Seaway Painting Company is interested in using the building to store their goods, in a clean safe manner, and to utilize it for office and meeting space.
- Linda Kinicki, GES Properties, property owner, read a letter she sent to Council stating her reasons for appeal. The letter was submitted and placed on file.

Pres Hingston asked gentleman from Seaway Painting what the nature of their business is and the reply was industrial painting.

Manager Smith made two points: in determinations relative to storage, land use should be the factor not ownership and although a lumberyard may have been able to be grandfathered in the past, it is not a principle use in the currently zoned B-3 District.

Pres. Hingston closed public hearing at 7:15 PM

ACTION:

Motion Hingston seconded Perlick to reaffirm zoning administration interpretation, storage will not be allowed as a principle use in the B-3 gateway business district. Ayes-Glenn, Yoder, Mollen, Hingston, Planisek, Perlick, Michalak. Nays-none. Motion carried.

**UNAPPROVED
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MACKINAW CITY ZONING BOARD OF APPEALS
Interpretation of B-3 Zoning District-Storage Use-GES Properties Appeal**

June 06, 2013

7:00 P.M.

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Discussion: Question was raised as to whether Mr. McFarland should have been one to file appeal, the storing of building materials is mentioned in M& M District not B-3.

Respectfully Submitted;

Jeff Hingston; President

Lana Jaggi; Clerk

**UNAPPROVED
MINUTES REGULAR MEETING
COUNCIL, VILLAGE OF MACKINAW CITY**

June 06, 2013

7:24 P. M

President Jeff Hingston called the public hearing to order with the following Trustees present - Robert Glenn, Matt Yoder, Belinda Mollen, Sandy Planisek, Richard Perlick, Paul Michalak. Also present- Manager Adam Smith, Ambulance/Fire/Interim Zoning Director Fred Thompson Jr. and Clerk Lana Jaggi

Department Heads and Elected Official Present:

Treasurer Patricia Pepler

Chief Pat Wyman-Police

Ken Newsome-DPW

Pat Rivera-Water/Sewer

Roy Cole for Greg Vieau-Facilities (Excused Absence)

Excused Absence-Dave Paquet-Rec/Marina

Visitor List Attached

Pledge of Allegiance

Motion Mollen seconded Yoder to accept agenda as presented with corrections to dates and change of EDC to DDA New Business A.: Voice vote-motion carried unanimously. No discussion.

Motion Glenn seconded Yoder to approve the regular meeting minutes of May 16, 2013 with correction of date Staff Reports 3. B. from 6/26/13 to 5/26/13. Voice vote-motion carried unanimously. No discussion.

Bills were presented to Finance Committee prior to meeting along with Invoice Report for review.

Motion Mollen seconded Perlick to approve to pay the bills in the amount of \$107,637.65. Voice vote-motion carried unanimously. No discussion.

Communications:

1. Thank You-MCPS Senior Class 2013 for Grad Night
2. Thank You-Michilimackinac Voyageurs Memorial Weekend help by crew
3. Invitation-All-Phase Electric for Vendor Thank You BBQ

Managers Report submitted and placed on file.

Manager Smith introduced the attending staff and noted they will attend first regular council meeting of each month from this date forward.

President's Report: None

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7:24 P.M.

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Treasurers Report submitted and placed on file.
Department Head Reports submitted and placed on file.
Additional comments from Department Heads:
-Pat Rivera-90% of Barbara Street Project is complete. First water/sewer bill cycle reflecting new rates has been sent out.
-Ken Newsome-Street striping is underway, new employee is working out well, new dump truck will be delivered by end of month, and Reith Riley with re do pavement on S. Huron Ave. by southern force main.
-Fred Thompson-Emmet Co. Board of Commissioners created a subcommittee to analyze the ambulance service the county receives and either he or Manager Smith will attend each meeting of that subcommittee. The zoning department is very busy with seasonal sign change requests.

Public Comments:
Dick Campbell-Reported Village fishing pier is lacking life rings and ladder
Dick Moehl and Rosada Mann both commented on the good decision to have department heads attend meeting on regular basis.

OLD BUSINESS: None

NEW BUSINESS:

- A. Motion Hingston seconded Mollen to appointment Lisa Pallagi to the DDA Board. Voice vote-motion carried unanimously. No discussion.
- B. Motion Hingston seconded Perlick to approve the pending documentation of Straits Taxi Transportation Application upon payment of application fee. Voice vote-motion carried unanimously. No discussion.
- C. Motion Mollen seconded Michalak to approve the special event application for the Mackinaw City Farmers Market from Lyle Betham for markets June 21 through October, 2013, Fridays 1-7 PM and Sundays 10-5 PM with stipulation that proof of insurance is provided.
- D. Motion Yoder seconded Perlick to approve the special event application for the American Legion Auxiliary bake sale to be held on July 4, 2013. Voice vote-motion carried unanimously. No discussion.

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E. Motion Hingston seconded Mollen to approve the Michigan Natural Resources Trust Fund Development Project Agreement Amendment-Conkling Heritage Park Improvements, TF10-046 and cover letter dated May 28, 2013. Voice vote-motion carried unanimously. No discussion.

F. Motion Perlick seconded Glenn to execute the North Country Trail Association Memorandum of Understanding as presented. Voice vote-motion carried unanimously. No discussion.

Sub Committee Reports: None

Closing Public Comments:

-Rosada Mann inquired on the start date for Marina dredging. Manager Smith replied tentative timeline is fall, no exact date set yet.

Scheduling of Sub Committee Meetings:

Motion Mollen seconded Perlick to adjourn at 8:15 PM. Voice vote-motion carried unanimously. No discussion.

Respectfully submitted;

Jeff Hingston; President

Lana Jaggi; Clerk

Village of Mackinaw City

102 South Huron Avenue, P.O. Box 580, Mackinaw City, Michigan 49701
Telephone: (231) 436-5351 Fax: (231) 436-4166
www.mackinawcity.org village@mackinawcity.org

To: Mackinaw City Council
From: Adam R. Smith, Village Manager
Date: June 18, 2013
Re: Manager Report & Recommendations for June 20, 2013 Council Meeting

VII. A. Correspondence from Little Traverse Bay Bands of Odawa Indians [Action Item]
The Village of Mackinaw City recently received written correspondence dated June 9, 2013 from Tribal Chairman Dexter McNamara, Little Traverse Bay Bands of Odawa Indians; attached. The correspondence requests "a vote by June 30, 2013, for approval of a class III casino within the Village of Mackinaw." The establishment of a casino in any community requires significant due diligence. As your recently hired professional manager, I have not had adequate time to review all aspects and considerations associated with the development of a casino in Mackinaw City and to that extent not prepared to provide Council with a recommendation at this time on the class III casino. It is my intent to ensure that Council has all necessary background information and a thorough understanding of the economic and community development impact of a casino within Mackinaw City. I would recommend consideration of a written response to Tribal Chairman McNamara's correspondence which provides confirmation of receiving the letter and respectively declines the June 30, 2013 deadline in order to complete necessary due diligence in the most timely manner possible. Alternatively, Council may take action to the "formal request." Please refer to attached correspondence dated June 9, 2013 from Tribal Chairman Dexter McNamara, Little Traverse Bay Bands of Odawa Indians.

VIII. A. Professional Service Agreement Emergency Dredging [Action Item]
The purpose of this Professional Service Agreement (PSA) is to complete final Engineering/Architectural design, plans, specifications, contract documents for bidding purposes, construction administration and field inspection to be developed for the emergency dredging by mechanical means at the Mackinaw City Marina. The PSA is by and between the Village of Mackinaw City and United Design Associates, Inc. and has been reviewed and found acceptable by Paul Petersen, Department of Natural Resources, State of Michigan. The funding limit is \$150,000. Please refer to the attached Professional Service Agreement draft and email correspondence.



"Crossroads of the Great Lakes."
Equal Employment Opportunity and Service Provider



Waganakising Odawak
Little Traverse Bay Bands of Odawa Indians
Dexter McNamara, Tribal Chairman
7500 Odawa Circle, Harbor Springs, Michigan 49740
Phone 231-242-1401 • Fax 231-242-1411

June 9, 2013

Jeff Hingston, Village President
Mackinaw City Village Council
102 South Huron Avenue
Post Office Box 580
Mackinaw City, MI 49701

Dear Village President Hingston:

The Tribe appreciated the opportunity in October 2012 to present its proposal to the Village Council for a Mackinaw City gaming facility, our constructive dialogue, and the Village Council's due diligence and thoughtful consideration. I understand that for traffic safety reasons the Village would prefer that the actual gaming facility be located on the former waterpark property rather than the former Kings Inn parcel. The Tribe's initial site plan placed the gaming facility on the Kings Inn parcel because the waterpark property was not yet in trust. In consideration of the Village's traffic and safety concerns the Tribe made processing of its trust application a high priority. The United States accepted the 14 acre waterpark property and 2.5 acre adjoining parcels on the north side into trust this past week. This enables the Tribe to reconfigure its site plan to place the building on the waterpark property. We would be happy to provide the revised site plan to the Village.

However, based on construction and financing schedules, in order to open by the summer of 2014, we need to have the Village's approval for the 2nd site casino in Mackinaw City by June 30, 2013. Further, if the local governments are budgeting for 2014 income from the Tribe's trust land along Nicolet Street to meet education and safety needs derived from the 2% payments, we thought that we should bring this to your attention. If we cannot open in 2014, we will have to reassess whether to continue pursuing a Mackinaw Class III gaming facility, or focus our resources on other options.

Please consider this a formal request for a vote by June 30, 2013, for approval of a class III casino within the Village of Mackinaw.

We thank the Village Council for its time and effort in assessing the proposal and look forward to a continued positive relationship between our governments.

Respectfully,

Dexter McNamara
Tribal Chairman

Dave Paquet

From: Petersen, Paul (DNR) <PetersenP@michigan.gov>
Sent: Monday, May 06, 2013 1:33 PM
To: UDASSOC@aol.com
Cc: marina@mackinawcity.org
Subject: RE: Village of Mackinaw City - Emergency Dredging

Hello Mr. Paquet and Ms. Muschell:

I have reviewed the PSA and the permits, and I find them acceptable...please proceed. Please send an executed copy for the files when signed.

Just as a reminder, \$150,000 is the funding limit that has been allocated for this project.

Thanks.

Paul

From: UDASSOC@aol.com [mailto:UDASSOC@aol.com]
Sent: Thursday, May 02, 2013 11:24 PM
To: Petersen, Paul (DNR)
Cc: marina@mackinawcity.org
Subject: Village of Mackinaw City - Emergency Dredging

Dear Mr. Petersen:

At the request of Mr. Dave Paquet, Harbormaster at the Village of Mackinaw City Municipal Marina please find attached United Design Associates, Inc. Professional Services Agreement and a copy the U. S. Army Corps of Engineers Permit and a copy of the State of Michigan, Department of Environmental Quality Permit for the above subject proposed project for your review and approval.

Sincerely,

UNITED DESIGN ASSOCIATES, INC.

Susan L. Muschell

"Have a Great State of Michigan Day"

PROFESSIONAL SERVICE AGREEMENT

THIS AGREEMENT, entered into the 6th day of MAY A.D. 2013, By and between the VILLAGE OF MACKINAW CITY hereinafter referred to as the "Owner", and UNITED DESIGN ASSOCIATES, INC., hereinafter referred to as the "Engineer/Architect".

WITNESSETH:

WHEREAS, the Owner is desirous of having complete final Engineering/Architectural design, plans, specifications, contract documents for bidding purposes, construction administration and field inspection to be developed for the emergency dredging by mechanical means of up to 3,200 cubic yards of dredge material at the existing Village of Mackinaw City Marina mooring basin as indicated on the drawings, on certain properties of the Owner located at the existing Village of Mackinaw City Marina, in the Village of Mackinaw City, Cheboygan County, Michigan; and

WHEREAS, the Owner desires to engage United Design Associates, Inc. as the Engineer/Architect to make and to complete such final design plans and specifications including, but not limited to, conducting the necessary final design drawings, specifications, and contract documents for bidding purposes, for the Owner and for the State of Michigan, Department of Natural Resources; and construction administration and field inspection to be developed for the following defined project **SCOPE OF WORK:** Emergency dredging by mechanical means and disposal of dredge material at an approved disposal site, of up to 3,200 cubic yards of dredge material at the existing Village of Mackinaw City Marina mooring basin in a 325 foot long by 300 foot wide area to a depth of 569.5 feet to a -8 feet below Chart Datum elevation 577.5 (IGLD 1985) as indicated on the drawings; and

WHEREAS, the Owner, at its meeting held the _____ day of _____ 2013 Authorized the execution of this Professional Service Agreement.

NOW THEREFORE, The parties hereto do mutually agree as follows:

1. All plans, reports and other documents shall be prepared under the direct supervision of and signed and sealed by a Registered Professional Engineer/Architect duly registered as such in the State of Michigan as required by Section 2011 of Act 299, P.A. 1980 as amended.
2. The Engineer/Architect agrees to perform the following services:
 - a. To provide topographic and pre-bathymetric and post-bathymetric services as required for the project.

A plan of the site of the work showing, bench marks, actual boring locations, logs of all past subsurface investigations and all pertinent topography including soundings referenced to International Great Lakes Datum.

3. The Engineer/Architect agrees to prepare and apply for a joint U.S. Army Corps of Engineers (COE), and the State of Michigan, Department of Environmental Quality (DEQ) Permits with all required permit drawings necessary for the emergency dredging by mechanical means and the disposal of dredge material at an approved disposal site as defined and required by the defined project **SCOPE OF WORK**.
4. Design, develop and prepare complete final design, plans, specifications and contract documents as required by the defined project **SCOPE OF WORK**. Specification will be prepared using the Master Format Outline by the Construction Specification Institute (CSI), as appropriate for the defined project scope of work requirements.

The Engineer/Architect shall assist in bidding and preparing construction contracts for signatures and shall monitor the contractor's construction contract with construction office administration and on site field construction inspection.

5. The Engineer/Architect does not and cannot warrant that unforeseen circumstances will not arise that may require additional change orders to provide for the cost to furnish and perform work that is uncertain or is of indeterminate scope that may be discovered during the project construction.
6. The Owner agrees to pay and the Engineer/Architect agrees to accept:
- a. An estimated fee of One Thousand Nine Hundred Seventy-Five (\$1,975.00) Dollars as compensation for making a post-bathymetric survey as required by the State of Michigan, Department of Natural Resources. This work will be performed by Granger and Associates, Inc. 224 South Main Street, Cheboygan, Michigan 49721. (PLEASE NOTE: The pre-bathymetric survey work for this project has already been completed).
 - b. A fee of Eight Thousand Five Hundred (\$8,500.00) Dollars for the preparation and the issuing of the Final Construction documents for the emergency dredging by mechanical means and disposal of dredge material at an approved disposal site, including Drawings, Specifications, and Contract Documents required for bidding purposes, for the Owner, the State of Michigan, Department of Natural Resources and the Agency administering the Soil Erosion and Sedimentation Control Act. All expenses incurred by the Engineer/Architect in carrying out the development of the design, plans, specifications, and contract documents with final design for bidding purposes, including but not limited to, travel expense, phone calls telegrams, postage expenses, employee payroll, Engineer/Architect time and materials furnished, and all other work and services necessary for the completion of the said final design of this project shall be regarded as being compensated for in full at the time of payment to the Engineer/Architect of the fees set forth in this agreement. Prepare the necessary forms and apply for all construction permits. This includes, but is not limited to, any additional construction plan review and permits required by the following agencies:
 - (1) Michigan Department of Public Health.
 - (2) The agency administering the Soil Erosion and Sedimentation Act.
 - d. An estimated fee of Fifty (\$50.00) Dollars for the joint U.S. Army Corps of Engineers and the State of Michigan, Department of Environmental Quality permit application fee.
 - e. A fee of Two Thousand (\$2,000.00) Dollars for the review of the existing project site as it relates to this project, compiling, reviewing, and incorporating into the project plans and specifications the following; existing soil boring report information, topographic and pre-bathymetric and post-bathymetric survey data, and dredge sediment sampling report.
 - f. A fee of Four Thousand Five Hundred (\$4,500.00) Dollars for Construction Office Administration and Field Inspection. Including, but not limited to advertising for bids and awarding of Contracts construction and periodic inspection, preparing estimates for progress payments to the contractor, assisting in interpretation of drawings and specifications, checking shop drawings, reviewing changes required, preparing change orders, checking estimates of any additional work and final inspection approval of performance and a final set of as-built plans as required including pre-bathymetric and post-bathymetric surveys on a CD in an appropriate format as required and submitted to the Owner and the State of Michigan Department of Natural Resources.

If, in the Engineer/Architect's Judgment, the nature of the work demands inspection or construction survey work beyond that required in this agreement the

prior to award of the contract. If the Owner authorizes inspection and/or construction survey services beyond that required by this agreement, the Engineer/Architect shall be compensated for said services by a fee equal to two and one-half (2.50) times the direct payroll costs. Direct payroll costs are defined as the actual amount paid the employee for work on the project exclusive to fringe benefits, vacations, sick leave, other indirect cost and profit.

The reproduction of plans and specifications, including postage and handling for prospective bidders, is not a part of the above fee. The Owner can pay separately for this service, or the costs can be paid for by requesting a non-refundable fee from the prospective bidders who request the plans and specifications.

The above fees shall apply to the construction based on the award of one construction contract.

7. Nothing herein contained shall be construed as a agreement or promise of any kind or nature that the Engineer/Architect shall be engaged for any work relating to the project other than that specified in Paragraph Sections 1, 2, 3, 4, 5 and 6 hereof. Nothing herein contained shall be construed as an agreement or promise of any kind that the Engineer/Architect shall receive any compensation other than is specifically set forth in this agreement. The Owner specifically reserves the right to engage any other Engineer/Architect at any time in relation to the project
8. The Engineer/Architect agrees that in the event that the Owner desires to proceed with the project using the Engineer/Architect's services for the final design, construction office administration and field inspection of this project, the Engineer/Architect will perform such services and accept as compensation the amount specified in Paragraph Section 6 hereof. The Engineer/Architect shall not be obligated to perform any additional services unless he shall be so notified by the Owner in writing within three years after the date of the final payment for the final design services. Assuming the Engineer/Architect is retained to proceed with the project, the Engineer/Architect shall meet with the Owner and develop a progress schedule mutually agreeable to both parties. At that time, this schedule shall be marked Exhibit "A" and included as part of this Agreement.
9. The Engineer/Architect shall purchase and maintain such insurance as will protect him from claims as set forth below that may arise out of or result from the Engineer/Architect's services under the Contract, whether such services be by himself or by any sub-contractor or by anyone directly or indirectly employed by any of them or by anyone for whose acts any of them may be liable.
 - a. Worker's Compensation Insurance for claims under Michigan's Worker's Compensation Act or other similar employee benefit act of any other State applicable to an employee.
 - b. Employer's Liability Insurance, in conjunction with Worker's Compensation Insurance, for claims for damage because of bodily injury, occupational sickness or disease or death of an employee when Workers Compensation may not be an exclusive remedy, subject to a limit of liability of not less than \$100,000 each accident.
 - c. Automobile Insurance required by law for claims arising from ownership, maintenance or use of a motor vehicle.
 - d. General Liability Insurance for claims for damage because of bodily injury or death of any person, other than the Engineer/Architect's employees, or damage to tangible property of others, including loss of use resulting by other specific liability insurance and are ordinarily insurable under general liability insurance, subject to bodily injury limits of not less than \$500,000 each occurrence and \$1,000,000 annual aggregate

and property limits of not less than \$500,000 each occurrence, or combined bodily injury/property damage limits of not less than \$770,000 each occurrence and \$1,000,000 annual aggregate.

Insurance required shall be in force until acceptance by the Owner of the entire completed work, and shall be written for not less than any limits of liability specified above. The Engineer/Architect has the responsibility of having any subcontractor comply with these insurance requirements. Certificates of insurance, acceptable to the Owner, shall be filed with the Owner prior to commencement of the professional service. These certificates shall contain a provision that coverages afforded under the policies will not be modified or cancelled without prior written notice to the Owner.

9. The Engineer/Architect agrees to be responsible for any loss or damage to property or injury, damage or death to persons due to the negligent performance of the service of this contract. Such responsibility shall not be construed as a liability for damage caused by or resulting from the sole or joint negligence of the Owner. The Engineer/Architect's responsibility above described, however, shall be limited monetarily to the face amount of the insurance coverage of the Engineer/Architect in force at the time of this Agreement.

10. The Engineer/Architect shall comply with the Elliott-Larsen Civil rights Act, 1976 PA 453, MCL 37.2101 et seq., the Persons with Disabilities Civil rights Act, 1976 PA 220, MCL 37.1101 et seq., and all other Federal, State and local fair employment practices and equal opportunity laws and covenants that it shall not discriminate against any employee or applicant for employment, to be employed in the performance of this Agreement, with respect to his or her hire, tenure, terms, conditions, or privileges of employment, or any matter directly or indirectly related to employment, because of his or her race, religion, color, national origin, age, sex, height, weight, marital status, or physical or mental disability that is unrelated to the individual's ability to perform the duties of a particular job or position.

11. This Agreement is to engage the Engineer/Architect specified herein and no other.

IN WITNESS WHEREOF, the parties hereto have hereunto set their hands and seals, the day and date first above written.

In Presence Of
James E. Muschell

Owner
THE VILLAGE OF MACKINAW CITY, MICHIGAN

By: David Paquet

Title Harbormaster

United Design Associates, Inc. Engineer/Architect

By: James E. Muschell
James E. Muschell, PE

Title President

James E. Muschell
James E. Muschell

SPECIAL EVENT APPLICATION
VILLAGE OF MACKINAW CITY
102 S. HURON AVENUE, MACKINAW CITY, MI 49701
(231) 436-5351

Must be filled out in its entirety and returned to the Village Clerk's Office 45 days prior to scheduled event

SPONSORING ORGANIZATION INFORMATION

LEGAL BUSINESS NAME: International Ironworkers Festival
MAILING ADDRESS: 2430 Buhl Road, Mikado, MI 48745
CONTACT NAME: Bill Miller or Tim Roman
E-MAIL ADDRESS: _____

TELEPHONE: 989-736-6521

TELEPHONE: 989-736-6521

CELL PHONE: _____

CONTACT PERSON ON DAY OF EVENT

CONTACT NAME: Bill Miller or Tim Roman
E-MAIL ADDRESS: _____

TELEPHONE: 989-736-6521

CELL PHONE: _____

EVENT INFORMATION

NAME OF EVENT: International Ironworkers Festival Inc.
PURPOSE OF EVENT: Fund Raiser

- Non-Profit For-Profit Village Operated/Sponsored Co-Sponsored
 Marathon/Race Festival/Fair Arts & Crafts Show Other _____

DATE(S): August 9, 2013 FROM 8:30 A.M. P.M. TO 10:00 A.M. P.M.
August 10, 2013 FROM 8:00 A.M. P.M. TO 10:00 A.M. P.M.
August 11, 2013 FROM 8:00 A.M. P.M. TO 10:00 A.M. P.M.

RAIN DATE(S): _____ FROM _____ A.M. P.M. TO _____ A.M. P.M.
_____ FROM _____ A.M. P.M. TO _____ A.M. P.M.

EVENT LOCATION: Mackinaw City Recreation Pond & Perrot Street

ESTIMATED NUMBER OF ATTENDEES: 500

WILL YOU UTILIZE SHOWERS: Yes No

ESTIMATED NUMBER OF VOLUNTEERS: _____

ESTIMATE DATE/TIME FOR SET-UP: August 7 & 8th

_____ A.M. P.M.

ESTIMATE DATE/TIME FOR CLEAN-UP: August 12

_____ A.M. P.M.

EVENT SIGNAGE: Village Council approval is required for any temporary signing in the public right-of-way, across a street or on Village property. Which of the following signs are requested for this event:

- "YARD" SIGNS - Number requested: _____ (Maximum size is 2' x2'. Cannot be displayed no more than 15 days prior to first day of event and must be removed 24 hours after end of event.)
- SIGNAGE AT EVENT SITE - Location(s): Village PETS up in front of Tennis Courts

Description of signs: _____
(Signs at event site cannot be displayed prior to day of the event and must at the end of the event.)

VENDOR PARKING: Have you made arrangement for vendor parking? Yes No
If yes, where do you propose your vendors park? _____

EVENT LONG TERM PARKING: Will there be long term parking? Yes No
If yes, from date 8/6/13 to ending date: 8/13/13
Long term parking identified on the site map? Yes No

OVERNIGHT CAMPING: Will there be camping over night? Yes No

Name of Facility where camping: _____
If yes, from date: 8/6/13 to ending date: 8/13/13
Camp sites identified on the site map? Yes No

TENTS/CANOPIES/MISC: The Village of Mackinaw City does have tables and/or chairs available for rental. You will need to provide a diagram of the area for set up. Will the following be constructed or located in the event area?:

- BOOTHS - QUANTITY _____
Size _____
- AWNINGS - QUANTITY _____
- TENTS - QUANTITY _____
- CHAIRS - QUANTITY _____
- TABLES - QUANTITY _____

Seating diagram for booths, awnings, tables and chairs provided with application: Yes No

PORTABLE RESTROOMS/TOILETS

Have you made arrangements to provide portable restroom facilities at your event? Yes No
If yes, total number of portable toilets: 10 Number of ADA accessible portable toilets: 1

If no, explain: _____

Restroom Company Name: Roses

Address Street: _____ State: _____ Zip: _____

City: _____ Telephone Day: _____ Evening: _____ Fax: _____ Cell: _____

Equipment set up: Date: _____ Time: _____

Equipment pick up: Date: _____ Time: _____

Portable restrooms identified on the site map? Yes No

PARADE PERMIT

Includes runs, walks, and other uses of the Village public right-of-way.

POLICE ESCORT NEEDED: Yes No

PARADE ROUTE PROVIDED WITH APPLICATION: Yes No

PROPOSED ROUTE: SAME AS YEARS PAST

Date and time Parade will start: 8/10/13 10:00 A.M. P.M.

Date and time Parade will end: _____ A.M. P.M.

EVENT DETAILS

SITE MAP: All applicants must provide a drawing of the event area and are due at application. Site map must be legible, be pre approved by Village Staff, and include and/or identify the following, if applicable:

- Lot lines
- Fire Hydrants
- Tents
- Table and chair diagram
- Bicycle Routes (including route into and out of town)
- All bicycle events will utilize the Village's Hike and Bike Trail
- Label roads and closest cross roads
- Locate and label buildings
- Portable Restrooms
- Placement of food vendors
- Sidewalks
- Parking lots
- Ingress and egress points
- Parade Route
- All proposed modifications

WILL MUSIC BE PROVIDED DURING THIS EVENT: Yes No

TYPE OF MUSIC PROPOSED: Live Amplification Recorded Loudspeakers

PROPOSED TIME MUSIC WILL BEGIN: 4:00pm END: 10:00 PM
(NO LATER THAN 10 P.M.)

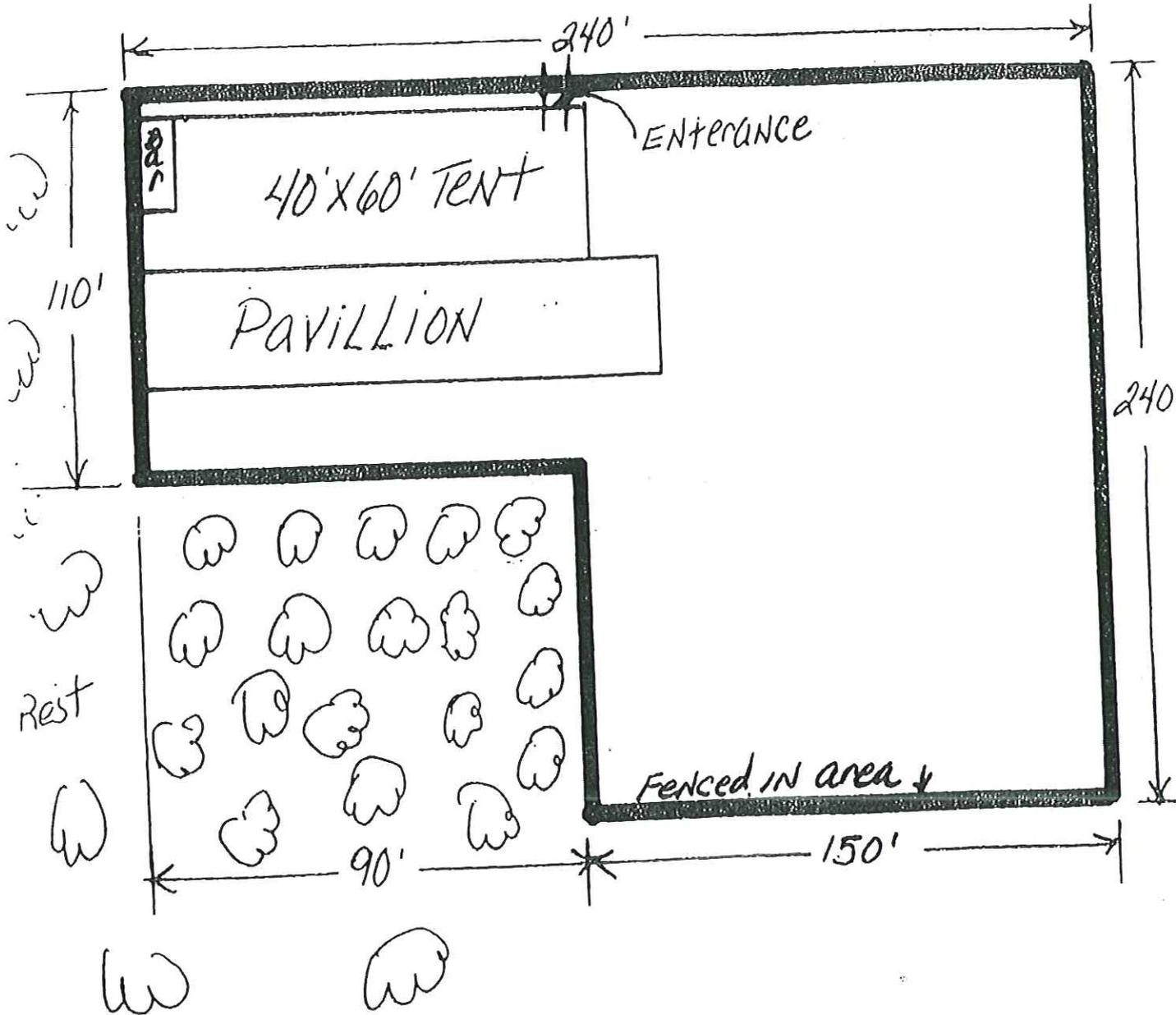
FOOD VENDORS/CONCESSIONS: (Contact Emmet or Cheboygan County Health Department)
 Yes No Provide Copy of Health Department Food Service License

WILL ALCOHOL BE SERVED AT THIS EVENT: Yes No
 Provide Copy of Liquor Liability Insurance once approved
See page 4 for required language naming the Village as an additional insured
 Provide Copy of Michigan Liquor Control License
If yes, describe measures to be taken to prohibit the sale of alcohol to minors: _____

COPY OF LIABILITY INSURANCE PROVIDED WITH APPLICATION: Yes No
Date insurance binder provided: 6-16-2013
See page 4 for required language naming the Village as an additional insured

WILL FIREWORKS BE APART OF EVENT: Yes No
 Provide Copy of Liability Insurance
 Provide Copy of Fireworks Permit
See page 4 for required language naming the Village as an additional insured

Parrot Street



ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/07/2013

PRODUCER (231) 436-5053
 Barnett France
 P.O. Box 489
 402 Lake St
 Mackinaw City, MI 49701-
 INSURED
 INTERNATIONAL IRONWORKERS FESTIVAL
 4962 DEEP RIVER ROAD
 STANDISH MI 49658-

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.

| INSURERS AFFORDING COVERAGE | NAIC # |
|-----------------------------|--------|
| INSURER A: J. M. WILSON | |
| INSURER B: | |
| 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/YYYY) | POLICY EXPIRATION DATE (MM/DD/YYYY) | LIMITS | |
|-------------|----------------|---|---------------|---------------------------------------|--|---|----------|
| | | | | | | | |
| A | | GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | IM280294 | 08/08/2013 | 08/12/2013 | EACH OCCURRENCE | \$ 1,000 |
| | | | | / / | / / | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 100 |
| | | | | / / | / / | MED EXP (Any one person) | \$ 5 |
| | | | | / / | / / | PERSONAL & ADV INJURY | \$ 1,000 |
| | | | | / / | / / | GENERAL AGGREGATE | \$ 2,000 |
| | | | | / / | / / | PRODUCTS - COM/OP AGG | \$ 2,000 |
| | | | | / / | / / | HOW/ID | |
| | | AUTOMOBILE LIABILITY | | / / | / / | COMBINED SINGLE LIMIT (Ea accident) | \$ |
| | | <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 | | / / | / / | BODILY INJURY (Per person) | \$ |
| | | | | / / | / / | BODILY INJURY (Per accident) | \$ |
| | | | | / / | / / | PROPERTY DAMAGE (Per accident) | \$ |
| | | GARAGE LIABILITY | | / / | / / | AUTO ONLY - EA ACCIDENT | \$ |
| | | <input type="checkbox"/> ANY AUTO | | / / | / / | OTHER THAN EA ACC | \$ |
| | | | | / / | / / | AUTO ONLY: AGG | \$ |
| | | EXCESS/UMBRELLA LIABILITY | | / / | / / | EACH OCCURRENCE | \$ |
| | | <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$ | | / / | / / | AGGREGATE | \$ |
| | | | | / / | / / | | \$ |
| | | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | / / | / / | | \$ |
| | | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below | | / / | / / | | \$ |
| | | OTHER | | / / | / / | | \$ |

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
 INTERNATIONAL IRONWORKERS FESTIVAL, VILLAGE OF MACKINAW CITY, IT'S COUNCIL, BOARDS AND COMMISSIONS, CITIZENS, EMPLOYEES AND AGENTS ARE NAMED ADDITIONAL INSURED, DATES OF EVENTS FOR 2011 ARE AUGUST 12, 13, & 14TH. LIABILITY EXTENDS TO THE PARADE THAT IS ON SATURDAY.

CERTIFICATE HOLDER
 () - () -
 VILLAGE OF MACKINAW CITY
 102 S HURON AVE
 MACKINAW CITY MI 49701-

CANCELLATION
 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO PROVIDE 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE
Debra Moller

APPLICATION CHECK LIST

A = Applicant V = Village

- A V Completed Application
- Special Event Fee received on _____, receipt no _____
amount: \$ _____
- Event Map Received (includes detailed event layout for vendors, booths, portable restrooms, fire hydrants, parking, ingress, egress, roads, sidewalks, table and chair diagram, etc.)
- Bicycle Route Map (use of the Mackinaw City Bike Trail is required)
- Certificate of Insurance (listing the Village of Mackinaw City, its Village Council, Boards and Commissions, Citizens, Employees and Agents, 102 S. Huron Avenue, Mackinaw City, MI 49701 as an additional insured)
- Ambulance Standby included with Application paid on _____, receipt no. _____
amount \$ _____
- Fireworks Permit (if applicable)
- Michigan Liquor Control Commission Special Event License (if applicable)
- Health Department Food Service License (if applicable)

If document is missing, please explain: _____

The applicant and sponsoring organization understand and agrees to:

Provide a certificate of insurance with all coverage deemed necessary for the event, naming the Village of Mackinaw City, its Village Council, Boards and Commissions, Citizens, Employees and Agents, 102 S. Huron Avenue, Mackinaw City, MI 49701, as an additional insured on all applicable policies and submit the certificate to the Village Clerk's Office no later than thirty (30) days prior to the event.

Comply with all Village Ordinances and Policies and applicable State laws, and acknowledges that the special event permit does not relieve the applicant or organization from meeting any application requirements of law or other public bodies or agencies.

Applicant and sponsoring organization further understands the approval of this special event may include additional requirements and/or limitations based on the Village's review of this application. The applicant and sponsoring organization understand that it may be necessary to meet with Village staff during, as well as after the event, for the review of this application and that Village Council approval is necessary.

Applicant understands that he/she is responsible for contacting the Michigan Liquor Control Commission and/or Cheboygan or Emmet County Health Department to secure all permits required for this event.

Applicant further agrees to defend, indemnify and hold harmless the Village of Mackinaw City, Michigan from any claim, demand, suit, loss, cost of expense or any damage which may be asserted, claimed or recovered against or from this Special Event by reason of any damage to property, personal injury or bodily injury,

FOR VILLAGE USE ONLY

DEPARTMENT OF PUBLIC WORKS

APPROVED

DENIED

Will this event require the use of any of the following municipal equipment:

Yes No

- LOADER – MODEL _____ TOTAL MEN _____
- PICK UP TRUCKS _____ TOTAL MEN _____
- OTHER EQUIPMENT _____ TOTAL MEN _____

TOTAL MAN HOURS _____
TOTAL MAN HOURS _____
TOTAL MAN HOURS _____

OTHER SERVICES PROVIDED OR REQUIRED _____

SITE MAP APPROVED: Yes No

FACILITIES SERVICES DEPARTMENT

APPROVED

DENIED

Will this event require the use of any of the following municipal equipment:

Yes No

- TRASH RECEPTACLES – QUANTITY _____
- TRAFFIC CONES – QUANTITY _____
- FENCING WATER ELECTRIC
- OTHER _____

- BARRICADES – QUANTITY _____
- PARKING SIGNS – QUANTITY _____
- RESTROOM CLEANING

SITE MAP APPROVED: Yes No

MACKINAW CITY POLICE DEPARTMENT

APPROVED

DENIED

ADDITIONAL OFFICERS REQUIRED? Yes No

If yes please describe & include times _____

Other (describe): _____

PARADE ROUTE RECEIVED AND APPROVED: Yes No

POLICE ESCORT NEEDED: Yes No LIQUOR APPLICATION RECEIVED AND REVIEWED: Yes No

SITE MAP APPROVED: Yes No

MACKINAW CITY FIRE DEPARTMENT

APPROVED

DENIED

STREET CLOSURES: Yes No (use attached map to outline proposed closures)

Street closure date/time: _____ A.M. P.M.

Street re-open date/time: _____ A.M. P.M.

SITE MAP APPROVED: Yes No

RECREATION DEPARTMENT

APPROVED

DENIED

SHOWERS: Yes No

TABLES: Yes No Quantity: _____

CHAIRS: Yes No Quantity: _____

CAMPING: Yes No (identified on map)

LONG TERM PARKING: Yes No (identified on map)

PORTABLE RESTROOMS: Yes No (identified on map)

SITE MAP APPROVED: Yes No

including death, sustained by any person whomsoever and which damage, injury or death arises out of or is incident to or in any way connected with the performance of this contract, and regardless of which claim, demand, damage, loss cost of expense is caused in whole or in part by the negligence of the Village of Mackinaw City or by third parties, or by the agents, servants, employees or factors of any of them.

As the duly authorized agent of the sponsoring organization, I hereby apply for approval of this Special Event and affirm the above understandings. The information provided on this application is true and complete to the best of my knowledge.

The Village of Mackinaw City expressly reserves the right in its sole discretion to cancel a private event for Village purposes and the Site user agrees, as a term of its use of a site, to release and waive all claims of any kind (including a claim for consequential damages), against the Village, its officers or employees arising out of cancellation of the user's event.

Is this an annual event? Yes No
Is this event expected to occur next year? Yes No
How many years has this event occurred? _____

Applicant Signature
Print name of applicant: _____

Date

| | | |
|--|--------------------------|------------------|
| VILLAGE USE ONLY – Department representative please initial if approved | | |
| [] DPW | [] FACILITY SERVICES | |
| [] POLICE | [] FIRE | [] AMBULANCE |
| [] RECREATION | | |
| VILLAGE COUNCIL COUNCIL APPROVAL DATE: _____ | | |
| CONDITIONS, IF ANY: _____ | | |
| _____ | | |
| _____ | | |
| AUTHORIZED BY: _____ | DATE: _____ | |
| VILLAGE MANAGER | | |



VILLAGE OF MACKINAW CITY
PO BOX 580
102 S HURON AVE
MACKINAW CITY, MI 49701

RECEIPT

Receipt 370
06/11/1

Cashier: LANA
Received Of: IRONWORKER FESTIVAL
The sum of \$150.00

| | | | | | |
|--------|---------------------|-----------------|------|--------|----------|
| S.E.A. | SPECIAL EVENT APPLI | | | | \$150.00 |
| | | 101-000-476.000 | | 150.00 | |
| | TENDERED: | CHECK | 1737 | | \$150.00 |

SPECIAL EVENT APPLICATION
 VILLAGE OF MACKINAW CITY
 102 S. HURON AVENUE, MACKINAW CITY, MI 49701
 (231) 436-5351

Must be filled out in its entirety and returned to the Village Clerk's Office 45 days prior to scheduled event

SPONSORING ORGANIZATION INFORMATION

LEGAL BUSINESS NAME: Mackinac Shields Health Systems TELEPHONE: (906) 328-2109
 MAILING ADDRESS: 1140 N. State Street St Ignace MI 49781
 CONTACT NAME: Brendan Currie TELEPHONE: (906) 328-2109
 E-MAIL ADDRESS: bcurrie@mshsosp.org CELL PHONE: (231) 420-0918

CONTACT PERSON ON DAY OF EVENT

CONTACT NAME: Brendan Currie TELEPHONE: (906) 328-2109
 E-MAIL ADDRESS: bcurrie@mshsosp.org CELL PHONE: (231) 420-0918

EVENT INFORMATION

NAME OF EVENT: Kid's Summer Fitness Program

PURPOSE OF EVENT: increase opportunities for fitness in children between ages 4-12

Non-Profit For-Profit Village Operated/Sponsored Co-Sponsored
 Marathon/Race Festival/Fair Arts & Crafts Show Other _____

DATE(S): 7/29 FROM 10 TO 11 A.M. P.M. P.M.
7/6, 13, 20, 27 FROM 10 TO 11 A.M. P.M. P.M.
8/3, 10, 17, 24, 31 FROM 10 TO 11 A.M. P.M. P.M.

RAIN DATE(S): _____ FROM _____ TO _____ A.M. P.M. P.M.
 _____ FROM _____ TO _____ A.M. P.M. P.M.

EVENT LOCATION: Town Street Park

ESTIMATED NUMBER OF ATTENDEES: 5-30 people

WILL YOU UTILIZE SHOWERS: Yes No

ESTIMATED NUMBER OF VOLUNTEERS: 3
 ESTIMATE DATE/TIME FOR SET-UP: Monday at 9:30 A.M. P.M.
 ESTIMATE DATE/TIME FOR CLEAN-UP: right after 11 A.M. P.M.

PARADE PERMIT

Includes runs, walks, and other uses of the Village public right-of-way.

POLICE ESCORT NEEDED: Yes No

PARADE ROUTE PROVIDED WITH APPLICATION: Yes No

PROPOSED ROUTE: _____

Date and time Parade will start: _____ A.M. P.M.

Date and time Parade will end: _____ A.M. P.M.

EVENT DETAILS

SITE MAP: All applicants must provide a drawing of the event area and are due at application. Site map must be legible, be pre approved by Village Staff, and include and/or identify the following, if applicable:

- Lot lines
- Fire Hydrants
- Tents
- Table and chair diagram
- Bicycle Routes (including route into and out of town)
- All bicycle events will utilize the Village's Hike and Bike Trail
- Label roads and closest cross roads
- Locate and label buildings
- Portable Restrooms
- Placement of food vendors
- Sidewalks
- Parking lots
- Ingress and egress points
- Parade Route
- All proposed modifications

WILL MUSIC BE PROVIDED DURING THIS EVENT: Yes NO

TYPE OF MUSIC PROPOSED: Live Amplification Recorded Loudspeakers ^(small red speakers)

PROPOSED TIME MUSIC WILL BEGIN: 10 _____ END: 11 _____
(NO LATER THAN 10 P.M.)

FOOD VENDORS/CONCESSIONS: (Contact Emmet or Cheboygan County Health Department)
 Yes No Provide Copy of Health Department Food Service License

WILL ALCOHOL BE SERVED AT THIS EVENT: Yes NO

- Provide Copy of Liquor Liability Insurance
 - See page 4 for required language naming the Village as an additional insured
 - Provide Copy of Michigan Liquor Control License
- If yes, describe measures to be taken to prohibit the sale of alcohol to minors: _____

COPY OF LIABILITY INSURANCE PROVIDED WITH APPLICATION: Yes NO

Date insurance binder provided: _____
See page 4 for required language naming the Village as an additional insured

WILL FIREWORKS BE APART OF EVENT: Yes NO

- Provide Copy of Liability Insurance
 - Provide Copy of Fireworks Permit
- See page 4 for required language naming the Village as an additional insured

EVENT SIGNAGE: Village Council approval is required for any temporary signing in the public right-of-way, across a street or on Village property. Which of the following signs are requested for this event:

"YARD" SIGNS - Number requested: _____ (Maximum size is 2' x2'. Cannot be displayed no more than 15 days prior to first day of event and must be removed 24 hours after end of event.)

SIGNAGE AT EVENT SITE - Location(s): A banner @ the park that will be put up & taken down during the event

Description of signs: MSSH presents ... Kids Fitness
(Signs at event site cannot be displayed prior to day of the event and must at the end of the event.)

VENDOR PARKING: Have you made arrangement for vendor parking? Yes No
If yes, where do you propose your vendor's park? _____

EVENT LONG TERM PARKING: Will there be long term parking? Yes No
If yes, from date _____ to ending date: _____

Long term parking identified on the site map? Yes No
OVERNIGHT CAMPING: Will there be camping over night? Yes No

Name of Facility where camping: _____
If yes, from date: _____ to ending date: _____
Camp sites identified on the site map? Yes No

TENTS/CANOPIES/MISC: The Village of Mackinaw City does have tables and/or chairs available for rental. You will need to provide a diagram of the area for set up. Will the following be constructed or located in the event area?:

BOOTHS - QUANTITY _____ TENTS - QUANTITY _____
Size _____ CHAIRS - QUANTITY _____
 AWNINGS - QUANTITY _____ TABLES - QUANTITY _____

Seating diagram for booths, awnings, tables and chairs provided with application: Yes No

PORTABLE RESTROOMS/TOILETS
Have you made arrangements to provide portable restroom facilities at your event? Yes No
If yes, total number of portable toilets: _____ Number of ADA accessible portable toilets: _____
If no, explain: _____

Restroom Company Name: _____
Address Street: _____ City: _____ State: _____ Zip: _____

Telephone Day: _____ Evening: _____ Fax: _____ Cell: _____
Equipment set up: Date: _____ Time: _____
Equipment pick up: Date: _____ Time: _____
Portable restrooms identified on the site map? Yes No

APPLICATION CHECK LIST

A = Applicant V = Village

- A V Completed Application
- Special Event fee received on _____, receipt no. _____
amount: \$ _____
- Event Map Received (includes detailed event layout for vendors, booths, portable restrooms, fire hydrants, parking, ingress, egress, roads, sidewalks, table and chair diagram, etc.)
- Bicycle Route Map (use of the Mackinaw City Bike Trail is required)
- Certificate of Insurance (listing the Village of Mackinaw City, its Village Council, Boards and Commissions, Citizens, Employees and Agents, 102 S. Huron Avenue, Mackinaw City, MI 49701 as an additional Insured)
- Ambulance Standby included with Application paid on _____, receipt no. _____
amount \$ _____
- Fireworks Permit (if applicable)
- Michigan Liquor Control Commission Special Event License (if applicable)
- Health Department Food Service License (if applicable)

If document is missing, please explain: _____

The applicant and sponsoring organization understand and agrees to:

Provide a certificate of insurance with all coverage deemed necessary for the event, naming the Village of Mackinaw City, its Village Council, Boards and Commissions, Citizens, Employees and Agents, 102 S. Huron Avenue, Mackinaw City, MI 49701, as an additional insured on all applicable policies and submit the certificate to the Village Clerk's Office no later than thirty (30) days prior to the event.

Comply with all Village Ordinances and Policies and applicable State laws, and acknowledges that the special event permit does not relieve the applicant or organization from meeting any application requirements of law or other public bodies or agencies.

Applicant and sponsoring organization further understands the approval of this special event may include additional requirements and/or limitations based on the Village's review of this application. The applicant and sponsoring organization understand that it may be necessary to meet with Village staff during, as well as after the event, for the review of this application and that Village Council approval is necessary.

Applicant understands that he/she is responsible for contacting the Michigan Liquor Control Commission and/or Cheboygan or Emmet County Health Department to secure all permits required for this event.

Applicant further agrees to defend, indemnify and hold harmless the Village of Mackinaw City, Michigan from any claim, demand, suit, loss, cost of expense or any damage which may be asserted, claimed or recovered against or from this Special Event by reason of any damage to property, personal injury or bodily injury.

including death, sustained by any person whomsoever and which damage, injury or death arises out of or is incident to or in any way connected with the performance of this contract, and regardless of which claim, demand, damage, loss cost of expense is caused in whole or in part by the negligence of the Village of Mackinaw City or by third parties, or by the agents, servants, employees or factors of any of them.

As the duly authorized agent of the sponsoring organization, I hereby apply for approval of this Special Event and affirm the above understandings. The information provided on this application is true and complete to the best of my knowledge.

The Village of Mackinaw City expressly reserves the right in its sole discretion to cancel a private event for Village purposes and the site user agrees, as a term of its use of a site, to release and waive all claims of any kind (including a claim for consequential damages), against the Village, its officers of employees arising out of cancellation of the user's event.

Is this an annual event? Yes No
Is this event expected to occur next year? Yes No Maybe
How many years has this event occurred? Several times

[Signature]
Applicant Signature B.S.
Date 6/11/13

Print name of applicant: Brenden Currie

VILLAGE USE ONLY - Department representative please initial if approved

| | |
|-------------------------------------|--|
| <input type="checkbox"/> DPW | <input type="checkbox"/> FACILITY SERVICES |
| <input type="checkbox"/> POLICE | <input type="checkbox"/> FIRE |
| <input type="checkbox"/> RECREATION | <input type="checkbox"/> AMBULANCE |

VILLAGE COUNCIL COUNCIL APPROVAL DATE: _____

CONDITIONS, IF ANY: _____

AUTHORIZED BY: _____ VILLAGE MANAGER

DATE: _____

FOR VILLAGE USE ONLY

DEPARTMENT OF PUBLIC WORKS

Will this event require the use of any of the following municipal equipment: APPROVED DENIED

LOADER - MODEL _____ TOTAL MEN _____ Yes No
 PICK UP TRUCKS _____ TOTAL MEN _____
 OTHER EQUIPMENT _____ TOTAL MEN _____
OTHER SERVICES PROVIDED OR REQUIRED _____ TOTAL MAN HOURS _____
SITE MAP APPROVED: Yes No TOTAL MAN HOURS _____

FACILITIES SERVICES DEPARTMENT

Will this event require the use of any of the following municipal equipment: APPROVED DENIED

TRASH RECEPTACLES - QUANTITY _____ Yes No
 TRAFFIC CONES - QUANTITY _____
 FENCING WATER ELECTRIC
 OTHER _____
SITE MAP APPROVED: Yes No APPROVED DENIED

MACKINAW CITY POLICE DEPARTMENT

ADDITIONAL OFFICERS REQUIRED? Yes No APPROVED DENIED

If yes please describe & include times _____
Other (describe): _____
PARADE ROUTE RECEIVED AND APPROVED: Yes No APPROVED DENIED
POLICE ESCORT NEEDED: Yes No LIQUOR APPLICATION RECEIVED AND REVIEWED: Yes No
SITE MAP APPROVED: Yes No

MACKINAW CITY FIRE DEPARTMENT

STREET CLOSURES: Yes No (use attached map to outline proposed closures) APPROVED DENIED

Street closure date/time: _____
Street re-open date/time: _____
SITE MAP APPROVED: Yes No A.M. P.M.

RECREATION DEPARTMENT

SHOWERS: Yes No APPROVED DENIED

TABLES: Yes No Quantity: _____
CHAIRS: Yes No Quantity: _____
CAMPING: Yes No (identified on map)
LONG TERM PARKING: Yes No (identified on map)
PORTABLE RESTROOMS: Yes No (identified on map)
SITE MAP APPROVED: Yes No



CERTIFICATE OF INSURANCE
Claims-Made Coverage

Village of Mackinac City
102 S. Huron Avenue
Mackinac City, MI 49701

RE: Special Event: Kids's Summer Fitness Program
June 29, 2013 - August 31, 2013

THIS IS TO CERTIFY as to the existence as of this date of the below described insurance with the MHA Insurance Company. Should any change occur in this insurance, the undersigned will endeavor to give written notice to the holder of this certificate, but failure to give such notice shall impose no obligation or liability upon the company or the undersigned.

Named Insured:
Mackinac Straits Health System, Inc.
1140 N. State Street
St. Ignace, MI 49781

Additional Insured:
Village of Mackinac City, it's Village Council, Boards and Commissions, Citizens,
Employees and Agents

Policy Number: 01-10042

Retroactive Date: Commercial General Liability - February 8, 1988

Policy Period: From: February 8, 2013 To: February 8, 2014

General Liability: \$1,000,000 each occurrence
\$3,000,000 general aggregate (other than products and completed operations)
\$3,000,000 products/completed operations aggregate

This Certificate of Insurance neither amends, extends nor alters the coverage afforded by the above mentioned policy.

Certified this 18th day of June 20 13.

MHA INSURANCE COMPANY


Bradley Lonsberry
Authorized Representative

MHA INSURANCE COMPANY

(The Attaching Clause need be completed only when this endorsement is issued subsequent to preparation of the policy.)

This endorsement modifies such insurance as is afforded by the provisions of the following policy:

COMMERCIAL LIABILITY POLICY

This endorsement, effective from: 06/29/2013 to: 09/01/2013 forms a part of Policy No. 01-10042
(12:01 A.M. STANDARD TIME)

Issued to: Mackinac Straits Health System, Inc.

SPECIAL ENDORSEMENT NUMBER 22
ADDITIONAL INSUREDS

This endorsement modifies the following coverage part(s):
COMMERCIAL GENERAL LIABILITY INSURANCE

It is agreed the following is an Additional Insured under the policy, but solely as respects the liability of the Named Insured arising from its interest as specified below:

Mackinac Straits Health System, Inc.

Additional Insured: Village of Mackinac City, it's Village Council, Boards and Commissions, Citizens, Employees and Agents
102 S. Huron Ave.
Mackinac City, MI 49701

Interest of Named Insured: Special Event - Kid's Summer Fitness Program

All Other Terms and Conditions Remain Unchanged



Authorized Representative



CERTIFICATE OF INSURANCE
*Modified Claims-Made Coverage

To Whom It May Concern

RE: Professional, General & Umbrella Liability Coverage

THIS IS TO CERTIFY as to the existence as of this date of the below described insurance with the MHA Insurance Company. Should any change occur in this insurance, the undersigned will endeavor to give written notice to the holder of this certificate, but failure to give such notice shall impose no obligation or liability upon the company or the undersigned.

Named Insured:

Mackinac Straits Health System, Inc.
1140 N. State Street
St. Ignace, MI 49781

Policy Number:

01-10042

Retrospective Date:

Professional Liability - February 8, 1988
General Liability - February 8, 1988

Policy Period:

From: February 8, 2013 To: February 8, 2014

Policy Limits:

\$1,000,000 each medical incident \$3,000,000 aggregate

General Liability:

\$1,000,000 each occurrence
\$3,000,000 general aggregate (other than products and completed operations)
\$3,000,000 products/completed operations aggregate

Healthcare Umbrella Liability:

In excess of the above Professional Liability.
Policy Number: 01-55042 Retrospective Date: February 8, 2008
Policy Limits: \$1,000,000 each occurrence \$1,000,000 aggregate
Retained Limit: 25,000

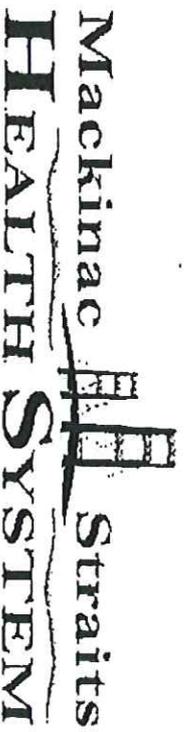
This Certificate of Insurance neither amends, extends nor alters the coverage afforded by the above mentioned policy.

Certified this 20 day of February, 2013.

MHA INSURANCE COMPANY


Bradley Lonsberry
Authorized Representative

*Modified Claims-Made coverage means it will not be necessary for you to purchase reporting endorsement (tail) coverage in the event your coverage under the Named Insured's policy is discontinued for any reason. Tail coverage is provided automatically, as long as the Named Insured continues the policy with the company.



Children's Fitness Program Participation
Liability Waiver

I, _____ (parent/legal guardian), have enrolled my minor child into a program of progressive physical activity including but not limited to weight training, performance enhancement and cardiovascular conditioning. I hereby affirm that my child is in good physical condition and does not suffer from any disability which would prevent or limit their participation in this Children's Fitness program.

I recognize that individuals vary in their response to exercise and specific results can not be guaranteed.

I will report to the Wellness Leader or staff if there are any changes in my child's physical condition.

In consideration of my child's participation in the Children's Fitness Program, I, _____ (parent/legal guardian), hereby release Mackinac Straits Health System, Pinecrest Village and all affiliates and employees from liability now or in the future for any condition or injury that happens as result of participating in the Children's Fitness Program. Potential risks include, but are not limited to heart attacks, muscle strains, pulls or tears, broken bones, shin splints, heat illness, or any other injury.

Child's Name: _____

Parent/Legal Guardian Printed Name: _____

Parent/Legal Guardian Signature: _____

Date: _____

Janelle Bancroft

From: Great Lakes Endurance [info@greatlakesendurance.com]
Sent: Wednesday, June 12, 2013 5:23 PM
To: Mackinaw City; asmith@mackinawcity.org
Subject: Waugshance Trail Marathon
Attachments: gle waugshance trail marathon.pdf; gle signature page mc permit.pdf; gle 2013 insurance certificate.pdf; waugo finish detail.pdf; waugshance map.pdf; ATT00021.txt

Adam & Village Staff:

Please find attached our permit application for the 2nd Annual Waugshance Trail Marathon. Last year our participants were very impressed with having the race finish in Mackinaw City (on the North Country Trail near Cadillac & Louvigny).

Documents attached include:

- 1) Permit application.
- 2) Signature page.
- 3) Certificate of Insurance with Village of Mackinaw City listed as Additional Insured.
- 4) Finish Line detail map.
- 5) Race Map.

The course will remain the same as last year with the marathon start being at Wycamp Lake, near Cross Village and the Half Marathon start at Wilderness State Park.

Please let us know what the permit fee is and we will send as soon as possible.

Thanks again for your past support.

Jeff Crumbaugh
Race Director
Great Lakes Endurance
www.greatlakesendurance.com
info@greatlakesendurance.com
715.701.0360

To Admin. Staff: 6-18-13
To Council: 6-20-13
Decision: Approved Denied
Minutes to Applicant: _____

**SPECIAL EVENT APPLICATION
VILLAGE OF MACKINAW CITY
102 S. HURON AVENUE, MACKINAW CITY, MI 49701
(231) 436-5351**

Must be filled out in its entirety and returned to the Village Clerk's Office 45 days prior to scheduled event

SPONSORING ORGANIZATION INFORMATION

LEGAL BUSINESS NAME: Great Lakes Endurance, LLC TELEPHONE: 715-701-0361
MAILING ADDRESS: 28 West Street, Clintonville, WI 54929
CONTACT NAME: Jeff Crumbaugh TELEPHONE: 715-701-0360
E-MAIL ADDRESS: info@greatlakesendurance.com CELL PHONE: 715-701-0360

CONTACT PERSON ON DAY OF EVENT

CONTACT NAME: Jeff Crumbaugh TELEPHONE: 715-701-0360
E-MAIL ADDRESS: info@greatlakesendurance.com CELL PHONE: 715-701-0360

EVENT INFORMATION

NAME OF EVENT: Waugoshance Trail Marathon
PURPOSE OF EVENT: Fundraiser for the Little Traverse Conservancy

- Non-Profit For-Profit Village Operated/Sponsored Co-Sponsored
 Marathon/Race Festival/Fair Arts & Crafts Show Other _____

DATE(S): July 13, 2013 FROM 7:00 A.M. P.M. TO 1:30 A.M. P.M.
_____ FROM _____ A.M. P.M. TO _____ A.M. P.M.
_____ FROM _____ A.M. P.M. TO _____ A.M. P.M.
_____ FROM _____ A.M. P.M. TO _____ A.M. P.M.

RAIN DATE(S): _____ FROM _____ A.M. P.M. TO _____ A.M. P.M.
_____ FROM _____ A.M. P.M. TO _____ A.M. P.M.

EVENT LOCATION: Grassy knoll near North Country Trail (Cadillac & Louvigny)

ESTIMATED NUMBER OF ATTENDEES: 300

WILL YOU UTILIZE SHOWERS: Yes No

ESTIMATED NUMBER OF VOLUNTEERS: 25

ESTIMATE DATE/TIME FOR SET-UP: 30 minutes 7:00 A.M. P.M.

ESTIMATE DATE/TIME FOR CLEAN-UP: 30 minutes 1:30 A.M. P.M.

PARADE PERMIT

Includes runs, walks, and other uses of the Village public right-of-way.

POLICE ESCORT NEEDED: Yes No

PARADE ROUTE PROVIDED WITH APPLICATION: Yes No

PROPOSED ROUTE: _____

Date and time Parade will start: _____ A.M. P.M.

Date and time Parade will end: _____ A.M. P.M.

EVENT DETAILS

SITE MAP: All applicants must provide a drawing of the event area and are due at application. Site map must be legible, be pre approved by Village Staff, and include and/or identify the following, if applicable:

- Lot lines
- Label roads and closest cross roads
- Sidewalks
- Fire Hydrants
- Locate and label buildings
- Parking lots
- Tents
- Portable Restrooms
- Ingress and egress points
- Table and chair diagram
- Placement of food vendors
- Parade Route
- Bicycle Routes (including route into and out of town)
- All proposed modifications
- All bicycle events will utilize the Village's Hike and Bike Trail

WILL MUSIC BE PROVIDED DURING THIS EVENT: Yes No

TYPE OF MUSIC PROPOSED: Live Amplification Recorded Loudspeakers

PROPOSED TIME MUSIC WILL BEGIN: _____ END: _____
(NO LATER THAN 10 P.M.)

FOOD VENDORS/CONCESSIONS: (Contact Emmet or Cheboygan County Health Department)
 Yes No Provide Copy of Health Department Food Service License

WILL ALCOHOL BE SERVED AT THIS EVENT: Yes No

- Provide Copy of Liquor Liability Insurance
See page 4 for required language naming the Village as an additional insured
- Provide Copy of Michigan Liquor Control License

If yes, describe measures to be taken to prohibit the sale of alcohol to minors: _____

COPY OF LIABILITY INSURANCE PROVIDED WITH APPLICATION: Yes No

Date insurance binder provided: _____
See page 4 for required language naming the Village as an additional insured

WILL FIREWORKS BE APART OF EVENT: Yes No

- Provide Copy of Liability Insurance
See page 4 for required language naming the Village as an additional insured
- Provide Copy of Fireworks Permit

EVENT SIGNAGE: Village Council approval is required for any temporary signing in the public right-of-way, across a street or on Village property. Which of the following signs are requested for this event:

- "YARD" SIGNS - Number requested: ___ (Maximum size is 2' x2'. Cannot be displayed no more than 15 days prior to first day of event and must be removed 24 hours after end of event.)
- SIGNAGE AT EVENT SITE - Location(s): Finish line banner on grassy area near North Country Trail

Description of signs: _____
(Signs at event site cannot be displayed prior to day of the event and must at the end of the event.)

VENDOR PARKING: Have you made arrangement for vendor parking? Yes No
If yes, where do you propose your vendors park? Not applicable

EVENT LONG TERM PARKING: Will there be long term parking? Yes No
If yes, from date _____ to ending date: _____
Long term parking identified on the site map? Yes No

OVERNIGHT CAMPING: Will there be camping over night? Yes No
Name of Facility where camping: _____
If yes, from date: _____ to ending date: _____
Camp sites identified on the site map? Yes No

TENTS/CANOPIES/MISC: The Village of Mackinaw City does have tables and/or chairs available for rental. You will need to provide a diagram of the area for set up. Will the following be constructed or located in the event area?:

- BOOTHS – QUANTITY _____
Size _____
- TENTS – QUANTITY _____
- CHAIRS – QUANTITY _____
- AWNINGS – QUANTITY _____
- TABLES – QUANTITY _____

Seating diagram for booths, awnings, tables and chairs provided with application: Yes No

PORTABLE RESTROOMS/TOILETS

Have you made arrangements to provide portable restroom facilities at your event? Yes No
If yes, total number of portable toilets: 6 Number of ADA accessible portable toilets: _____
If no, explain: _____

Restroom Company Name: K & J Septic Service

Address Street: River Road

City: Petoskey State: MI Zip: 49770

Telephone Day: 231-347-3996 Evening: _____ Fax: _____ Cell: _____

Equipment set up: Date: July 12 Time: afternoon

Equipment pick up: Date: July 15 Time: morning

Portable restrooms identified on the site map? Yes No

APPLICATION CHECK LIST

A = Applicant

V = Village

A

V

Completed Application

Special Event Fee received on _____, receipt no _____
amount: \$ _____

Event Map Received (Includes detailed event layout for vendors, booths, portable restrooms, fire hydrants, parking, ingress, egress, roads, sidewalks, table and chair diagram, etc.)

Bicycle Route Map (use of the Mackinaw City Bike Trail is required)

Certificate of Insurance (listing the Village of Mackinaw City, its Village Council, Boards and Commissions, Citizens, Employees and Agents, 102 S. Huron Avenue, Mackinaw City, MI 49701 as an additional insured)

Ambulance Standby included with Application paid on _____, receipt no. _____
amount \$ _____

Fireworks Permit (if applicable)

Michigan Liquor Control Commission Special Event License (if applicable)

Health Department Food Service License (if applicable)

If document is missing, please explain: _____

The applicant and sponsoring organization understand and agrees to:

Provide a certificate of insurance with all coverage deemed necessary for the event, naming the Village of Mackinaw City, its Village Council, Boards and Commissions, Citizens, Employees and Agents, 102 S. Huron Avenue, Mackinaw City, MI 49701, as an additional insured on all applicable policies and submit the certificate to the Village Clerk's Office no later than thirty (30) days prior to the event.

Comply with all Village Ordinances and Policies and applicable State laws, and acknowledges that the special event permit does not relieve the applicant or organization from meeting any application requirements of law or other public bodies or agencies.

Applicant and sponsoring organization further understands the approval of this special event may include additional requirements and/or limitations based on the Village's review of this application. The applicant and sponsoring organization understand that it may be necessary to meet with Village staff during, as well as after the event, for the review of this application and that Village Council approval is necessary.

Applicant understands that he/she is responsible for contacting the Michigan Liquor Control Commission and/or Cheboygan or Emmet County Health Department to secure all permits required for this event.

Applicant further agrees to defend, indemnify and hold harmless the Village of Mackinaw City, Michigan from any claim, demand, suit, loss, cost of expense or any damage which may be asserted, claimed or recovered against or from this Special Event by reason of any damage to property, personal injury or bodily injury,

including death, sustained by any person whomsoever and which damage, injury or death arises out of or is incident to or in any way connected with the performance of this contract, and regardless of which claim, demand, damage, loss cost of expense is caused in whole or in part by the negligence of the Village of Mackinaw City or by third parties, or by the agents, servants, employees or factors of any of them.

As the duly authorized agent of the sponsoring organization, I hereby apply for approval of this Special Event and affirm the above understandings. The information provided on this application is true and complete to the best of my knowledge.

The Village of Mackinaw City expressly reserves the right in its sole discretion to cancel a private event for Village purposes and the Site user agrees, as a term of its use of a site, to release and waive all claims of any kind (including a claim for consequential damages), against the Village, its officers or employees arising out of cancellation of the user's event.

Is this an annual event? Yes No
Is this event expected to occur next year? Yes No
How many years has this event occurred? This is the 2nd Annual

Applicant Signature
Print name of applicant: Jeff Crumbaugh

Date

| | | |
|--|--|------------------------------------|
| <i>VILLAGE USE ONLY – Department representative please initial if approved</i> | | |
| <input checked="" type="checkbox"/> DPW | <input type="checkbox"/> FACILITY SERVICES | |
| <input type="checkbox"/> POLICE | <input type="checkbox"/> FIRE | <input type="checkbox"/> AMBULANCE |
| <input type="checkbox"/> RECREATION | | |
| VILLAGE COUNCIL COUNCIL APPROVAL DATE: _____ | | |
| CONDITIONS, IF ANY: _____ | | |
| _____ | | |
| _____ | | |
| AUTHORIZED BY: _____ | DATE: _____ | |
| VILLAGE MANAGER | | |

FOR VILLAGE USE ONLY

DEPARTMENT OF PUBLIC WORKS

APPROVED

DENIED

Will this event require the use of any of the following municipal equipment:

Yes No

LOADER – MODEL _____ TOTAL MEN _____

TOTAL MAN HOURS _____

PICK UP TRUCKS _____ TOTAL MEN _____

TOTAL MAN HOURS _____

OTHER EQUIPMENT _____ TOTAL MEN _____

TOTAL MAN HOURS _____

OTHER SERVICES PROVIDED OR REQUIRED _____

SITE MAP APPROVED: Yes No

FACILITIES SERVICES DEPARTMENT

APPROVED

DENIED

Will this event require the use of any of the following municipal equipment:

Yes No

TRASH RECEPTACLES – QUANTITY _____

BARRICADES – QUANTITY _____

TRAFFIC CONES – QUANTITY _____

PARKING SIGNS – QUANTITY _____

FENCING WATER ELECTRIC

RESTROOM CLEANING

OTHER _____

SITE MAP APPROVED: Yes No

MACKINAW CITY POLICE DEPARTMENT

APPROVED

DENIED

ADDITIONAL OFFICERS REQUIRED? Yes No

If yes please describe & include times _____

Other (describe): _____

PARADE ROUTE RECEIVED AND APPROVED: Yes No

POLICE ESCORT NEEDED: Yes No LIQUOR APPLICATION RECEIVED AND REVIEWED: Yes

No

SITE MAP APPROVED: Yes No

MACKINAW CITY FIRE DEPARTMENT

APPROVED

DENIED

STREET CLOSURES: Yes No (use attached map to outline proposed closures)

Street closure date/time: ____/____/____ A.M. P.M.

Street re-open date/time: ____/____/____ A.M. P.M.

SITE MAP APPROVED: Yes No

RECREATION DEPARTMENT

APPROVED

DENIED

SHOWERS: Yes No

TABLES: Yes No Quantity: _____

CHAIRS: Yes No Quantity: _____

CAMPING: Yes No (identified on map)

LONG TERM PARKING: Yes No (identified on map)

PORTABLE RESTROOMS: Yes No (identified on map)

SITE MAP APPROVED: Yes No

including death, sustained by any person whomsoever and which damage, injury or death arises out of or is incident to or in any way connected with the performance of this contract, and regardless of which claim, demand, damage, loss cost of expense is caused in whole or in part by the negligence of the Village of Mackinaw City or by third parties, or by the agents, servants, employees or factors of any of them.

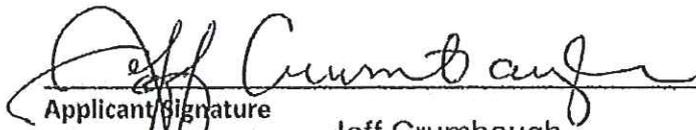
As the duly authorized agent of the sponsoring organization, I hereby apply for approval of this Special Event and affirm the above understandings. The information provided on this application is true and complete to the best of my knowledge.

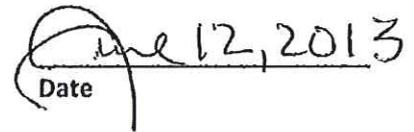
The Village of Mackinaw City expressly reserves the right in its sole discretion to cancel a private event for Village purposes and the Site user agrees, as a term of its use of a site, to release and waive all claims of any kind (including a claim for consequential damages), against the Village, its officers or employees arising out of cancellation of the user's event.

Is this an annual event? Yes No

Is this event expected to occur next year? Yes No

How many years has this event occurred? This is the 2nd Annual


Applicant Signature
Print name of applicant: Jeff Crumbaugh


Date

VILLAGE USE ONLY – Department representative please initial if approved

[] DPW [] FACILITY SERVICES
[RW] POLICE [] FIRE [] AMBULANCE
[] RECREATION

VILLAGE COUNCIL COUNCIL APPROVAL DATE: _____

CONDITIONS, IF ANY: _____

AUTHORIZED BY: _____

VILLAGE MANAGER

DATE: _____

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/30/2013

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 FRANCIS L. DEAN & ASSOCIATES, LLC 1776 S. NAPERVILLE ROAD, BLDG-B P.O. BOX 4200 WHEATON, IL 60189 www.fdean.com (800)745-2409 | CONTACT NAME: PHONE (A/C, No, Ext): 800-745-2409 FAX (A/C, No): 630-665-7294 E-MAIL ADDRESS: info@fdean.com INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: Riverport Insurance Company 36684 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F: |
| INSURED SPORTS AND RECREATION PROVIDERS ASSOCIATION (PURCHASING GROUP) AND ITS PARTICIPATING MEMBERS: Great Lakes Endurance Trail Series 28 West Street Clintonville, WI 54929 | |

COVERAGES **CERTIFICATE NUMBER:** AP175211-00 **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 INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|---|--|------------------------------|----------|---------------|-------------------------|-------------------------|---|----------------|
| A | GENERAL LIABILITY | | | FLDG180413 | 2/2/2013 | 10/6/2013 | GENERAL AGGREGATE | \$2,000,000.00 |
| | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | | | | PRODUCTS - COM/PROP AGG | \$2,000,000.00 |
| | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | | | | | PERSONAL & ADV INJURY | \$1,000,000.00 |
| | | X | | | | | EACH OCCURRENCE | \$1,000,000.00 |
| | | | | | | | FIRE DAMAGE (Any one fire) | \$300,000.00 |
| | | | | | | | MED EXP (Any one person) | \$5,000.00 |
| | GEN'L AGGREGATE LIMIT APPLIES PER | | | | | | \$ | |
| <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | | | | \$ | |
| | AUTOMOBILE LIABILITY | | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ |
| <input type="checkbox"/> ANY AUTO | | | | | | | BODILY INJURY (Per person) | \$ |
| <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS | | | | | | | BODILY INJURY (Per accident) | \$ |
| <input type="checkbox"/> HIRED AUTO <input type="checkbox"/> NON-OWNED AUTOS | | | | | | | PROPERTY DAMAGE (Per accident) | \$ |
| | | | | | | | | \$ |
| | UMBRELLA LIAB <input type="checkbox"/> OCCUR | | | | | | EACH OCCURRENCE | \$ |
| | EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE | | | | | | AGGREGATE | \$ |
| | DED RETENTION \$ | | | | | | | \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | | <input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER | \$ |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) | Y/N | | | | | E.L. EACH ACCIDENT | \$ |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | <input type="checkbox"/> N/A | | | | | E.L. DISEASE - EA EMPLOYEE | \$ |
| | | | | | | | E.L. DISEASE - POLICY LIMIT | \$ |
| | GL Premium: | | | | | | | \$3,744.50 |

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

Camp Activities

CERTIFICATE HOLDER

Great Lakes Endurance Trail Series
 28 West Street
 Clintonville, WI 54929

CANCELLATION

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

Francis L. Dean



ADDITIONAL INTEREST SCHEDULE

DATE (MM/DD/YYYY)
1/30/2013

| | | |
|---|--|--|
| AGENCY | CARRIER Riverport Insurance Company | NAIC CODE 36684 |
| POLICY NUMBER FLDG180413/AP175211-00 | EFFECTIVE DATE 2/2/2013 | NAMED INSURED(S) Great Lakes Endurance Trail Series |

ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data)

| | | | | | |
|--|--|---|-------------------------|------------------|-----------|
| INTEREST <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BEACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER | <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE | NAME AND ADDRESS RANK: _____ EVIDENCE: _____ CERTIFICATE _____ POLICY _____ SEND BILL _____ | INTEREST IN ITEM NUMBER | | |
| | | lola Winter Sports Park E398 County Road MM lola, WI 54945 | LOCATION: | BUILDING: | VEHICLE: |
| | | REFERENCE / LOAN #: | INTEREST END DATE: | AIRPORT: | AIRCRAFT: |
| | | LIEN AMOUNT: | PHONE (A/C, No, Ex): | ITEM CLASS: | ITEM: |
| | | E-MAIL ADDRESS: | | ITEM DESCRIPTION | |
| REASON FOR INTEREST: | | | | FAX (A/C, No): | |

| | | | | | |
|--|--|---|-------------------------|------------------|-----------|
| INTEREST <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BEACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER | <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE | NAME AND ADDRESS RANK: _____ EVIDENCE: _____ CERTIFICATE _____ POLICY _____ SEND BILL _____ | INTEREST IN ITEM NUMBER | | |
| | | Tahquamenon Falls State Park 41382 West M123 Paradise, WI 49768 | LOCATION: | BUILDING: | VEHICLE: |
| | | REFERENCE / LOAN #: | INTEREST END DATE: | AIRPORT: | AIRCRAFT: |
| | | LIEN AMOUNT: | PHONE (A/C, No, Ex): | ITEM CLASS: | ITEM: |
| | | E-MAIL ADDRESS: | | ITEM DESCRIPTION | |
| REASON FOR INTEREST: | | | | FAX (A/C, No): | |

| | | | | | |
|--|--|---|-------------------------|------------------|-----------|
| INTEREST <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BEACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER | <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE | NAME AND ADDRESS RANK: _____ EVIDENCE: _____ CERTIFICATE _____ POLICY _____ SEND BILL _____ | INTEREST IN ITEM NUMBER | | |
| | | Wilderness State Park 903 Wilderness Park Drive Carp Lake, MI 49718 | LOCATION: | BUILDING: | VEHICLE: |
| | | REFERENCE / LOAN #: | INTEREST END DATE: | AIRPORT: | AIRCRAFT: |
| | | LIEN AMOUNT: | PHONE (A/C, No, Ex): | ITEM CLASS: | ITEM: |
| | | E-MAIL ADDRESS: | | ITEM DESCRIPTION | |
| REASON FOR INTEREST: | | | | FAX (A/C, No): | |

| | | | | | |
|--|--|---|-------------------------|------------------|-----------|
| INTEREST <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BEACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER | <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE | NAME AND ADDRESS RANK: _____ EVIDENCE: _____ CERTIFICATE _____ POLICY _____ SEND BILL _____ | INTEREST IN ITEM NUMBER | | |
| | | US Forest Service Grand Island National Recreation Area 400 East Munising Avenue Munising, MI 49862 | LOCATION: | BUILDING: | VEHICLE: |
| | | REFERENCE / LOAN #: | INTEREST END DATE: | AIRPORT: | AIRCRAFT: |
| | | LIEN AMOUNT: | PHONE (A/C, No, Ex): | ITEM CLASS: | ITEM: |
| | | E-MAIL ADDRESS: | | ITEM DESCRIPTION | |
| REASON FOR INTEREST: | | | | FAX (A/C, No): | |

| | | | | | |
|--|--|---|-------------------------|------------------|-----------|
| INTEREST <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BEACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER | <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE | NAME AND ADDRESS RANK: _____ EVIDENCE: _____ CERTIFICATE _____ POLICY _____ SEND BILL _____ | INTEREST IN ITEM NUMBER | | |
| | | Hartman Creek State Park N2480 Hartman Creek Road Waupaca, WI 54981 | LOCATION: | BUILDING: | VEHICLE: |
| | | REFERENCE / LOAN #: | INTEREST END DATE: | AIRPORT: | AIRCRAFT: |
| | | LIEN AMOUNT: | PHONE (A/C, No, Ex): | ITEM CLASS: | ITEM: |
| | | E-MAIL ADDRESS: | | ITEM DESCRIPTION | |
| REASON FOR INTEREST: | | | | FAX (A/C, No): | |

The above are added as additional Insured but only with respect to liability arising out of operations of the named Insured during the policy period.



ADDITIONAL INTEREST SCHEDULE

DATE (MM/DD/YYYY)
1/30/2013

| | | | | |
|---|--|--|--|--------------------|
| AGENCY | | CARRIER Riverport Insurance Company | | NAIC CODE 36684 |
| POLICY NUMBER FLDG180413/AP175211-00 | | EFFECTIVE DATE 2/2/2013 | NAMED INSURED(S) Great Lakes Endurance Trail Series | |

ADDITIONAL INTEREST (Not all fields apply to all scenarios – provide only the necessary data)

| | | | | |
|--|--|--|-------------------------|-----------------|
| INTEREST <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BEACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER | <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE | NAME AND ADDRESS RANK: _____ EVIDENCE: _____ CERTIFICATE: _____ POLICY: _____ SEND BILL: _____ | INTEREST IN ITEM NUMBER | |
| | | Village of Mackinaw City, Village Council, Board and Commissions, Citizens, Employees and Agents 102 South Huron Avenue Mackinaw City, MI 49701 | LOCATION: | BUILDING: |
| REASON FOR INTEREST: | | REFERENCE / LOAN #: | INTEREST END DATE: | FAX (A/C, No): |
| | | LIEN AMOUNT: | PHONE (A/C, No, Ex): | E-MAIL ADDRESS: |

| | | | | |
|--|--|--|-------------------------|-----------------|
| INTEREST <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BEACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER | <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE | NAME AND ADDRESS RANK: _____ EVIDENCE: _____ CERTIFICATE: _____ POLICY: _____ SEND BILL: _____ | INTEREST IN ITEM NUMBER | |
| | | Emmons Creek Fishery Area Wisconsin DNR 5301 Rib Mountain Drive Wausau, WI 54401 | LOCATION: | BUILDING: |
| REASON FOR INTEREST: | | REFERENCE / LOAN #: | INTEREST END DATE: | FAX (A/C, No): |
| | | LIEN AMOUNT: | PHONE (A/C, No, Ex): | E-MAIL ADDRESS: |

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|--|--|--|-------------------------|-----------------|
| INTEREST <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BEACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER | <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE | NAME AND ADDRESS RANK: _____ EVIDENCE: _____ CERTIFICATE: _____ POLICY: _____ SEND BILL: _____ | INTEREST IN ITEM NUMBER | |
| | | Porcupine Mountains Wilderness State Park 33303 Headquarters Road Siler City, MI 49953 | LOCATION: | BUILDING: |
| REASON FOR INTEREST: | | REFERENCE / LOAN #: | INTEREST END DATE: | FAX (A/C, No): |
| | | LIEN AMOUNT: | PHONE (A/C, No, Ex): | E-MAIL ADDRESS: |

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| | | | LOCATION: | BUILDING: |
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| | | LIEN AMOUNT: | PHONE (A/C, No, Ex): | E-MAIL ADDRESS: |

The above are added as additional Insured but only with respect to liability arising out of operations of the named Insured during the policy period.



ADDITIONAL INTEREST SCHEDULE

DATE (MM/DD/YYYY)
1/30/2013

| | | | | |
|---|--|--|--|--------------------|
| AGENCY | | CARRIER Riverport Insurance Company | | NAIC CODE 36684 |
| POLICY NUMBER FLDG180412/AP175211-00 | | EFFECTIVE DATE 2/2/2013 | NAMED INSURED(S) Great Lakes Endurance Trail Series | |

ADDITIONAL INTEREST (Not all fields apply to all scenarios – provide only the necessary data)

| | | | | | | | | | | | | | |
|---|--|---------------------|-------------|--------------------|-------------|----------------------|-----------|-------------------------|--|-------------|--|-----------|--|
| INTEREST <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BEACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER | <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE | NAME AND ADDRESS | RANK: _____ | EVIDENCE: | CERTIFICATE | POLICY | SEND BILL | INTEREST IN ITEM NUMBER | | | | | |
| | | LOCATION: | | BUILDING: | | VEHICLE: | | BOAT: | | AIRPORT: | | AIRCRAFT: | |
| | | REFERENCE / LOAN #: | | INTEREST END DATE: | | PHONE (A/C, No, Ex): | | FAX (A/C, No): | | ITEM CLASS: | | ITEM: | |
| | | LIEN AMOUNT: | | E-MAIL ADDRESS: | | ITEM DESCRIPTION | | | | | | | |

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|---|--|---------------------|-------------|--------------------|-------------|----------------------|-----------|-------------------------|--|-------------|--|-----------|--|
| REASON FOR INTEREST: | | | | | | | | | | | | | |
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| | | LOCATION: | | BUILDING: | | VEHICLE: | | BOAT: | | AIRPORT: | | AIRCRAFT: | |
| | | REFERENCE / LOAN #: | | INTEREST END DATE: | | PHONE (A/C, No, Ex): | | FAX (A/C, No): | | ITEM CLASS: | | ITEM: | |
| | | LIEN AMOUNT: | | E-MAIL ADDRESS: | | ITEM DESCRIPTION | | | | | | | |

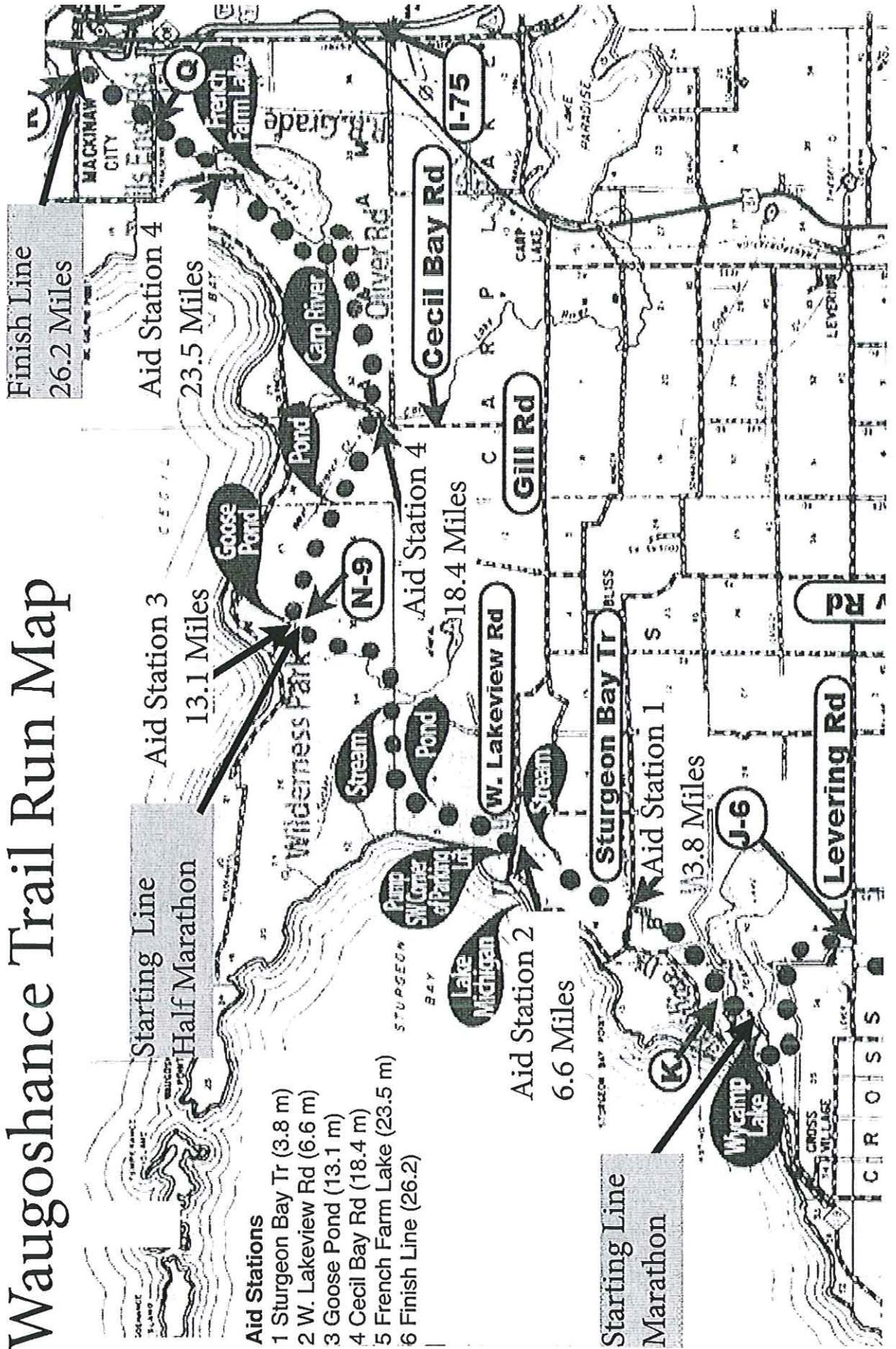
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| | | LOCATION: | | BUILDING: | | VEHICLE: | | BOAT: | | AIRPORT: | | AIRCRAFT: | |
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| | | LIEN AMOUNT: | | E-MAIL ADDRESS: | | ITEM DESCRIPTION | | | | | | | |

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| | | LIEN AMOUNT: | | E-MAIL ADDRESS: | | ITEM DESCRIPTION | | | | | | | |

The above are added as additional insured but only with respect to liability arising out of operations of the named insured during the policy period.

Waugoshance Trail Run Map



Waugoshance Trail Run Finish Line Detail Area

