

Office of the City Engineer

James J. Blazek, P.E.
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City of Racine, Wisconsin

City Hall
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Racine, Wisconsin 53403
262-636-9191
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**CITY OF RACINE
APPLICATION FOR INSTALLATION OF
BANNERS ON STREET LIGHT POLES**

To: Public Works and Services Commission
730 Washington Avenue
Racine, WI 53403

Organization: RACINE CHRISTMAS COALITION OF CHURCHES

Contact Name/ Position: WILLIAM FRAVER - TRUSTEE FOR COALITION / CONTROLLER ASSEMBLY 1207
PKC COUNCIL 697 KNIGHTS OF COLUMBUS

Address: 2339 MEACHEM ST. RACINE, WIS. 53403

Telephone: 262-633-7887 (H) EMAIL: FrayerFamily@yahoo.com
(262)-945-1095 (C) Fax: ()

Reason for Request: INSTALL 2 TEMPORARY BANNERS TO CELEBRATE CHRISTMAS
(CHRIST'S BIRTH) AND PROMOTE COMMUNITY CAROLING PROGRAM DEC. 14, 2013

Date of Event (if applicable): SAT., DEC. 15, 2013 (4-7PM)

Proposed Location of Banners: 2ND LIGHT POLE SOUTH OF 5TH ST, ON EAST SIDE OF SQUARE ^{MUN.}

Quantity of Temporary Banners: 2 Deposit Required (Quantity x \$15):
\$ 30

Time Period Of Banners: From NOV., 2013 To JAN., 2014

Quantity of Permanent Banners: _____ Deposit Required (Quantity x \$30):
\$ _____

Time Period Of Banners: From _____ To _____

A sketch or drawing, including dimensions, is required as part of this application.

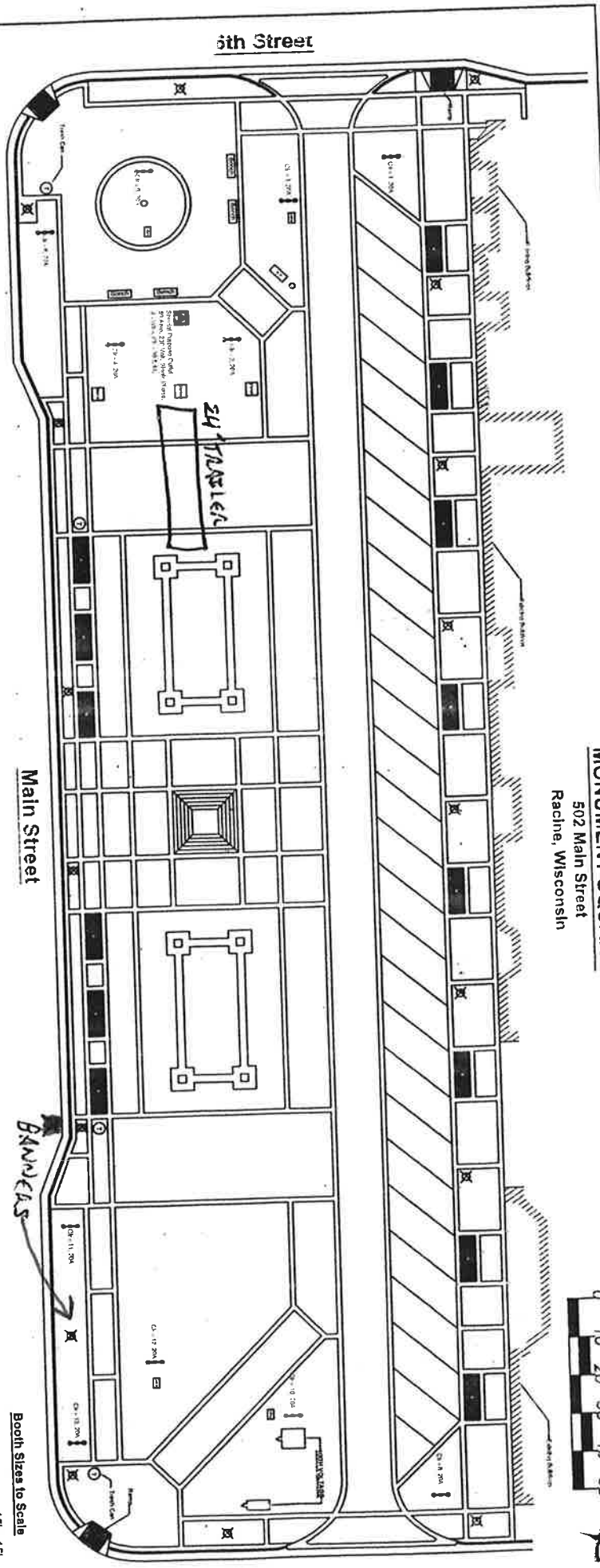
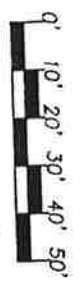
The undersigned hereby makes application for the installation of temporary banners as outlined on this form. I hereby acknowledge that I have reviewed and agree with the terms and conditions as outlined in the City of Racine's "POLICY ON THE INSTALLATION OF BANNERS ON CITY-OWNED STREET LIGHT POLES".

William E. Frayer
Signature

11/23/13
Date

2013 RAPOSALA

MONUMENT SQUARE
502 Main Street
Racine, Wisconsin



Requirements for Facility Use:

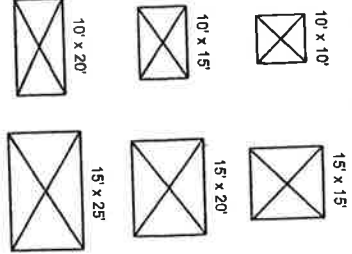
1. Monument Square contains one 50 amp electrical service for servicing the scheduled events. Use of the electrical source will result in a charge to the Sponsor. If PRCS services are required during the scheduled event or program.
2. The Sponsor shall restore the premises to their original condition immediately after the program or event ends.
3. The Sponsor shall bag and remove all trash.
4. The Sponsor shall not use tent stakes, spray paint, attach any posters, stickers, signs, banners, or materials to bricks, bollards, monuments, lights, electrical cabinets, benches, trash receptacles or parking meters, shall not drag, roll, or move any items that may scratch, mark or damage the bricks on Monument Square.
5. The Sponsor shall not charge admission or registration fees for any event and Sponsor shall not close Monument Square off or restrict entrance to Monument Square.
6. The Sponsor shall comply with guidelines and policies established by PRCS for the use of Monument Square.
7. The Sponsor agrees to pay City personnel costs for events that require additional City services.
8. Reservation permits are non-transferable and sub-leasing is not permitted.
9. The Sponsor is responsible for securing safety of its event (monitoring sound levels (City ordinance: maximum noise level of 85 db) and managing crowd control (1 police officer or security personnel/250 people recommended)).
10. Set-up for gatherings and events may not begin before 7:00am and Sponsor shall clean and restore the site to the original condition not later than 11:00pm.
11. Sponsor agrees to cover area underneath vehicles and hydraulic equipment parked on Monument Square to protect against oil, fuel, and fluid leaks.
12. Program publicity is the Sponsor's responsibility.
13. A Sponsor may request closing Monument Square Drive by submitting the request to the Director of PRCS at the time the application is submitted. This requires the Sponsor to notify the abutting property owners to be notified 72 hours in advance. If the closing is approved, Sponsor will be required to compensate the City for loss of meter revenue and payment of other City costs associated with the closure.
14. A Sponsor may request closing public streets, lanes, or sidewalks outside Monument Square other than Monument Square Drive, by submitting the request to the Mayor/Common Council for referral to the Public Works and Services Committee, and action by the Common Council. If the closing is approved, Sponsor will be required to comply with the conditions of street closing, including payment to the City for loss of meter revenue and payment of other City costs associated with the closure.

Adopted 04-07-05

Key

- Street Lighting - No Public Use Power
- Special Purpose Outlet - Special Events Only
- 2 - 120 Volt, 20 Amp Outlets on 1 Circuit
- Historical Monument
- Trash Can - Fixed Location
- Backflow Preventer - In-gation Only
- Park Bench - Fixed Location
- High Voltage Electric Equipment
- Tree Grates
- Planter or Turf Area

Booth Sizes to Scale



CITY OF RACINE
 DEPARTMENT OF PARKS RECREATION
 AND CULTURAL SERVICES
 MONUMENT SQUARE
 EVENT SITE PLAN
 DRAWN BY: K. RAJ
 SCALE: 1/8" = 1'-0"
 DATE: 11/10/12
 DRAWING NUMBER: 24-2-2086
 PAGE 1 OF 1



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/09/2012

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 Church Mutual Insurance Company 3000 Schuster Lane Merrill WI 54452	CONTACT NAME: Tammy L. Pyan PHONE (A/C, No, Ext): 1-800-554-2642 Option 1 FAX (A/C, No): E-MAIL ADDRESS:
	INSURER(S) AFFORDING COVERAGE INSURER A: Church Mutual Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

INSURED
PLYMOUTH CONGREGATIONAL CHURCH
1143 COLLEGE AVE
RACINE WI 53403-1916

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		0204091-02-452105	05/01/2012	05/01/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COM/POP AGG \$ 1,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Evidence of liability insurance for a sponsored banner and nativity scene at Monument Square in Racine, WI from December 1, 2012 through January 9, 2013.
505

CERTIFICATE HOLDER City of Racine Attn: Public Works and Service Committee 730 Washington Ave Racine, WI 53403	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: 
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/12/2011

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 Lockton Risk Services P.O. Box 410679 Kansas City, MO 64141-0679	CONTACT NAME:		
	PHONE (A/C, No. Ext):	800-496-0288	FAX (A/C, No):
	E-MAIL ADDRESS:		
	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Nova Casualty Co		42552
INSURED Kaycee LTD and Knights of Columbus 5654 Holy Cross Road Racine, WI 53403	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	GENERAL LIABILITY			LFR-BP-0012541-1	03/22/2011	03/22/2012	EACH OCCURRENCE	\$1,000,000	
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$300,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$5,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							PERSONAL & ADV INJURY	\$Included
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC						GENERAL AGGREGATE	\$2,000,000	
							PRODUCTS - COMP/OP AGG	\$2,000,000	
								\$	
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$	
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident)	\$	
	<input type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
	<input type="checkbox"/> SCHEDULED AUTOS							\$	
	<input type="checkbox"/> NON-OWNED AUTOS							\$	
	UMBRELLA LIAB						EACH OCCURRENCE	\$	
	EXCESS LIAB						AGGREGATE	\$	
	<input type="checkbox"/> OCCUR							\$	
	<input type="checkbox"/> CLAIMS-MADE							\$	
	DED							\$	
	RETENTION \$							\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU-TORY LIMITS	OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			E.L. DISEASE - EA EMPLOYEE	\$	
							E.L. DISEASE - POLICY LIMIT	\$	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Proof of Coverage
We have a new certificate for 2013-14 we can send you - W.E.D.

CERTIFICATE HOLDER City of Racine Parks and Recreation 800 Center St. Rm 127 Racine, WI 53403	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



A Mutual Insurance Company

PAYMENT NOTICE

2012 } 4000 }
2013-14 } 16000 } 336
 } 4000 }
 } 2000 }

*Done Johnson Ins. 2000
deductible - 2000
4000
2400*

*Policy #2
X30730-7*

Insured
CHRISTMAS COALITION

Agent
JOHNSON INSURANCE SERVICES SE
Agency Code: 5150-DL *Carey Bush* *Est 1813*
(262) 619-2800

Policy Type
Commercial Inland Marine

Policy Term
12-02-13 to 12-02-14

Payment of the Total Amount Due or Minimum Amount renews this policy for the policy period shown. This policy will terminate on 12-02-13 at the time specified in the policy unless payment is received at the company's home office not later than the due date. The Minimum Amount includes a \$5 service charge.

Policy Number	Due Date	Total Amount Due	Minimum Amount
X30730-7	12-02-13	\$425.00	\$90.00

Process Date	Effective Date	Description	Charges	Credits	Balance
		Balance as of 12-13-12			\$ 253.60
12-18-12	12-06-12	Payment Received - Thank You Service charge	\$ 5.00	\$ 258.60	0.00
10-31-13	12-02-13	Written premium charge Inland Marine Due to policy premium minimums, your policy has been changed to the 5-Pay plan. For a complete listing of the pay plans available to you, please see the Pay Plan Options section on the back of this bill. This statement reflects activity through 10-31-13	425.00		425.00
<i>had min amount rd due of \$90.00 on 11/18/13 using CC check.</i>					
Total Amount Due					\$425.00

For additional payment information or to pay online, please see reverse side.

Keep this portion for your records



CELEBRATE
KING

*Merry
Christmas*

CHRISTMAS COALITION

ADORE
HIM

*Merry
Christmas*

CHRISTMAS COALITION