



Knights of Columbus

12-8357

RACINE COUNCIL 697

Racine, WI

11/12/12

Dear DPW/City Engineer Staff,

Enclosed is the application to install an annual Christmas Banners for the Racine Christmas Coalition of Churches. I've also enclosed copies of the insurance coverage we normally carry. I'll have updated copies sent to you directly as soon as possible.

Sincerely,

William E. Frayer
(GK - Council 697
Trustee - Christmas Coalition)

Office of the City Engineer

James J. Blazek, P.E.
City Engineer
John C. Rooney, P.E.
Assistant City Engineer, Traffic



City of Racine, Wisconsin

City Hall
730 Washington Avenue
Racine, Wisconsin 53403
262-636-9191
FAX: 262-636-9545

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 FRAYER/TRUSTEE GRAND KNIGHT/COMPTROLLER
COUNCIL 697/ASSEMBLY 1207
KNIGHTS OF COLUMBUS

Address: 2339 MEACHEM ST.
RACINE, WIS. 53403

Telephone: 262 945-1095 CELL EMAIL FrayerFamily@yahoo.com
(262) 633-7887 HOME FAX: ()

Reason for Request: INSTALL TEMPORARY BANNERS TO CELEBRATE CHRISTMAS
(CHRIST'S BIRTH) AND PROMOTE COMMUNITY CAROLING PROGRAM ON DEC. 15, 2012

Date of Event (if applicable): SATURDAY, DEC. 15, 2012 (1-4PM)

Proposed Location of Banners: 1ST LIGHT POLE SOUTH OF 5TH ST. ON EAST SIDE OF SQUARE

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

Time Period Of Banners: From NOV., 2012 To JAN., 2013

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

Time Period Of Banners: From To

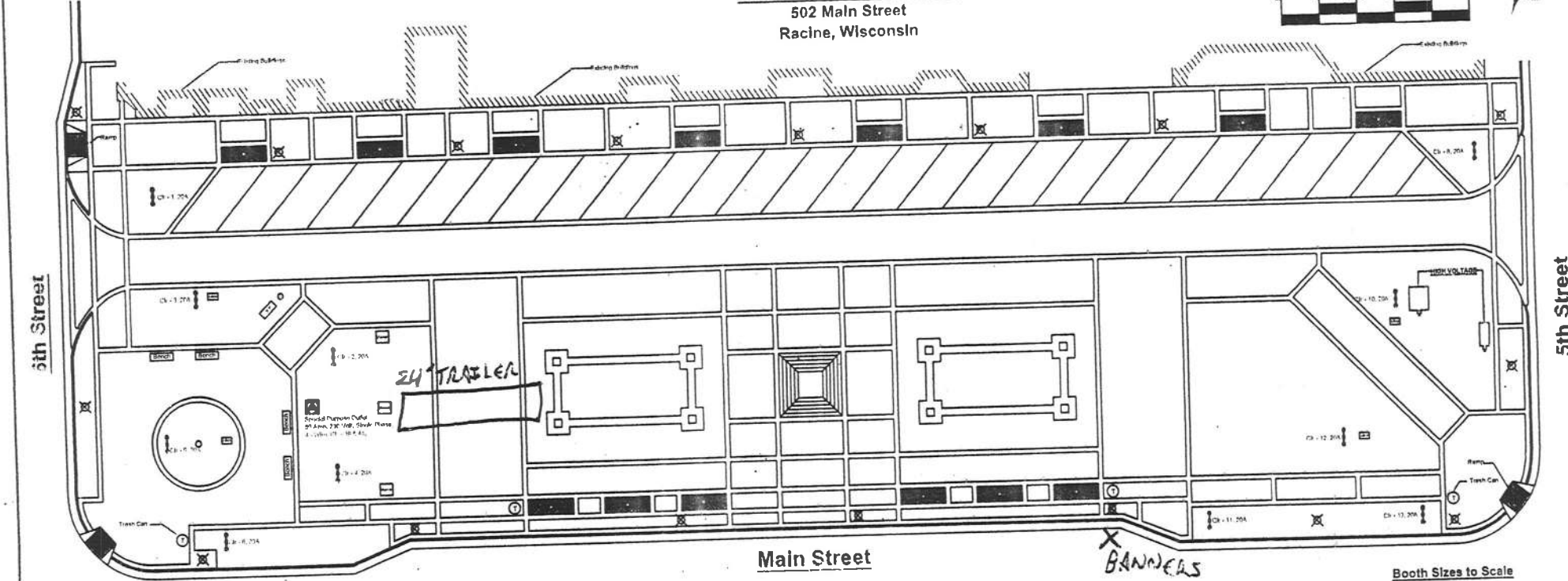
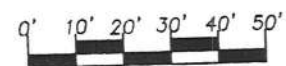
A sketch or drawing, including dimensions, is required as part of this application.

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

11/12/12
Date

MONUMENT SQUARE
502 Main Street
Racine, Wisconsin



Requirements for Facility Use:

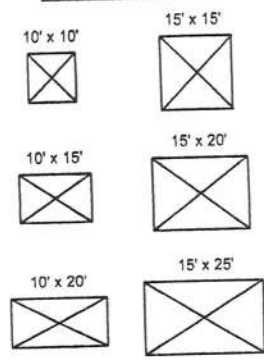
1. Monument Square contains one 50 amp electrical service for servicing the scheduled events. Use of the electrical source will result in a charge to the Sponsor if PRCS services are required during the scheduled event or program.
2. The Sponsor shall restore the premises to their original condition 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 04-07-06

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 Preventor - Irrigation 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		Drawing Number: 24-2-2506
DRAWN BY: R. Field	SCALE: None	Date: APR 2006 Page 1 of 1

RELEASE OF LIABILITY

Waiver and Hold Harmless Agreement

The Sponsor hereby agrees to accept full responsibility for the property and facilities and to comply with all regulations governing their use. As a condition of the privilege to use such property and facilities, the identified business, organization, or individual(s), hereby agree(s) to indemnify, defend, covenant not to sue and holds harmless the City of Racine, its officers, departments, agents, employees and authorized volunteers from and against any and all claims, lawsuits, costs, damages and losses (no limitation), including attorneys' fees, to persons or property due to or arising from the use, occupation and control of the property and/or facilities under the permit applied for herein, and shall defend the City of Racine, its officers, departments, agents, employees and authorized volunteers from any and all suits and claims arising therefrom, except to the extent caused by acts of the City, its officers, agents, or employees. The person(s) signing the permit application has authority to sign on behalf of the business or organization and hereby accepts responsibility for payment of all charges for use of the property and/or facilities and for payment of all damages incurred to the property or facilities while the undersigned party has use of the property and facilities under the permit, and for all liability provided for herein.

Concerns, conflicts or disagreements with the terms of the Release must be addressed to the Director of the PRCS Dept. before signing the Release.

I have read this release and waiver of liability, fully understand its terms, and understand that I have given up substantial rights by signing it.

Monument Square Application for Programs/Events: "CAROLING ON THE SQUARE" PROGRAM AND BANNERS

Sponsor's Authorized Signature William E. Snayen Date 11/12/12

Title/Position
(TRUSTEE/ CHRISTMAS COALITION) (COMPTROLLER-ASSEMBLY 1207)
(GRAND KNIGHT - COUNCIL 697) KNIGHTS OF COLUMBUS

For office use only:
Permission Approved _____ Permission Denied _____

Fees Assessed:
Parking _____ Music License _____ Labor Costs _____ Street Closure _____

Administrative:
Resident _____ Non-resident _____

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).

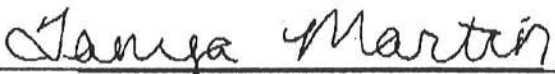
PRODUCER Church Mutual Insurance Company 3000 Schuster Lane Merrill WI 54452	CONTACT NAME: Tanya L Martin PHONE (A/C No. Ext): 1-800-554-2642 Option 1 FAX (A/C No.): E-MAIL ADDRESS:													
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: Church Mutual Insurance Company</td> <td>18767</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Church Mutual Insurance Company	18767	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:
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INSURER C:														
INSURER D:														
INSURER E:														
INSURER F:														
INSURED PLYMOUTH CONGREGATIONAL CHURCH 1143 COLLEGE AVE RACINE WI 53403-1918														

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 INSUR Y/N	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		0204091-02-069249	05/01/2009	05/01/2012	EACH OCCURRENCE \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	AUTOMOBILE LIABILITY <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					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> 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 6, 2011 through January 8, 2012.
 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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ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/06/2008

PRODUCER
 Lockton Risk Services
 P.O. Box 410679
 Kansas City, MO 64141-0679
 800-496-0288
INSURED Kaycee LTD and Knight of Columbus

 1021 Blaine Avenue

 Racine, WI 53405

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: Westport Insurance Corporation	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

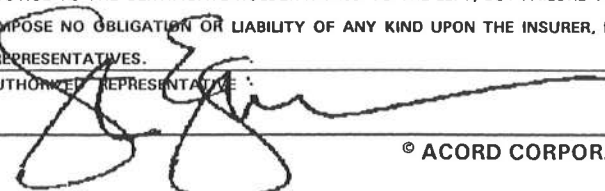
COVERAGES

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/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMSMADE <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	WIB114L01965102	03/22/2008	03/22/2009	EACH OCCURRENCE	\$ 1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
						MED EXP (Any one person)	\$ 5,000
						PERSONAL & ADV INJURY	\$ Included
						GENERAL AGGREGATE	\$ 2,000,000
						PRODUCTS - COMP/OP AGG	\$ 2,000,000
		AUTOMOBILE LIABILITY <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				COMBINED SINGLE LIMIT (Ea accident)	\$
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
						OTHER THAN AUTO ONLY: EA ACC	\$
						AGG	\$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMSMADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
							\$
							\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATUTORY LIMITS	OTH-ER
						E.L. EACH ACCIDENT	\$
						E.L. DISEASE - EA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$
A		OTHER Liquor Liability	WIB114L01965102	03/22/2008	03/22/2009	Occurrence	\$500,000
						Aggregate	\$500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 Certificate Holder is named as Additional Insured as respects to General Liability.

CERTIFICATE HOLDER
 St. Catherines High School
 1200 Park Avenue
 Rache, WI 53403

CANCELLATION
 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
 AUTHORIZED REPRESENTATIVE: 



Ch # 10
186.00 1/1/12
Sent 1/4/12

PAYMENT NOTICE

2800 S Taylor Drive
P. O. Box 718
Sheboygan, WI 53081
www.acuity.com

Insured
CHRISTMAS COALITION

Agent
JOHNSON INSURANCE SERVICES SE
Agency Code: 5150-DL
(262) 619-2800

Policy Type
Commercial Inland Marine

Policy Term
12-02-11 to 12-02-12

Due date 1/9/12

The Minimum Amount is due on this policy. The Minimum Amount includes a \$5 service charge.

Policy Number	Due Date	Total Amount Due	Minimum Amount
X30730-7	01-09-12	\$195.00	\$79.40

Process Date	Effective Date	Description	Charges	Credits	Balance
12-20-11	12-02-11	Written premium charge Inland Marine This statement reflects activity through 12-20-11 \$15,000 CREDIT \$4,000 TRAILER	\$ 186.00		\$ 186.00
				Total Amount Due	\$186.00

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

Keep this portion for your records

