

# PARK EVENT PERMIT APPLICATION

FOR OFFICE USE ONLY: Permit # \_\_\_\_\_ Date Submitted \_\_\_\_\_

## EVENT INFORMATION

Name of Event Brittingham Farmers Market

Event Organizer/Sponsor Bayview Foundation

Is Organizer/Sponsor a 501(c)3 non-profit agency?  Yes  No

If Yes, provide State of Wisconsin Tax Exempt Number ES 17458

Address 601 Bayview

City/State/Zip Madison WI 53715

Primary Contact Julie Shadpa FAX 608 256 2386

Work Phone 608-256-7808 Phone During Event 608-256-7808

E-mail \_\_\_\_\_ Julie-shadpa@bayviewfoundation.org

Website www.bayviewfoundation.org

Secondary Contact NKaoxue Vang

Work Phone 608-256-7808 x207 Phone During Event 608 256 7808 x207

E-mail \_\_\_\_\_ bayview.internationalcenter@gmail.com

Annual Event?  Yes  No

Charitable Event?  Yes  No

If Yes, name of charity to receive donations: \_\_\_\_\_

Estimated Attendance 200 (CERTIFICATE OF INSURANCE MAY BE REQUIRED)

Public Amplification: Hours \_\_\_\_\_ to \_\_\_\_\_  Yes  No

Park Requested Brittingham Park

Shelter Reserved by Event Organizer  Yes  No

Brittingham Park Shelter

## EVENT DATE(S)/SCHEDULE

Date(s) of Event (including set-up and take-down) \_\_\_\_\_ Rain Date(s) none

Event Start Date(s)/Time(s) 6/3/14 3pm Set-Up Date(s)/Time for Event 1 hour prior to start

Event End Date(s)/Time(s) 9/23/14 6pm Take-Down Time 1 hour after end

Does this require time in the park the day before your event?  Yes  No

## APPLICATION SIGNATURE

The person/group named in this application will be responsible for the conduct of the group and for the condition of the reserved park area. This permit is subject to all Municipal Ordinances as defined by the City of Madison, in addition to all rules and regulations governing the City's Parks Division. The applicant agrees that during the use of the park facility, the sponsoring organization will not exclude anyone from participation in, deny anyone the benefits of, or otherwise subject anyone to discrimination because of the person's race, color, creed, national origin or handicap.

The applicant has read the Park Events Application packet. The applicant has included all of the appropriate permit applications and materials for this event.

I hereby certify to the best of my knowledge that the information and statements contained in this application are complete and true. I understand that failure to report components of this event/activity may result in the loss of deposit, revocation of permit and/or failure to secure future permits.

Signature Julie Shadpa Date 4-9-14

## **Brittingham Park Farmers Market**

Complete event schedule:

Begins June 3rd, 2014 at 2 p.m. when vendors will be allowed to start setting up

3 p.m. Market opens, Chef will start handing out samples in pavilion area until samples are gone or market closes. Children's activities will start near the playground area. 16 Vendors open, 15 produce, 1 neighborhood original arts booth.

6 p.m. Market closes

6:30 p.m. Vendors expected to be packed up

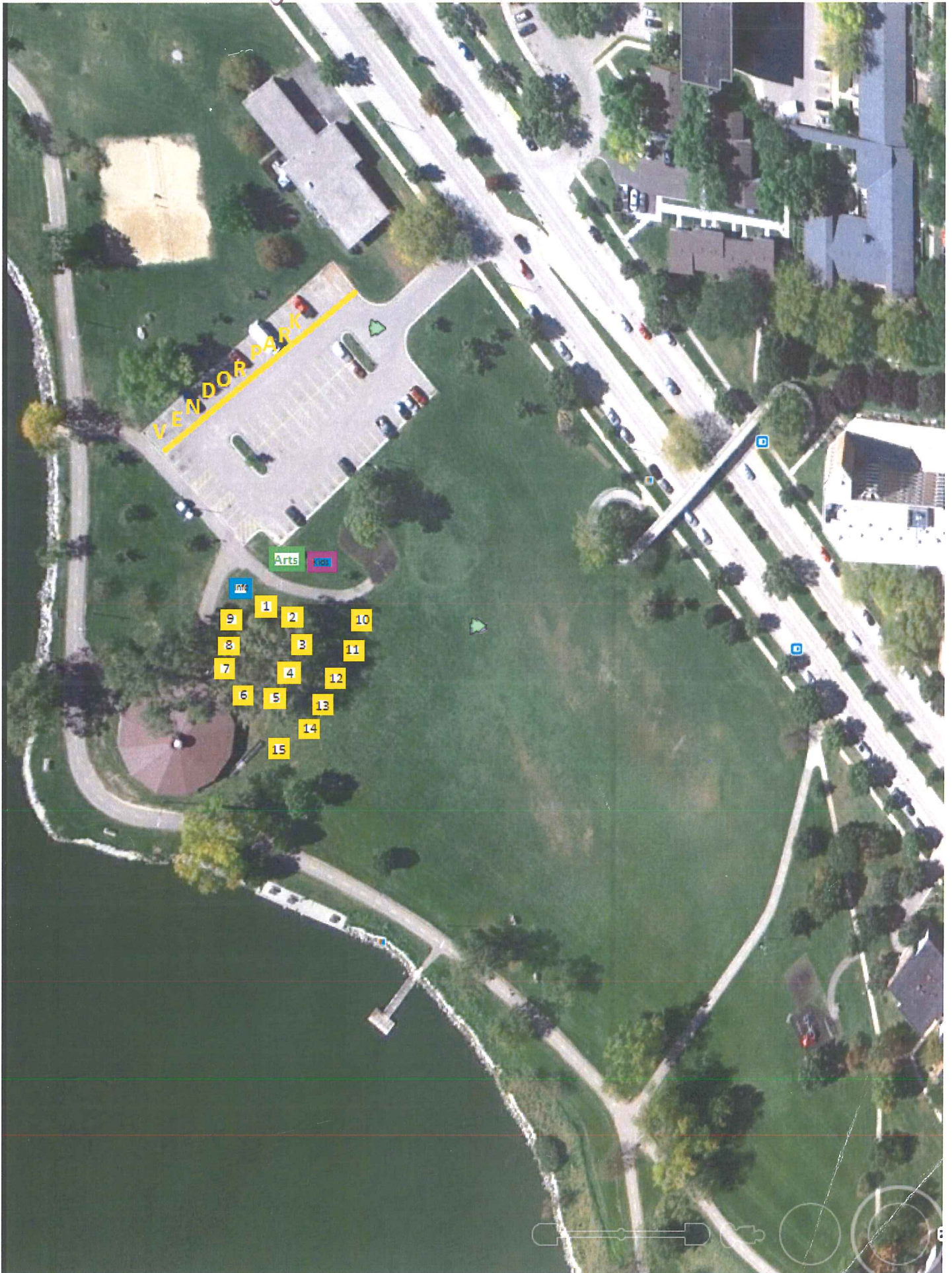
7 p.m. Park clean and event over.

Each Tuesday thereafter that same schedule will continue until 7 p.m. on September 23rd, 2014, which will be the last market day.

### **Site map legend:**

Each yellow numbered box represents a produce vendor. The blue box is the location of the information booth/SNAP EBT exchange table. The green box is the location of the neighborhood original arts booth. The purple box gives the approximate location of the children's activities. Children's activities include hula hooping, face painting, balloon animals and similar activities. No inflatable gyms or high impact activities that will harm the turf. All vendor vehicles/trailers will be parked in the area designated: "Vendor Park." Please see next page for site map.

# Brittingham Park Farmers Market Site Map





## Brittingham Park Farmers Market

### **Areas of the park requested:**

Parking Lot, pavilion, part of children's playground area

### **Safety and Security Plan:**

A First Aid kit will be brought to the market site for minimal injuries, but Madison Fire Rescue will be called for any injuries requiring more than band aids. Emergency contacts for vendors will be collected as a part of their application to be a part of the market. 9-1-1 will be called for all patrons and police assistance will be utilized to contact family members of patrons should an incident occur at the market requiring MFD to transport to an area hospital.

All parts of the market area accessible and will be accessible for MFD ambulances to serve both the patrons and vendors at the market.

In the event of a lost child, market workers will bring the child to the children's programming area, near the playground area of the park. We will notify Madison Police after 10 minutes via the non-emergency number that a child has been separated from a parent/guardian and give the cell phone number of the market employee standing by with the child to expedite the reunification of the child. Market staff will walk through the market attempting to locate the child's parent/guardian based on the child's description of the their guardian.

With regard to security, we anticipate no crowd control issues as there will be no alcohol sold at this event. We are asking vendors to secure any valuable property in their locked vehicles to protect those items during busy times at the market.

### **Clean up and Recycling Plan**

All vendors will be required to clean up their booth areas to restore that area to pre-market condition prior to signing out with market staff. Vendors who do not comply will receive consequences monetarily or be asked not to return to the market. Vendors will also remove and take with them all refuse generated by their sales at the market. Market staff will also walk the grounds of the area of the park used by the market and ensure it is returned to pre-market condition, if not better. *At least 3 volunteers to assist with clean up and recycling.*

### **Notification Requirements**

As a part of planning this event, former Alderperson Sue Ellingson was a strong supporter of this event and conducted meetings helping continue the progress of this event. When a new alderperson is appointed by the Common Council, they will be notified as soon as possible about this market and the use of the park. Currently, we are working with Mayor's Office Representative Mark Woulf in the formation of the this market.

## Brittingham Park Farmers Market

We presented to the Monona Bay Neighborhood Association Meeting to advise them of this upcoming event and received strong community support.

### **Certificate of Insurance**

A certificate of insurance naming the City of Madison and its Parks Division as additional Insured was filed with the City's Risk Management on 3-31-14. A copy of that certificate is included with this application.

### **Accessibility**

Brittingham Park is an accessible park providing several restrooms that are handicap accessible. No barriers or impediments will be erected in path areas to prevent movement through the market. Vendors are asked to present their wares at a height that will allow patrons with mobility challenges to be able to view and shop at the market.



# CERTIFICATE OF LIABILITY INSURANCE

BAYVI-1

OP ID: NH

DATE (MM/DD/YYYY)

03/31/14

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(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 <b>Hausmann-Johnson Insurance Inc</b> 700 Regent St., PO Box 259408 Madison, WI 53725-9408 Tim Hausmann, CIC, CRM	Phone: 608-257-3795 Fax: 608-257-4324	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS:	FAX (A/C, No):
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED <b>Bayview Foundation, Inc.</b> 601 Bayview Madison, WI 53715	INSURER A : <b>QBE</b>		<b>24414</b>
	INSURER B : <b>Regent Insurance Company</b>		<b>24449</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			CCI0037920	07/03/13	07/03/14	EACH OCCURRENCE	\$ 1,000,000	
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000	
	<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	\$ 1,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE	\$ 2,000,000	
							PRODUCTS - COMP/OP AGG	\$ 2,000,000	
				Emp Ben.	\$ 1,000,000				
A	AUTOMOBILE LIABILITY			CCI0037920	07/03/13	07/03/14	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	
	<input type="checkbox"/> ANY AUTO ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per person)	\$	
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS					BODILY INJURY (Per accident)	\$	
							PROPERTY DAMAGE (Per accident)	\$	
A	<input checked="" type="checkbox"/> UMBRELLA LIAB			CCU0037920	07/03/13	07/03/14	EACH OCCURRENCE	\$ 2,000,000	
	<input type="checkbox"/> EXCESS LIAB	<input checked="" type="checkbox"/> CLAIMS-MADE					AGGREGATE	\$ 2,000,000	
	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000							\$	
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			CWC0037920	07/03/13	07/03/14	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	OTHER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N	N/A				E.L. EACH ACCIDENT	\$ 100,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$ 100,000	
							E.L. DISEASE - POLICY LIMIT	\$ 500,000	
A	Blnkt Bldg			CCI0037920	07/03/13	07/03/14		7,509,300	
	SpcFrm/RC						Dedt	5,000	

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

REF: The Farmers Market at Brittingham Park.  
 Certificate Holder is an Additional Insured with respects to commercial general liability when required in written contract.

**CERTIFICATE HOLDER****CANCELLATION**

CITYMA1

City of Madison  
 Risk Manager  
 210 Martin Luther King Jr Blvd  
 Madison, WI 53703

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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## PARK EVENT ADDITIONAL PARK PERMITS CHECKLIST

### ADDITIONAL PERMIT REQUIREMENTS

Event Organizers are responsible for obtaining all permits required for an event in the City of Madison. You must include all pertinent information for those permits with this application. Please indicate the permits that apply to your event. Submit the required Park permit applications with this Parks Event application packet. Check and date additional permits that are required for your event. Parks staff will review your application and advise if additional permits are required for the event.

#### Notification Requirements

Have you done the appropriate notifications?  N/A    Yes

Aldersperson Name/Date:            Notified vacant / \_\_\_\_\_  
 NA Name/Date:                        Notified MONONABAY NA / 4/10/14  
 Traffic Engineering Name/Date: Notified \_\_\_\_\_ / \_\_\_\_\_

#### Park Permits

Applications included in this packet and at [www.cityofmadison.com/parks](http://www.cityofmadison.com/parks).

- Vending Permit** - All vendors must return their permit application at least 30 days prior to the event.
- P.A. Permit**
- Beer/Alcohol Selling Permit**
- Temporary Structure Permit** - for tents, inflatables, stages, dunk tanks, trailers, etc.  
*Limited to 10x10' or less, no stakes or ground disturbance.*

#### Street Use Permit

Included in this packet, but must be submitted separate from the Parks Event application

- Street Use Permit** - necessary to close a city street, sidewalk and/or request special street parking considerations. Call 266-6033 with questions. Please indicate date you submitted Street Use Permit application \_\_\_\_\_.

#### Other City Permits

- Temporary Restaurant Permit** - required if food or beverages, other than prepackaged items, will be sold or served at an event. A permit application is available online at [www.publichealthmdc.com](http://www.publichealthmdc.com) or you may pick up an application at the City Clerk's Office, at 210 MLK Blvd, Room 103, (608) 266-4601.  
Date Temporary Restaurant Permit Application Submitted \_\_\_\_\_
- Parade Permit** - may be required of a run, walk or bike ride event. From the Police Department, [www.cityofmadison.com/police/parade.htm](http://www.cityofmadison.com/police/parade.htm).  
Date Parade Permit Application Submitted \_\_\_\_\_
- Temporary Class "B" Retailers License** - required if your event will be selling beer/alcohol. You may pick up an application at the City Clerk's Office, at 210 MLK Blvd, Room 103, (608) 266-4601, [www.cityofmadison.com/clerk](http://www.cityofmadison.com/clerk).  
Date Class "B" Permit Application Submitted \_\_\_\_\_
- Fireworks Permit** - From the Fire Department, (608) 266-4457, [www.cityofmadison.com/fire](http://www.cityofmadison.com/fire).  
Date Fireworks Permit Submitted \_\_\_\_\_
- Burn Permit** - For bonfires. From the Fire Department, 266-4457 or online at [www.cityofmadison.com/fire](http://www.cityofmadison.com/fire).  
Date Burn Permit Submitted \_\_\_\_\_

#### County/State Requirements

Not all of these will be pertinent to your event.

- Diggers Hotline (800-242-8511) must be contacted whenever a tent or temporary structure will be erected and the ground will be penetrated by stakes, tools, or equipment.
- For utility hookups, signage, zoning, etc and to assure that all City regulations are satisfied, please contact the Building Inspection Unit at (608) 266-4551. Be prepared to specifically explain your Community Event in detail.
- The Dane County Sheriff's Department ((608) 266-4970) should be contacted whenever any Community lakes patrol is required.
- DNR Water Regulations and Zoning should be contacted ((608) 275-3266) regarding any water resource implication, such as the use of fireworks, water ski ramps, etc. There may be instances when your event plans may require a Community permit from the DNR.
- The Pedestrian/Bike Commission within the City Department of Transportation must be contacted ((608) 266-4761), if an event will affect the Pedestrian/Bike trails.

## PARK EVENT MARKETING INFORMATION

Conditional approval of the event is required **before** promoting, marketing or advertising the event.

How will this event be marketed, promoted, or advertised? We will be attending neighborhood association meetings, promoting it with local businesses and pitching it to newspaper/TV media

Will there be live media coverage during the event and where will the media vehicles be parked? There might be coverage week to week will be different. There is plenty of on street parking

### PARKS DIVISION CALENDAR OF EVENTS

The City of Madison Parks Division provides a calendar of events on the internet, in a number of publications and at kiosks located throughout downtown. The information from your permit application is considered public and is used in developing the calendars.

Your event will only be included on the calendars if all permits and applications are approved 60 days in advance (for printed form of calendar) and 30 days in advance (for internet calendar) and your event is open to the public. If this section is not filled out, we will assume you do not want to be included on the calendars.

Official Name of Event Brittingham Park Farmers Market

Park Location Brittingham Park

Public Contact Phone 608 256 7808 Website bayviewfoundation.org

Admission Cost FREE

Date of Event Each Tuesday 6/3 to 9/23/14 Beginning/End Time of Event 3-6 pm

Two sentence description of event (for internet calendar)

The Brittingham Park Farmers Market is an outlet for Wisconsin-produced fruits vegetables, meats, cheeses and much more! Stop by the Brittingham Park Pavilion each Tuesday afternoon from 3pm to 6pm and check us out!

### EQUIPMENT RENTAL

To assist with your Community event, the Madison Parks Division rents some equipment for use by the Event Organization. The Event Organizer must have the ability to pick up and return all equipment from Park Maintenance Facilities.

#### **Rented from Parks Division, but picked up by Event Organizer**

- Trash Barrels # \_\_\_\_\_ barrels
- Key to Shelter and Gates - Refundable deposit required

#### **Rented from Parks Division, dropped off and picked up by Parks Division**

- Dumpsters # \_\_\_\_\_

#### **Rented from Private Vendors**

- Portable toilets

Vendor Name \_\_\_\_\_  
Date or Drop Off \_\_\_\_\_

How Many? \_\_\_\_\_  
Date of Removal \_\_\_\_\_

(Dates must be pre-approved by Parks Maintenance Supervisor.)



# PARK EVENT VENDING PERMIT APPLICATION

FOR OFFICE USE ONLY: Permit # \_\_\_\_\_ Date Submitted \_\_\_\_\_ Vending Permit Type: \_\_\_\_\_ Site: \_\_\_\_\_

## EVENT ORGANIZER INFORMATION

Name of Group Bayview Foundation

Contact Person Julie Shadpa

Address 601 Bayview, Madison, WI 53715

Work Phone 608 256 7808 Home Phone 608 256 7808

Today's Date 4/11/14

A Parks Vending Permit is required for anyone who sells anything in a City Park. (MGO 8.17)

## PRODUCT OR SERVICE SOLD

Please list every item sold or service provided. Attach an additional list, if necessary.

Food Item Attached list

If selling food, please indicate your Temporary Restaurant License # \_\_\_\_\_

Non-Food Item Attached list

Services \_\_\_\_\_

Lessons \_\_\_\_\_

## DETAIL OF VENDOR SET-UP

Please include what your vending site will contain (tables, tents, electricity, etc.)

attached

## INSURANCE

All vendors must supply a certificate of insurance for product and premises insurance in the amount of \$1,000,000 in the aggregate naming the City of Madison as 'additional insured.'

Insurance Company QBE, Regent InsCo. Insurance Policy No. CC 10037920  
(see attached)

## SIGNATURES

Vendor Signature Julie Shadpa Date 4-9-14

Park Division Authorization \_\_\_\_\_ Date \_\_\_\_\_

## PARKS VENDING PERMIT TYPE

- Daily \$275.00 (NT)
- Annual \$900.00 (NT)
- Special Event Vending Permit (up to 7 vendors) \$840.00 (NT)

\*An Umbrella Permit for a community event may be purchased by the Event Organizer and will cover up to 7 (seven) vendors. The Event Organizer must all cover these 7 vendors under the Event Organization's/Sponsor's insurance.

Date of Event 6/3/14 to 9/23/14

Park Brittingham Park

Items or Products to be sold at the Brittingham Park Farmers Market

- homegrown fruits
- homegrown vegetables
- meats
- cheeses
- eggs
- bakery products
- cider
- maple syrup
- honey
- fresh and dried flowers
- herbs and herbal products
- bedding plants
- houseplants
- nursery stock
- jams and jellies
- pickles and other prepared food products
- neighborhood produced original crafts, art and ethnic costumes (only during special events, these items will not be a focus)



# CERTIFICATE OF LIABILITY INSURANCE

BAYVI-1 OP ID: NH

DATE (MM/DD/YYYY)

03/31/14

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<b>PRODUCER</b> Hausmann-Johnson Insurance Inc 700 Regent St., PO Box 259408 Madison, WI 53725-9408 Tim Hausmann, CIC, CRM	Phone: 608-257-3795 Fax: 608-257-4324	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS:	FAX (A/C, No):
	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURED</b> Bayview Foundation, Inc. 601 Bayview Madison, WI 53715	<b>INSURER A : QBE</b>		<b>24414</b>
	<b>INSURER B : Regent Insurance Company</b>		<b>24449</b>
	<b>INSURER C :</b>		
	<b>INSURER D :</b>		
	<b>INSURER E :</b>		
<b>INSURER F :</b>			

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

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	<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"/> PROJECT <input type="checkbox"/> LOC						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Emp Ben. \$ 1,000,000
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	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS						BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	UMBRELLA LIAB			CCU0037920	07/03/13	07/03/14	EACH OCCURRENCE \$ 2,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> RETENTION \$ 10,000 <input checked="" type="checkbox"/> CLAIMS-MADE						AGGREGATE \$ 2,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			CWC0037920	07/03/13	07/03/14	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Blnkt Bldg SpcFrm/RC			CCI0037920	07/03/13	07/03/14	Dedt 7,509,300 5,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 REF: The Farmers Market at Brittingham Park.  
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<b>CERTIFICATE HOLDER</b>  CITYMA1  City of Madison Risk Manager 210 Martin Luther King Jr Blvd Madison, WI 53703	<b>CANCELLATION</b>  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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