STREET USE PE	RMIT APPLICATION	
EVENT INFORMATION		
Name of Event: MWCCC Conference Championships		
Is Organizer/Sponsor a 501(c)3 non-profit agency? MANDATORY: State Sale	es Tax Exemption Number: ES#: 40706 n/a	□ No
Address: 333 East Campus Mall, Office 12		
City/State/Zip: Madison, WI 53703		
Primary Contact: Robert Evert	Work Phone: 608-438-1961	-
Email: revert@wisc.edu	Phone During Event: 608-438-1961	
Website: wisconsincycling.org	FAX: n/a	
Secondary Contact: Sam Goblirsch	Work Phone: 507-254-9760	
Email: sgoblirsch@wisc.edu	Phone During Event: 507-254-9760	
Annual Event?	☐ Yes	⊠ No
Charitable Event? If Yes, Name of charity to receive donations: n/a	Yes	⊠ No
Estimated Attendance: 200	(CERTIFICATE OF INSURANCE MAY BE RE	EQUIRED)
Public Amplification? (not allowed after 11 p.m.): Hours: n/a to n/a	Yes	⊠ No
EVENT CATEGORY		
☐ Run/Walk ☐ Music/Concert ☐ Festival ☑ Other: Cycling TTT	Rally Parking (i.e., bagging	meters)
LOCATION REQUESTED		
Capitol Square (note specific blocks below)	State St. Mall/800 State Street	
30 on the Square (aka top of 100 block of State Street)	2	
Street Names and Block Numbers: Research Park Blvd, Ch		
EVENT DATE(S)/SCHEDULE		
Date(s) of Event: <u>4/22/17</u>	Event Start and End Times: 12:00PM - 5:25PM	
Rain Date (if any): n/a	Set-Up Start Time: 10:30AM	
	Take-Down Start Time and End Times: 5:30PM TAKE-DOWN TIME: START TO STREETS F	REOPENED
Vill sponsor apply for temporary class B license to serve or f class B license is denied, will the event(s) occur?	sell beer/wine for this event?	
By initialing, I/we waive the 21-day decision require	ement.	
PPLICATION SIGNATURE	MAR 2 1 2017	
Y SIGNING THIS APPLICATION, THE "EVENT ORGANIZER/SPONSOF TY AND ITS OFFICERS, OFFICIALS, EMPLOYEES AND AGENTS HAI PENSE INCURRED BY THE CITY ON ACCOUNT OF ANY INJURY TO USED BY OR RESULTING FROM THE ACTIVITIES FOR WHICH THE	RMLESS AGAINST ALL CLAIMS, LIABILITY, LOSS, DAMAGE, C O OR DEATH OF ANY PERSON OR ANY DAMAGE TO REOBE	ND.
oplicant Signature Rule All Affi	Date 08/20/2017	



March 10, 2017

Robert Event University of Wisconsin Cycling Club Madison, Wisconsin

Dear Robert:

University Research Park, Inc. grants permission to the University of Wisconsin Cycling Club for a bicycle race on April 22, 2017. I understand that the races require the closing of South Rosa Road, Charmany Drive and a portion of Research Park Boulevard on those days.

There are a few things we require from your group going forward.

Volunteer Guards: Please educate your volunteer guards to permit access to park buildings at safe times during the races. This is to be done in a timely manner and to wait no longer then a couple minutes for bikes to pass. It's important to our growing technology companies that they have 24/7 access to their facilities. Most folks working in the park have been around the races and know how to drive cautiously.

Parking: All cars are to be parked at the following location parking lots: 505 S. Rosa Road/510 Charmany Drive or 500-504 S. Rosa Road. There is to be no parking on boulevards, sidewalks or other lots in the park. Please do not block driveways for employees will need to enter and exit their lots at all times.

Restrooms: There needs to be an ample number of portable restrooms for attendees to use during the day and evening trials. They should be clearly marked and easily be found.

We would also appreciate a copy of the insurance certificate with University Research Park and the University of Wisconsin System, Board of Regents named as additional insured. As we recall, the insurance is through the national cycling association.

Sincerely,

Paul Muench Associate Director

University Research Park

510 Charmany Drive Suite 250 Madison, WI 53719

P. 608.441.8000 F. 608.441.8010

STREET EVENT SCHEDULE

- The schedule begins when event setup starts, including setup on sidewalks, terraces or parking, and ends when the street is re-opened for normal use.
- The schedule should encompass all activities planned for the event, such as:
 - » Vending: food, beverages and/or merchandise
 - » Music/Performances
 - » Displays, Exhibits, Demonstrations
 - » A moving event such as a rally, parade, etc.

Provide Detailed Event Schedule:

- 10:30am Set up/Registration, Roads open
- 12:00 noon-12:30pm First race. Collegiate Men Category D
- 12:45pm-1:15pm Second Race. Collegiate Women Category B/C
- 1:30pm-2:10pm Third Race. Collegiate Men Category C
- 2:25pm-3:10pm Fourth Race. Collegiate Men Category B
- 3:25pm-4:10pm Fifth Race. Collegiate Women Category A
- 4:25pm-5:25pm Sixth Race. Collegiate Men Category A
- 5:25pm Clean Up. Roads completely opened

Traffic, will be allowed on course during this event, but drivers should expect delays. This is outlined in the Letter of Permission from Research Park Management

STREET EVENT CLEANUP AND RECYCLING PLAN

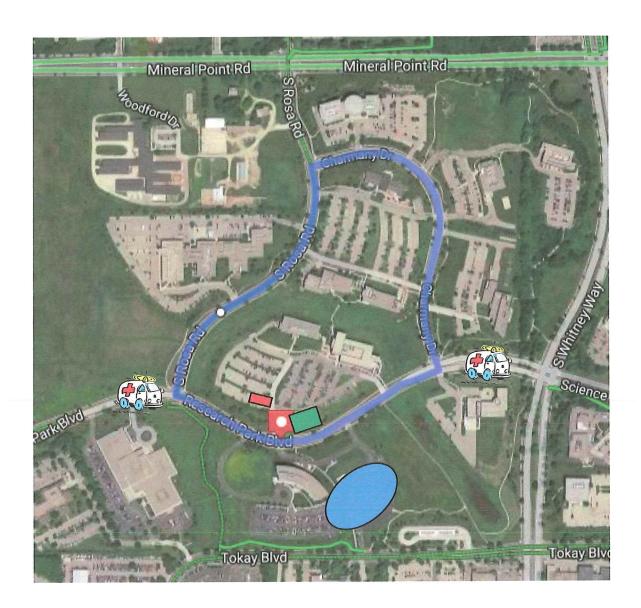
- Include plans for collection and disposal of materials during and after event number and location of garbage/recycling containers and dumpsters; number/schedule of volunteers/staff assigned to collection and cleanup.
- If City containers are not used, please provide the name and contact information of the collection agency providing equipment and service for the event.
- Event organizers are responsible for emptying City garbage/recycling containers within the event perimeter.
- Any group that leaves an area in a condition that requires special cleanup by City crews will be charged the full cost of cleanup.
- If you need assistance with your cleanup and recycling plan, please contact the <u>City of Madison's Recycling Office</u>, via email or at (608) 267-2626.

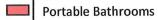
Provide Detailed Trash/Recycling/Cleanup Plans:

Trash receptacles will be provided by Wisconsin Cycling and located in the following areas:

- 2 by registration
- 2 in the parking lot
- 2 by the porto-potties

We will have 2 designated volunteers responsible for changing the trash bags as needed (Collection). Volunteers will also remove the trash at the end of the events (Cleanup).











Emergency Vehicle Access

Parking



MRODRIGUEZ



CERTIFICATE OF LIABILITY INSURANCE

03/20/2017

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 have ADDITIONAL INSURED provisions or 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).

ii ti	nis certificate does not confer rights t	o the	certi	ificate holder in lieu of su	ich end	lorsement(s)			I. AS	tatement on
PRODUCER Fairly Consulting Group, LLC 1800 S. Washington, Suite 400 Amarillo, TX 79102		CONTACT Fairly Group Certificates								
		PHONE (A/C, No, Ext): (806) 376-4761 [FAX, No): (806) 337-1859								
	,			1		INS	SURER(S) AFFOR	IDING COVERAGE		NAIC #
				- 1 - 2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	INSURE	RA: Lexingt	on Insuran	ce Company		19437
INSL	JRED				INSURE	RB:				
	USA Cycling, Inc.				INSURE	RC:				
	210 USA Cycling Point, Suite 100 Colorado Springs, CO 80919			INSURER D:						
	Colorado Springs, CO 60913	9			INSURER E :					
					INSURE	RF:			-	
				NUMBER:	LIAVE D	EEN ICCHED		REVISION NUMBER:	UE DO	N ICY PEDIOD
IN C	HIS IS TO CERTIFY THAT THE POLICII VDICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	REQUI PER	IREME TAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFOR	N OF A DED BY	NY CONTRAI THE POLIC	CT OR OTHER IES DESCRIB	R DOCUMENT WITH RESPE ED HEREIN IS SUBJECT T	CT TC	WHICH THIS
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A	X COMMERCIAL GENERAL LIABILITY	INSD	WVD			THING DOLL I LL	AMINOCO I I I I I	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	x		015375404		12/31/2016	12/31/2017	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	1,000,000
								MED EXP (Any one person)	\$	Excluded
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	3,000,000
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$	2,000,000
	X OTHER: per Event	<u> </u>						COMBINED CINCLE LIMIT	\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO OWNED SCHEDULED							BODILY INJURY (Per person)	\$	
	OWNED AUTOS ONLY AUTOS							BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)		
	HIRED AUTOS ONLY AUTOS ONLY							(Per accident)	\$	
	UMBRELLA LIAB OCCUR	-						EAGU GOOLIDDENGE	\$	
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	DED RETENTION \$							Additedate	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH- STATUTE ER		
								E.L. EACH ACCIDENT	\$	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
		L	J							
dol.	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC 2017-144			•						
End	orsement LEXDOC021 (LX0404) SCHEI	DULE	OF N	NAMED INSUREDS: Event	Organ	izers and/or F	Promoters are	Named Insureds. It shall	l be a	condition of
cove	erage that all organizers/promoters for rded only for the specific event and dat	whon e on i	n cove the pe	erage is attorded under thi ermit.	is polic	y execute a u	ISAC Event P	ermit Application and co	verage	Will be
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The whe	General Liability policy includes a blan n there is a written contract between a	ket a name	utom: :d ins	atic additional insured end ured and the certificate ho	orsemolder the	ent that provi at requires su	des additiona ich status. Pl	ai insured status to the ce ease see attached endors	erunca semen	te noider only
	ATTACHED ACORD 101					•				-
CE	RTIFICATE HOLDER				CANO	CELLATION				
بنا ب	IIIIIIOATE HOEDER				7.7.15				• • •	
City of Madison 210 Martin Luther King, Jr. Blvd., Rm. 406				THE	EXPIRATION	N DATE TH	ESCRIBED POLICIES BE C. EREOF, NOTICE WILL BY PROVISIONS.			
Madison, WI 53703			AUTHORIZED REPRESENTATIVE							

LOC #: 1



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Fairly Consulting Group, LLC		NAMED INSURED USA Cycling, Inc. 210 USA Cycling Point, Suite 100	
POLICY NUMBER		Colorado Springs, CO 80919	
SEE PAGE 1			
CARRIER	NAIC CODE		
SEE PAGE 1	SEE P 1	EFFECTIVE DATE: SEE PAGE 1	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM, FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Description of Operations/Locations/Vehicles:

(06/14) - Additional Insured - Designated Person or Organization.

Event Number: 2017-144

Event Name: MWCCC Conference Championsips Hosted by Wisconsin Cycling

Event Location: Madison , WI Event Date(s): 04/22/2017 - 04/23/2017

ENDORSEMENT # 006

This endorsement, effective 12:01 AM 12/31/2016

Forms a part of policy no.: 015375404

Issued to: USA CYCLING, INC.

Bv: LEXINGTON INSURANCE COMPANY

ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION

(Based on CG 2026 04/13)

This endorsement modifies insurance provided by the following:

COMMERCIAL GENERAL LIABILITY POLICY

SCHEDULE

Name of Additional Insured Person(s) or Organization(s)

AS REQUIRED BY WRITTEN CONTRACT

Information required to complete this Schedule, if not shown above, will be shown in the Declarations

- A. Section II Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:
 - 1. In the performance of your ongoing operations; or
 - 2. In connection with your premises owned by or rented to you.

However:

- 1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
- 2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.
- B. With respect to the insurance afforded to these additional insureds, the following is added to Section III Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or

2. Available under the applicable Limits of Insurance shown in the Declarations; whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations

All other terms and conditions of the policy remain the same.

Authorized Representative

POS SALES RECEIPT

Receipt #
Payment Date:
Household:

502452 03/21/17 49487

Madison Parks Divisi 210 MLK Jr. Blvd, Rm 104 Madison WI 53703 Phone: (608)266-4711

www.cityofmadison.com/parks

Robert Evert UW Cycling Club 333 East Campus Mall Office 12 MADISON WI 53703

revert@wisc.edu

Cell Ph:

(608)438-1961

	etails: 50233 (STREET-USE APP FEE)		T.	Non-Bald	T-4-I D-1-1 A	4 D
Service Item Type:	Miscellaneous	<u>New Fees</u> 100.00	Total Fees 100.00	New Paid 100.00	Total Paid Amo 100.00	unt Due 0.00
Quantity: Family Member:	Robert Evert UW Cycling Club		100.00	100.00	100.00	0.00
1						

			
Processed on 03/21/17 @ 12:18pm by pkmmj	Total New Fees		100.00
r roossas an saich in & remain by planning	Discount Applied		0.00
	2	Total Due	100.00
	Total Fees Paid		100.00
	.0.0	Total Paid	100.00

Household Balance Information

Overall Household Credit Balance Available Overall Household Balance Due

0.00 0.00

Payment of: 100.00 Made By: CHECK With Reference: 1413

MWCCC Conference Championships, 4/22/17