

STREET USE PERMIT APPLICATION

EVENT INFORMATION

Name of Event: Madison's Favorite Night

Event Organizer/Sponsor: Isthmus (in collaboration w/ BID)

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

MANDATORY: State Sales Tax Exemption Number: ES#: _____

OPTIONAL: Federal Tax Exempt Number: _____

Address: 100 State St. Ste. 301

City/State/Zip: Madison WI 53703

Primary Contact: Courtney Lovas Work Phone: (608) 308-4180

Email: events@isthmus.com Phone During Event: (414) 712-4263

Website: _____ FAX: _____

Secondary Contact: Jeff Haupt Work Phone: (608) 251-5627

Email: _____ Phone During Event: (303) 819-7195

Annual Event? ☒ Yes ☐ No

Charitable Event? ☒ Yes ☐ No

If Yes, Name of charity to receive donations: TBD

Estimated Attendance: 2500 (CERTIFICATE OF INSURANCE MAY BE REQUIRED)

Public Amplification? (not allowed after 11 p.m.): ☒ Yes ☐ No

Hours: 5pm to 10pm

EVENT CATEGORY

☐ Run/Walk ☒ Music/Concert ☐ Festival ☐ Rally ☐ Parking (i.e., bagging meters)

Other: _____

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) ☒ Other (specific blocks/streets requested below)

Street Names and Block Numbers: 100 block of State St.

EVENT DATE(S)/SCHEDULE

Date(s) of Event: 9/13/18 Event Start and End Times: 5-11 PM

Rain Date (if any): N/A Set-Up Start Time: 12 PM

Take-Down Start Time and End Times: 12 AM

TAKE-DOWN TIME: START TO STREETS REOPENED

Will sponsor apply for temporary class B license to serve or sell beer/wine for this event? ☒ Yes ☐ No

If class B license is denied, will the event(s) occur? ☐ Yes ☒ No

____ By initialing, I/we waive the 21-day decision requirement.

APPLICATION SIGNATURE

BY SIGNING THIS APPLICATION, THE "EVENT ORGANIZER/SPONSOR" LISTED ABOVE AGREES TO INDEMNIFY, DEFEND, AND HOLD THE CITY AND ITS OFFICERS, OFFICIALS, EMPLOYEES AND AGENTS HARMLESS AGAINST ALL CLAIMS, LIABILITY, LOSS, DAMAGE, OR EXPENSE INCURRED BY THE CITY ON ACCOUNT OF ANY INJURY TO OR DEATH OF ANY PERSON OR ANY DAMAGE TO PROPERTY CAUSED BY OR RESULTING FROM THE ACTIVITIES FOR WHICH THE PERMIT IS GRANTED.

Applicant Signature Courtney Lovas Date 5/31/18

STREET USE PERMIT APPLICATION – COMPLETE EVENT SCHEDULE

The schedule begins when event set-up starts, including set-up 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 (may require Amplification Permit, see below)
- Displays, Exhibits, Demonstrations
- A moving event such as a Rally, Parade, etc.

EVENTS WITH AMPLIFICATION

If your event is to have sound amplification, include the time of amplification in your event schedule. You will also need to complete the Street Use Amplification Permit Application.

By Ordinance, public amplification is not allowed at street use events except with approval of the Street Use Staff Commission. Permission for amplification does not exempt a group from Madison Ordinance noise restrictions.

PROVIDE DETAILED EVENT SCHEDULE:

- 12 PM - 100-400 block of State St. closes to traffic, barricades put into place, foot traffic still available, businesses remain open
- 12:30 PM - Intelliasound begins stage construction
- 3 PM - Sound check
- 4 PM - Bars assembled, security arrives
- 5 PM - Concert begins w/ local DJ, beer sales begin
- 6 PM - Local Act, MNM opens
- 7 PM - Local Act
- 8 PM - Main Act
- 9 PM - Beer sales end
- 10 PM - Concert Ends, stage deconstruction begins
- 11 PM - Crowd has dispersed, MNM ends, Clean up begins from concert area
- 12 AM - Clean up ends, Roads reopen

STREET USE PERMIT APPLICATION – EVENT SITE MAP

It is important that the event site map be as detailed and clear as possible. Include the following location information if applicable to your event:

- Tents
- Stages
- Fencing
- Vendors
- Portable Toilets
- Dumpsters
- Staging Areas
- Remember to include:
 - Emergency vehicle access lanes (minimum of 20').
 - Accessible paths for wheelchairs as well as disabled parking spaces.

EVENTS INCLUDING A RUN, WALK OR PARADE

A detailed route map should also be provided if the street closure is for a run, walk, parade or other "moving activity." You will also need an Approved Parade Permit. You must fill out this on-line [Parade Permit](#) application. This Parade Permit is located on the Police website. Be sure to come back to THIS page (Step 4: Event Site Map) to continue your Street Use Application Process.

A helpful online resource for route mapping is Map My Run at <http://www.mapmyrun.com/>

PROVIDE EVENT SITE MAP:





Stage
24' x 20'

**□ = 4' crowd barricade - front of stage;
10' barricade - sides & back**

STREET EVENT BEER/WINE SALES PERMIT APPLICATION

Permit fee is \$700.00.

Do you plan on selling beer/wine?

☒ Yes ☐ No

If Yes, please continue. If No, skip this form.

EVENT ORGANIZER INFORMATION

Name of Group: Isthmus

Contact Person: Courtney LOVAS

Address: 100 State St. Ste 301 Madison WI 53703

Work Phone: (608) 308-4180 Phone During Event: (414) 712-4263

Today's Date: 5/31/18

BEER SALES PERMIT INFORMATION

Any Temporary Class "B" Retailers License application that is in conjunction with a Street Use Permit, must be submitted at least 60 days before the event date and be approved by the Alcohol License Review Committee and the Common Council. See Madison General Ordinance Sec. 38.05(9)(e)2.

Name of the Licensed Bartender: Courtney LOVAS

Security Company: Madison Police & CSC security

Have you applied for the Temporary Class "B" Retailers License (from the City Clerk's Office)?

☒ Yes ☐ No

Indicate Application Date: BID will apply upon approval

Have you submitted the Certificate of Insurance with a liquor liability naming the

City of Madison as Additional Insured?

☒ Yes ☐ No

Indicate Application Date: 5/30/18

STEP 8: Bicycle Parking For Your Event

- The City of Madison recommends event organizers reserve space for bicycle parking for a minimum of 2% of the total expected crowd attendance.
- An average length of 6 feet and a width of 1-3/4 feet should be reserved for parking a single bicycle. An average of 10 bicycles will fit in 1 car parking spot.
- Bicycle parking should be visible from the main entrance to the event. If it is not possible to fit bicycle parking appropriately in your event area, consider using the parking lanes of streets immediately adjacent to the event area. In order to use the street area adjacent, you will need to include this information and request in your Street Use Application.

All city racks within area will be available.

STREET USE PERMIT APPLICATION – TRASH 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 clean up.

City containers are available for use:

Trash or recycling barrels, minimum of 8 @ \$12.50 each = \$100

If City containers are not used, please provide name of collection agency providing equipment and service for the event.

Any group that leaves the area in a condition that requires special clean up by park crews will be charged the full cost of clean-up.

If you need assistance with your recycling plan, please contact the City of Madison's Recycling Office, via [email](#) or at (608) 267-2626.

DETAIL TRASH AND RECYCLING PLAN:

- Trash dumpster provided by Pellitteri Waste Systems will be stationed in the W. Mifflin St. cul de sac (off street; on curb - not blocking business garbage cans)
- 55 gal trash cans will be stationed in various locations on site
- Volunteers will monitor cans + empty when necessary
- Portable toilets will be rented w/ sanitizing stations, not paper towel
- Area will be returned to pre-event condition upon leaving grounds

STREET EVENT AMPLIFICATION PERMIT APPLICATION

Permit fee is \$100.00.

Permission for amplification does not exempt a group from Madison Ordinance noise restrictions. Please be considerate of neighboring residents and businesses. When notifying the alderperson and neighborhood association (if necessary) about your event, be sure to include detailed information about any plans you have for amplified sound.

Do you have public amplification planned for your event?

☒ Yes ☐ No

If Yes, please continue. If No, skip this form.

EVENT INFORMATION

Name of Event: Madison's Favorite Night

Contact Person: Courtney LOVAS

Location: State St. - 100 Block Date: 9/13/18

Type of Amplified Sound:

☒ Band ☒ DJ ☐ Sound System ☐ Speeches/Announcements ☐ Karaoke
☐ Other (please specify): _____

Hours of Amplification:

Date: 9/13/18 Time: 5-10 PM

STREET USE PERMIT APPLICATION CHECKLIST

STREET USE PERMIT APPLICATION CHECKLIST

Please check below to indicate that you have attached the following, as applicable, to the completed application:

- ☒ Complete Event Schedule
- ☒ Event Site Map
- ☐ Route Map
- ☒ Safety and Security Plan
- ☒ Notification Schedule

Indicate here the date(s) the alder, businesses and residents will be notified of the event.

Notification upon approval; Alder letter included - sent 6/1/18

- ☒ Yes, I have attached a copy of the notification flyer, letter or poster.
- ☒ Certificate of Insurance (if required by City Risk Manager)
- ☒ Recycling Plan
- ☐ Application fee of \$50 for Neighborhood Block Party; \$100 for one- time/one-day events, \$200 for one-time/two plus day events; and \$300 for series events - made payable to 'City Treasurer.'

STREET USE EVENT PERMITS

Applications included in this packet and at www.cityofmadison.com/parks

- ☒ Amplification Permit
- ☒ Beer/Alcohol Selling Permit
- ☐ Street Use Event Vending License

ADDITIONAL PERMIT REQUIREMENTS

Event Organizers are responsible for obtaining all permits that the City of Madison requires for Community events. You must include all pertinent information before this application will be reviewed by staff. Please indicate which permits you are required to have for your planned event and the date you applied for the 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 <http://www.publichealthmdc.com/environmental/food/documents/TempRestApp.pdf> 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 Traffic Engineering & the Police Department, <https://www.cityofmadison.com/transportation/forms/paradePermit.cfm>

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.

Date Class "B" Permit Application Submitted _____

BID submission
upon Street Use
approval

OUTDOOR SPECIAL EVENT EMERGENCY ACTION PLAN (EAP) TEMPLATE

I. GENERAL

The “**Madison’s Favorite Night**” will be held **September 13, 2018** at **State St. Madison, WI.**

II. PURPOSE

- A. This emergency action plan predetermines actions to take before and during the “**Madison’s Favorite Night**” (hereinafter referred to as the event) in response to an emergency or otherwise hazardous condition. These actions will be taken by organizers, management, personnel, and attendees. These actions represent those required prior to the event in preparation for and those required during an emergency.
- B. Flexibility must be exercised when implementing this plan because of the wide variety of potential hazards that exist for this event. These hazards include, but are not limited to, Fire, Medical Emergencies, Severe Weather, or situations where Law Enforcement is required.

III. ASSUMPTIONS

The possibility of an occurrence of an emergency is present at this event. The types of emergencies possible are various and could require the response of Fire & Rescue, Emergency Medical Services, and Police.

IV. BASIC PLAN

A. Emergency Action Plan (EAP) Event Representative

- 1. The EAP event representative will be identified as the point of contact for all communications regarding the event. This person is identified as **PRIMARY CONTACT: Jeff Haupt.**

B. Emergency Notification

- 1. In the event of an emergency, notification of the emergency will be through the use of 911. The caller should have the following information available to the 911 operator: nature of emergency, location, and contact person with callback number.
- 2. We **will not** have on-site EMS
- 3. We **will** have on-site Police or Security (City of Madison Police

coverage in addition to CSC Security – Andrew Kinzler,
AKinzler@csc-usa.com, (608) 807-5494)

C. Severe Weather

1. Weather forecasts and current conditions can be monitored through the National Weather Service's Madison Weather Forecast web site at
<http://forecast.weather.gov/MapClick.php?CityName=Madison&state=WI&site=MKX&textField1=43.0798&textField2=-89.3875&e=0>
2. Before the event - If severe weather is predicted prior to the event, the EAP event representative will evaluate the conditions and determine if the event will remain scheduled. The EAP event representative or his/her designee will be identified as such (**Jeff Haupt**) and will be responsible to monitor the weather conditions before and during the event.
3. During the event - If severe weather occurs during the event, the EAP event representative or his/her designee (**Jeff Haupt**) will make notification to those attending the event that a hazardous weather condition exists and direct them to shelter.
4. There are very limited provisions for sheltering participants in the event of severe weather.
5. This event will follow the 30-30 Rule for lightning. If lightning is observed and thunder is heard within 30 seconds, the event will be delayed until 30 minutes have passed since thunder was last heard.

D. Fire

1. If a specific hazard has been identified as an increased risk of fire at this event, event manager will work with the Fire Department to determine how to address the hazard.
2. All event staff will be instructed on the safe use of Portable Fire Extinguishers.
3. If cooking is intended, you must contact the fire department and -
 - a) Must have a valid fire extinguisher, 2A10BC
 - b) Each space is allowed 1 LP tank per cooking device. All LP tanks are to be secured in an approved manner (tied, strapped, chained, etc.)
 - c) No cooking shall be allowed under a tent. Cooking shall be a minimum of 20' away from tents/canopies.
 - d) Cooking must be on a non-combustible surface (grease collection material generally required under cooking and food service areas)

4. Fire Inspectors may be required to do an inspection of your event (depends on size and nature of the event), contact the Fire Department for guidelines
- 5 All tents/canopies used for cooking shall have a FLAME SPREAD Certification attached to the tent.
- 6 Should an incident occur that requires the Fire Department, 911 will be utilized to request this resource. The caller should have the following information available to the 911 operator: nature of emergency, location, and contact person with callback number.

E. Medical Emergencies

1. As with any outdoor event, there is potential for injury to the participants. The types of injuries are various and include those that are heat related as well as traumatic injuries.
2. Event manager shall contact the Fire Department to determine if there is a need for on-site Emergency Medical Services at this event.
3. Should an incident occur that requires Emergency Medical Services to be called to this event, the caller will have the following information available to give to the 911 Center:
 - a) nature of emergency
 - b) precise location
 - c) contact person with callback number

F. Law Enforcement

1. The need for constant Law Enforcement presence at this event **has** been identified. Event manager shall contact the Police Department to determine if there is a need for Law Enforcement presence at this event
2. Should an incident occur that requires Law Enforcement, to be called to this event, the caller will have the following information available to give to the 911 Center:
 - a) nature of emergency
 - b) precise location
 - c) contact person with callback number

G. Emergency Vehicle Access

1. Access for Emergency Vehicles will be maintained at all times.
2. 20' Fire Lanes are required to be kept open at events.
3. A 14' minimum height clearance requirement for anything that goes over a street or fire lane

4. Participants and spectators will be directed to park in approved areas and not to obstruct protective features, sidewalks or public thoroughways.
5. Crowd control will be managed by **City of Madison Police & CSC security**
6. Parking for vendor and staff vehicles will be street & City lots
7. Parking for attendee vehicles will be street & City lots

V. Contact Information

| | | |
|--------------------------|---------------------------|-----------------------|
| Primary Contact | Jeff Haupt | (303) 819-7195 |
| Secondary Contact | Tiffany Kenney | (608) 843-7079 |
| Emergency | Dane County 911 Center | 911 |
| | | |

Madison Fire Department

Non-Emergency

| | | |
|----------------|----------------|----------------|
| Fire Inspector | Jerry McMullen | (608) 266-4420 |
| Division Chief | Ron Schwenn | (608) 266-4420 |

Madison Police Department

Non-Emergency

| | | |
|-------------------|-------------|----------------|
| Field Lieutenant | David McCaw | (608) 261-9694 |
| Executive Captain | Carl Gloede | (608) 261-9694 |

VI. Event Area Map (attached next page)



ISTHMUS

May 30, 2018

Alderperson Michael E. Verveer
Common Council Office
210 Martin Luther King Jr. Blvd
Room 417, City-County Building
Madison, WI 53703-3345

Dear Adler Verveer,

I am writing to notify you that Isthmus and Madison's Central Business Improvement District have applied for a street use permit for Madison's Favorite Night on Thursday, Sept. 13, 2018. This event will be a combination of the September Madison Night Market and Isthmus' Madison's Favorite Concert that made its debut in 2017.

For the event, Isthmus plans to utilize the 100 block of State St. for the same concert set up as last year (map included below).

Please feel free to reach out with any questions or concerns. Thank you.

Courtney Lovas
Event Director
Isthmus Publishing Co.
(608) 308-4180
events@isthmus.com



ISTHMUS

May 30, 201

Dear Business Owner,

I am writing to notify you that Isthmus and Madison's Central Business Improvement District have applied for a street use permit for Madison's Favorite Night on Thursday, Sept. 13, 2018. This event will be a combination of the September Madison Night Market and Isthmus' Madison's Favorite Concert that made its debut in 2017.

For the event, Isthmus plans to utilize the 100 block of State St. Stage set up will take place at the top of State St., similar to 2017's concert layout (included below). During the event, we plan to block State St. of vehicle traffic but sidewalks will remain open to foot traffic. Businesses are encouraged to remain open as foot traffic will greatly increase between 5 PM and 11 PM.

Please feel free to reach out with any questions or concerns. Thank you.

Isthmus Publishing Co.

(608) 308-4180

events@isthmus.com





ISTHPUB-01

DHARRIS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/31/2018

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).

| | | |
|---|---|---------------|
| PRODUCER TRICOR, Inc. - Madison 2001 W Beltline Hwy Ste 201 Madison, WI 53713 | CONTACT NAME: Deanna Harris, ACSR | |
| | PHONE (A/C, No, Ext): (608) 208-1189 2112 FAX (A/C, No): (608) 723-6440 | |
| | E-MAIL ADDRESS: dharris@tricorinsurance.com | |
| INSURED Isthmus Publishing 100 State Street Madison, WI 53703 | INSURER(S) AFFORDING COVERAGE | NAIC # |
| | INSURER A: National Fire Insurance Company of Hartford | |
| | INSURER B: CNA | 20443 |
| | 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 INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|--|-----------|----------|---------------|-------------------------|-------------------------|---|
| A | <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 OTHER: | X | | 6011872077 | 12/01/2017 | 12/01/2018 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 EMPLOYEE BENEFIT \$ 2,000,000 |
| B | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY | | | 6011840133 | 12/01/2017 | 12/01/2018 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ |
| B | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000 | | | 6011872239 | 12/01/2017 | 12/01/2018 | EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$ |
| B | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below | | N/A | WC645476386 | 12/01/2017 | 12/01/2018 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000 |
| A | Property | | | 6011872077 | 12/01/2017 | 12/01/2018 | scheduled |
| A | Liquor Liab | | | 6011872077 | 12/01/2017 | 12/01/2018 | Liquor Liability 1,000,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
City of Madison and Madison's Central Business Improvement are included as additional insured for Madison's Favorites Concert

CERTIFICATE HOLDER

CANCELLATION

City of Madison
P O Box 2984
Madison, WI 53701

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