



City of Grosse Pointe Woods
20025 Mack Plaza Drive
Grosse Pointe Woods, Michigan 48236-2397

Telephone
(313)343-2440
FAX (313)343-2785

APPLICATION FOR PERMIT TO HOLD A PARADE, PROCESSION,
FUN RUN, GROUP WALK, MARATHON WALK, RACE OR BIKE-A-THON

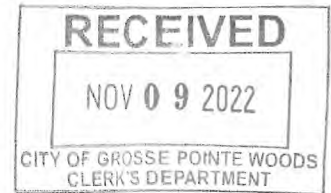
INSTRUCTIONS TO APPLICANT: In accordance with Chapter 38 - Streets, Sidewalks and Other Public Places, Article V. - Parades & Processions, Division 2. - Permit of the 2007 City Code of the City of Grosse Pointe Woods, an application for a permit to hold a parade, procession, fun run, group walk, marathon walk, race or bike-a-thon shall be made on this form. All questions shall be answered and if the requested information is unavailable, an explanation shall be made as to why such information cannot be furnished. Knowingly furnishing or filing false information in an attempt to obtain a permit is a violation of the City Code. Application should be made 90 days prior to the scheduled event.

1. State the name, address and telephone number of the individual or organization making such request:
Kirsten M Hibbs , 1045 Cook Rd Grosse Pointe Woods, MI 48236, (313) 884-8444 ext: 304

2. State the name and address of the charity, institution or organization that will benefit:
Name Shoes That Fit Liggett Campaign
Address 1045 Cook Rd, Grosse Pointe Woods, MI 48236

3. If a similar event has been held by the applicant within 12 months preceding the above date, explain as follows:

Date of event: N/A
Gross amount collected: \$ N/A
Amt. Of funds remitted to charity: \$ N/A



4. Describe a map of the starting point, route, and ending point of the event:
Please see route options below. Starting Point and End Point are at University Liggett School

5. State the date of the event, the starting time and estimated ending time of the event:
Saturday May 20th, 9am-12pm

6. State the number and approximate age of the participants who will take part in the event:
AGE RANGE: 10-60+ ~ number of participants 200+

IT IS HEREBY ACKNOWLEDGED THAT ANY PERMIT ISSUED BY THE CITY OF GROSSE POINTE WOODS IS CONDITIONAL UPON THE APPLICANT FULFILLING CERTAIN REQUIREMENTS PRIOR TO THE EVENT AND SHOULD THE APPLICANT FAIL OR NEGLECT TO FULFILL ANY SUCH CONDITION, THEN SUCH APPROVAL FOR THE EVENT, AS OBTAINED FROM THE CITY COUNCIL, SHALL BE AUTOMATICALLY RESCINDED.

Date: 11/09/2022 Signature of Applicant: Kirsten M Hibbs

Attach copy of current \$1 million dollar liability insurance certificate, with an "A" rating or better, indemnifying the City.

RETURN THE COMPLETED APPLICATION TO THE CITY CLERK'S OFFICE.

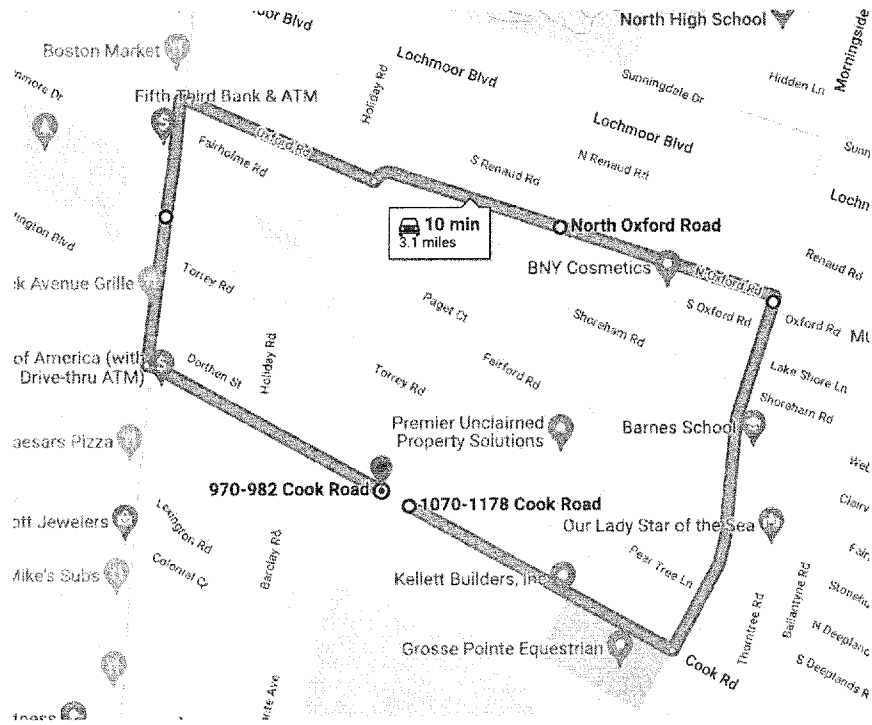
ROUTE PERMIT TO:

		Initials/Date
City Clerk	Insurance certificate attached and rated <input checked="" type="checkbox"/> Calendar check for conflict <input checked="" type="checkbox"/>	<u>[Signature]</u>
Dir. Public Safety	Approved <input checked="" type="checkbox"/> Disapproved <input type="checkbox"/>	<u>[Signature]</u>
City Administrator*	Approved <input checked="" type="checkbox"/> Disapproved <input type="checkbox"/>	<u>[Signature]</u>
New Applicants Only:		
City Council	Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	Date: <u>12-6-22</u>

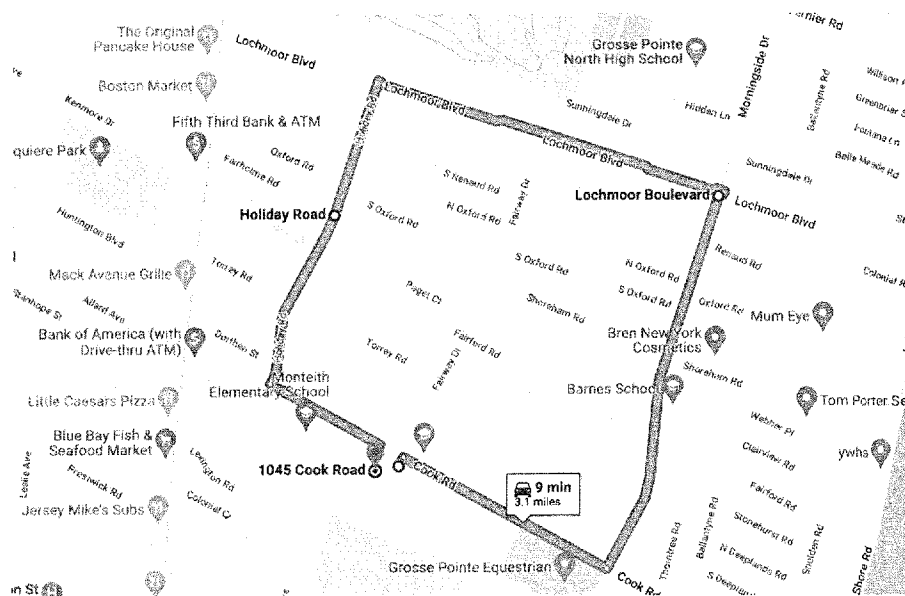
SUBMIT TO CITY CLERK'S OFFICE FOR PROCESSING
Original: City Clerk
CC: Public Safety
Applicant

*The approval of this permit is subject to be in compliance with the State Health Department, COVID-19 rules and restrictions in effect on the day of the event.

PRIMARY ROUTE CHOICE



SECONDARY ROUTE CHOICE



Course will be staffed with volunteers.
 will check on barricades
 JK



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/20/2022

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 Presidio 55 Shuman Blvd Suite 900 Naperville IL 60563	CONTACT NAME: Aurelia Balza		FAX (A/C, No): 630-513-6399
	PHONE (A/C, No, Ext): 630-513-6600		E-MAIL ADDRESS: insurance@presidiogrp.com
INSURER(S) AFFORDING COVERAGE			NAIC #
INSURER A: American Family Home Insurance Company <i>A+</i>			23450
INSURER B: Merchants National Insurance Company <i>A-</i>			12775
INSURER C: Service Lloyds Insurance Company <i>A-</i>			43389
INSURER D:			
INSURER E:			
INSURER F:			

YOK!
PA
11/21/22

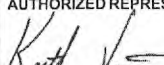
INSURED University Liggett School 1045 Cook Road Grosse Pointe Woods MI 48236-2509	UNIVLIG-01
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COVERAGES **CERTIFICATE NUMBER:** 191380863 **REVISION NUMBER:**

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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		7NA5CP0000639-01	7/1/2022	7/1/2023	EACH OCCURRENCE \$ 1,000,000 ✓ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 ✓ MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			7NA5CA0000549-01	7/1/2022	7/1/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 ✓ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			7NA5FF0000538-01 EXL0002031	7/1/2022 7/1/2022	7/1/2023 7/1/2023	EACH OCCURRENCE \$ 15,000,000 ✓ AGGREGATE \$ 15,000,000 \$
C	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	SLTIS0506100	7/1/2022	7/1/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 ✓ E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 The following are included as additional insured(s) with respect to General Liability when required by written contract: The City of Grosse Pointe Woods.

CERTIFICATE HOLDER Shoes That Fit Liggett Campaign 1045 Cook Road Grosse Pointe Woods MI 48236	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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Gretchen Miotto

From: Hibbs, Kirsten <khibbs@uls.org>
Sent: Wednesday, November 9, 2022 9:57 AM
To: City Clerk
Cc: Alexandria Metry; Summer Orłowski; Williams, Leython
Subject: **Shoes That Fit Liggett Campaign Application 5K**
Attachments: Shoes That Fit Liggett Campaign Application for 5K.pdf

CAUTION: This email originated from outside of the organization. DO NOT click links, open attachments or reply to this message unless you recognize the sender and know the content is safe:

To Whom It May Concern:

I have attached the PDF containing the application, including our certificate of insurance, for a 5k run on Saturday, May 20th. Where all proceeds will go to directly benefit the Shoes That Fit Charity. Please let me know if you need any additional information.

Warmest Wishes,
Kirsten M Hibbs

Support Specialist
Dean of Ninth Grade Life

1045 Cook Rd
Grosse Pointe Woods, MI 48236
(313) 884-8444 ext: 304

