



# City of Grosse Pointe Woods Parks and Recreation Department

20025 Mack Plaza, Grosse Pointe Woods, Michigan 48236  
Telephone: 313-343-2408 · Fax: 313-642-5105 · Email: comctr@gpwmi.us

## Application for Community Use of Recreational Facilities

Applications should be submitted 60 days prior to requested use date and must have approval by City Council to use Recreational Facilities.

### ORGANIZATION INFORMATION

Date of Application: 3/6/2024 Name of Organization: Detroit Tigers  
Organization Contact Person: Tyler Wells City, State, Zip: Detroit, MI 48201  
Phone Number: 312-459-9458 Email: tyler.wells@tigers.com

### ORGANIZATION TYPE

- Public School in GPW     Public School in Grosse Pointe District     Private School In GPW  
 Non-Profit (provide 501(c)3 number): \_\_\_\_\_  Other: \_\_\_\_\_

### GPW RESIDENT INFORMATION

Name of GPW Resident: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Address of GPW Resident: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

### EVENT DETAILS

- Ghesquiere Baseball Diamond # 3 diamonds     Ghesquiere Hockey Rink  
 Bramcaster Soccer Field     Jackson Soccer Field  
 Lake Front Park Tennis Court # \_\_\_\_\_  Other: \_\_\_\_\_

Requested Use Date: June 24-28 Start Time: 9:00am End Time: 3:00pm

Estimated Total # Attendance 100 Estimated # of GPW Residents in Attendance: 15%

Purpose for which premises to be used: Baseball/softball instructional camp

### HOLD HARMLESS AGREEMENT

The undersigned agrees to make financial restitution to the City for any damage to or loss of City property or equipment caused by the above named group or any individual present at this event. Further, the undersigned does hereby release and hold harmless the City of Grosse Pointe Woods, its elected or appointed officials, employees and volunteers from any and all claims or loss resulting in bodily injury or property damages caused by the undersigned or any third party present at this event. Further, the undersigned agrees to financial reimbursement to the City if additional cleanup is necessary by city employees. The City reserves the right to cancel arrangements in case of emergencies with or without notice.

**Liability insurance coverage must be submitted in the amount of one million dollars with the application.** Such insurance shall state "The City of Grosse Pointe Woods is listed as an additional insured." under "Description of Operations" be in a form acceptable to the City and certificates of such insurance coverage shall be furnished upon request and prior to the use of the facilities. If deemed necessary, the user will provide security coverage as directed, and will also be responsible for associated costs.

**Use of Recreational Facilities must be in compliance with the guidelines in place by the Michigan Department of Health and Human Services on the date(s) requested.**

I have read and agree to follow the Community Use of Recreational Facilities Guidelines. \_\_\_\_\_ TW  
Applicant Initials

Applicant Signature Tyler Wells Date 3/6/24

### OFFICE USE ONLY

Class Type: III Insurance submitted with application:  Yes  No Insurance rating: AAA PA 3/12/24  
Recommended for approval as submitted:  Yes  No Signature & Date: [Signature] 3-11-24  
Department Head Date  
Recommended for approval as submitted:  Yes  No Signature & Date: [Signature] 3/11/24  
Asst. City Administrator Date  
Council Approval Date: \_\_\_\_\_



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/12/2024

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).

<b>PRODUCER</b> Gen III Risk Partners, Inc. d/b/a Industrial Coverage 62 S Ocean Ave Ste 1 Patchogue NY 11772	<b>CONTACT NAME:</b> Alba Slevin	
	<b>PHONE (A/C, No, Ext):</b> 631-736-7500	<b>FAX (A/C, No):</b> 631-736-7619
<b>E-MAIL ADDRESS:</b> certs@industrialcoverage.com		
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURER A:</b> Philadelphia Indemnity Ins Co <i>A++</i>		<input checked="" type="checkbox"/> 18058
<b>INSURER B:</b>		
<b>INSURER C:</b>		
<b>INSURER D:</b>		
<b>INSURER E:</b>		
<b>INSURER F:</b>		

**INSURED**  
 Baseball Done Right LLC  
 220 Oak Knoll Road  
 Barrington IL 60010


BASEDON-01  
*3/12/24*

**COVERAGES**      **CERTIFICATE NUMBER:** 1584479893      **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:	<input checked="" type="checkbox"/>		PHPK2638954	12/30/2023	12/30/2024	EACH OCCURRENCE \$ 1,000,000 ✓ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 0 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY			PHPK2638954	12/30/2023	12/30/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 ✓ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			PHUB894792	12/30/2023	12/30/2024	EACH OCCURRENCE \$ 2,000,000 ✓ AGGREGATE \$ 2,000,000 \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/>	N/A				PER STATUTE <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 (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
 The City of Grosse Pointe Woods is included as additional insureds for General Liability if required by written contract in accordance with the terms and conditions of the policy. ✓

<b>CERTIFICATE HOLDER</b>  The City of Grosse Pointe Woods ✓ 20025 Mack Plaza Grosse Pointe Woods MI 48236	<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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