

**CITY OF MACKINAC ISLAND
PERMIT APPLICATION FOR
PARADE OR COMPETITIVE EVENT**

As prescribed under Provisions of City of Mackinac Island Ordinance No. 273

Name of Applicant: John Hundiak

Address: 2439 Westwood Drive Rochester Hills MI 48306
(P.O. Box) (Street) (City) (State) (Zip)

Phone Number & Email: 248 420 0135 j.hundiak@mikofc.org
(Phone) (Email)

Name of Group or Organization Sponsoring the Event: _____
Michigan State Council Knights of Columbus

Address: 50561 Chesterfield Road Chesterfield MI 48051
(P.O. Box) (Street) (City) (State) (Zip)

Group Status: _____ Profit ☒ Non-Profit

Type of Event: ☒ Parade _____ Competitive Event

Date of Event: Wednesday 5/20/2026 Time of Event: 11:30am 12:30pm
(Day) (Date) (Start) (End)

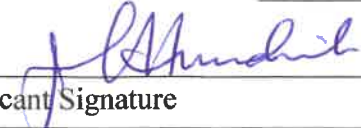
Location of Event (starting and ending locations and proposed route): Route Attached

Start: St. Anne Church, Market Street, Mackinac Island

End: Grand Hotel, Grand Ave, Mackinac Island

Name of Liability Insurance Company: LM INSURANCE COMPANY

Policy or Binder Number: BP2136711 Amount of Coverage: 1,000,000


Applicant Signature

1/10/26
Date

Application Received: 1-20-26 Fee Received: \$25.00 Ck #: 1793

Approved: _____ Denied: _____ By: Council

LIABILITY WAIVER

It is hereby understood that the person, organization, or group applying for or sponsoring the event described on the permit application agrees to hold harmless the City of Mackinac Island, its several agents, agencies, or officers either in said agent's, agencies' or officers' public or private capacity, against any claim for property or personal injury due to participation in the proposed event. It is also understood that any participants in the proposed event likewise will hold harmless in the above particulars the above named individuals. It is also understood that the person, organization or group sponsoring this event shall have informed each and every individual participant of the hold harmless agreement, and in addition thereto, shall inform each participant in unambiguous language and prior to the event that he/she participates at their own risk.


Signature of Permit Applicant

1/7/2026
Date

Michigan State Council Knights of Columbus
Representing (Name of Group or Organization)

Subscribed and sworn before me, this 7th day of January,
2026, a Notary Public in and for Wayne County, Michigan.


Signature of Notary Public Sergio De-Alba

AUGUST 5th 2028
My Commission Expires

SERGIO DE-ALBA
NOTARY PUBLIC, STATE OF MI
COUNTY OF WAYNE
MY COMMISSION EXPIRES Aug 5, 2028
ACTING IN COUNTY OF Oakland

Note: This liability waiver must be completed and attached to the permit application for parade or competitive event and submitted to the Mackinac Island City Clerk.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/11/2025

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 BakerHopp Insurance Group 20789 Harper Avenue Harper Woods MI 48225	CONTACT NAME: BakerHopp Insurance Group	FAX (A/C, No): 313-886-4050	
	PHONE (A/C, No, Ext): 313-886-6770	E-MAIL ADDRESS: certificates@bakerhopp.com	
INSURED Michigan State Council K of C 6025 Wall Street Sterling Heights MI 48312	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Secura Insurance Company		
	INSURER B: LM Insurance Corporation*		33600
	INSURER C:		
	INSURER D:		
	INSURER E:		
INSURER F:			

COVERAGES

CERTIFICATE NUMBER: 814698815

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 SUBR INSD WVP	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"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		BP2136711	2/20/2025	2/20/2026	EACH OCCURRENCE \$ 1,000,000 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 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		BP2136711	2/20/2025	2/20/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	WC5-34S-534710-025	9/22/2025	9/22/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
RE: Parade at Mackinac Island on 5/20/2026 from 11:30 am - 12:30 pm.

CERTIFICATE HOLDER

CANCELLATION

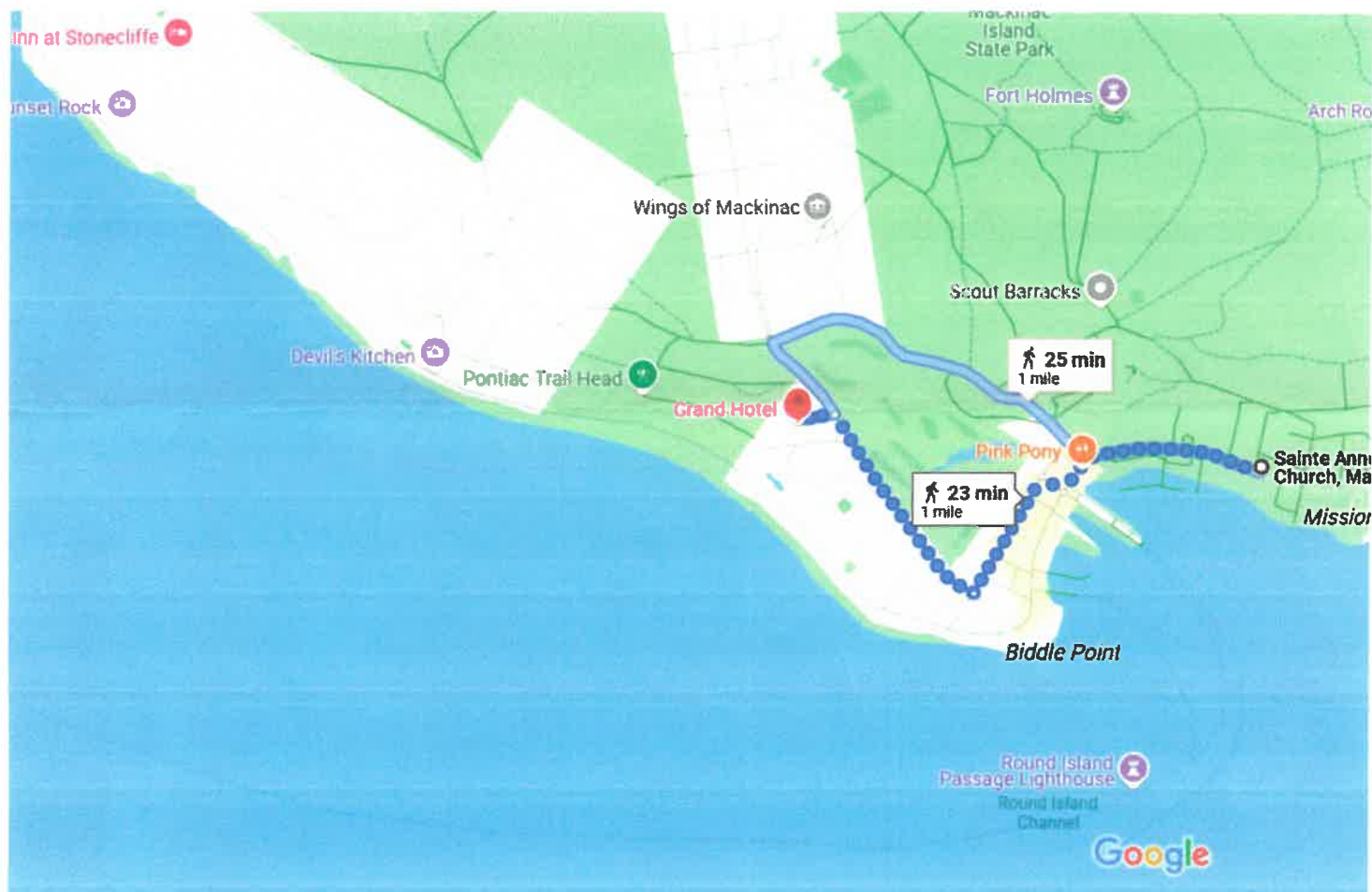
City of Mackinac Island
7358 Market Street
PO Box 455
Mackinac Island MI 49757

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

Jason Hopp Doyle

© 1988-2015 ACORD CORPORATION. All rights reserved.



Map data ©2025 Google 1000 ft

 via Lake Shore Dr and Cadotte Ave 23 min
1.0 mile

 via Lake Shore Dr and Huron Rd/Marshall Rd 25 min
1.0 mile

All routes are mostly flat

