

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: J. Hundiak

Date: 1/10/26

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

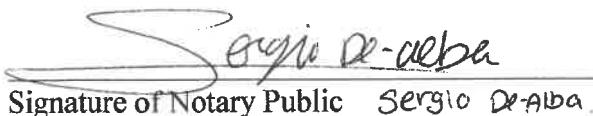
1/7/2026

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.



Sergio De-Alba

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).

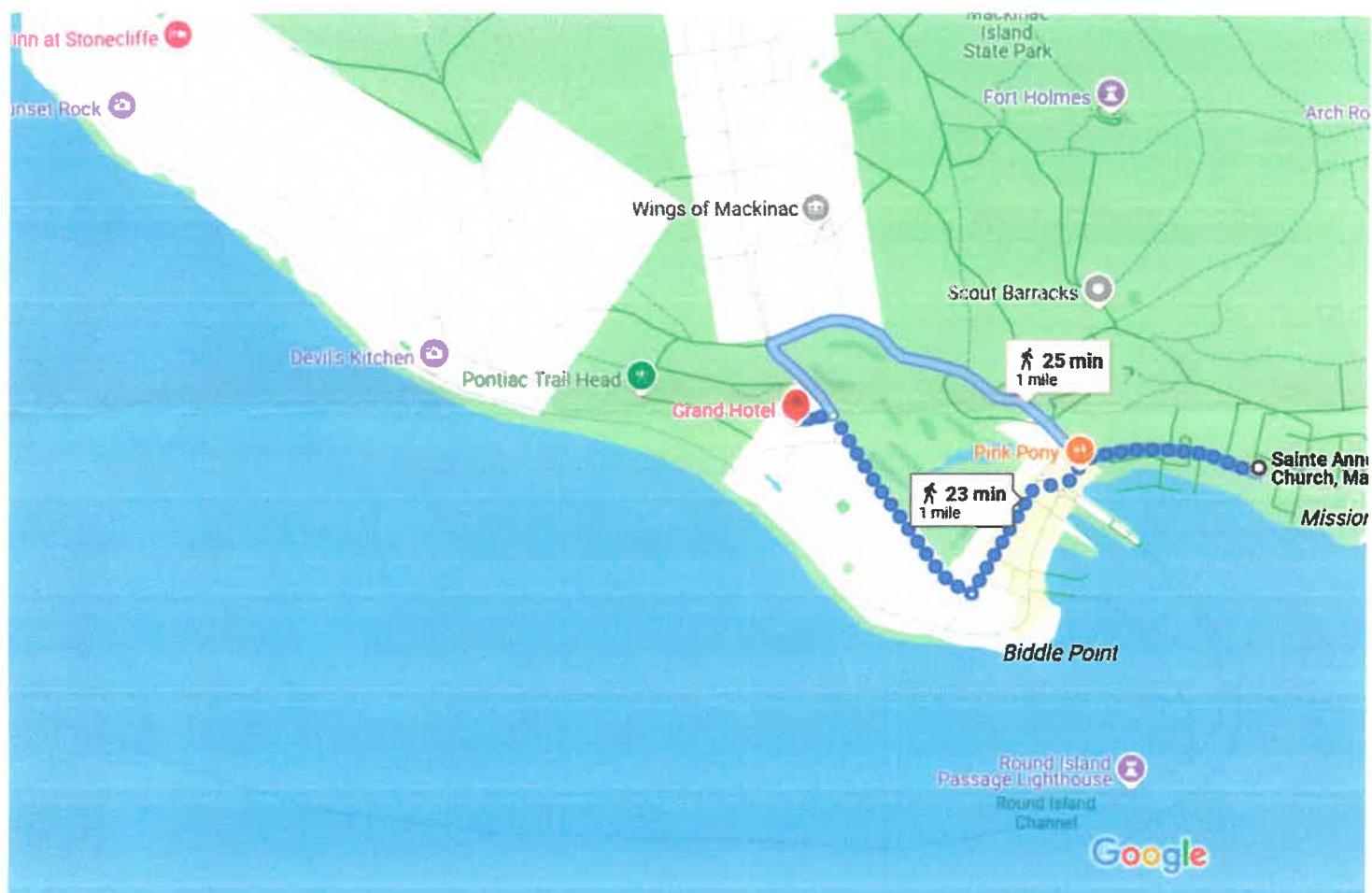
PRODUCER BakerHopp Insurance Group 20789 Harper Avenue Harper Woods MI 48225		CONTACT NAME: BakerHopp Insurance Group PHONE (A/C, No. Ext): 313-886-6770 E-MAIL ADDRESS: certificates@bakerhopp.com INSURER(S) AFFORDING COVERAGE INSURER A: Secura Insurance Company INSURER B: LM Insurance Corporation* INSURER C: INSURER D: INSURER E: INSURER F:	
INSURED Michigan State Council K of C 6025 Wall Street Sterling Heights MI 48312		MICHSTA-02	
		NAIC # 33600	

COVERAGES		CERTIFICATE NUMBER: 814698815		REVISION NUMBER:				
<p>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.</p>								
INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		BP2136711	2/20/2025	2/20/2026	EACH OCCURRENCE	\$ 1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000	
A	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS X HIRED AUTOS ONLY <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)					\$		
A	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE					BODILY INJURY (Per accident)	\$	
	PROPERTY DAMAGE (Per accident)					\$		
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N <input type="checkbox"/> N / A	WC5-34S-534710-025	9/22/2025	9/22/2026	X PER STATUTE	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 	

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Sainte Anne's Catholic Church, Mackinac Island, Main St, Mackinac Island, MI 49757 to 286 Grand Ave, Mackinac Island, MI 49757



- 🚶 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

