

**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: VERN MIRON

Address: 805 S. SUPERIOR AVE BARAGA, MICH. 49908  
(P.O. Box) (Street) (City) (State) (Zip)

Phone Number & Email: 906-201-2328 VMIRON @ up-net  
(Phone) (Email)

Name of Group or Organization Sponsoring the Event: \_\_\_\_\_

MICHIGAN KNIGHTS OF COLUMBUS

Address: 6025 WALL ST. STERLING HEIGHTS, MI. 43812  
(P.O. Box) (Street) (City) (State) (Zip)

Group Status: \_\_\_\_\_ Profit  Non-Profit

Type of Event:  Parade \_\_\_\_\_ Competitive Event

Date of Event: WED MAY 22, 2024 Time of Event: 11:30 AM 12:30 PM  
(Day) (Date) (Start) (End)

Location of Event (starting and ending locations and proposed route): ROUTE ATTACHED  
START @ ST ANNE CHURCH. MAIN ST. MACKINAW ISLAND  
END @ GRAND HOTEL GRAND AVE MACKINAW ISLAND

Name of Liability Insurance Company: \_\_\_\_\_

Policy or Binder Number: \_\_\_\_\_ Amount of Coverage: \_\_\_\_\_

Vern A Miron 3/4/24  
Applicant Signature Date

Application Received: 3/22/24 Fee Received: \_\_\_\_\_ Ck #: \_\_\_\_\_  
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.

Uen A. Miron

Signature of Permit Applicant

3/4/24

Date

MICHIGAN KNIGHTS OF COLUMBUS

Representing (Name of Group or Organization)

Subscribed and sworn before me, this 4th day of March,  
2024, a Notary Public in and for Baraga County, Michigan.

Mary R. Bedner

Signature of Notary Public Mary R. Bedner

April 5, 2025

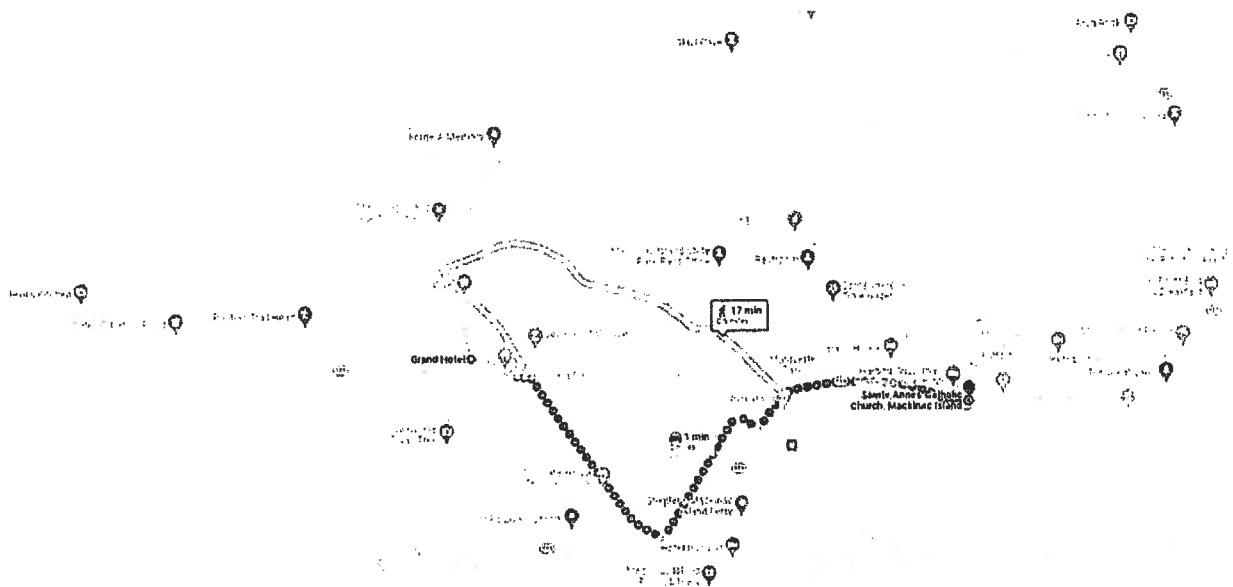
My Commission Expires

**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.**

Go. gle Maps

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

Walk 0.9 mile, 17 min



Go. gle

Map data ©2023 500 ft



via unnamed roads

1 min

Fastest route now due to traffic conditions

0.0 miles



via Cadotte Ave and Lake Shore Dr

17 min

0.9 mile

Mostly flat



via Huron Rd and Lake Shore Dr

22 min

1.0 mile



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/4/2024

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> BakerHopp Insurance Group 20789 Harper Avenue Harper Woods MI 48225	<b>CONTACT NAME:</b> BakerHopp Insurance Group	
	<b>PHONE (A/C, No, Ext):</b> 313-886-6770	<b>FAX (A/C, No):</b> 313-886-4050
<b>E-MAIL ADDRESS:</b> certificates@bakerhopp.com		
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURER A :</b> Secura Insurance Company		
<b>INSURER B :</b> LM Insurance Corporation*		33600
<b>INSURER C :</b>		
<b>INSURER D :</b>		
<b>INSURER E :</b>		
<b>INSURER F :</b>		


**COVERAGES** **CERTIFICATE NUMBER:** 614099523 **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		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
		INSD	WVD					
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	2/20/2024	2/20/2025	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	<input type="checkbox"/> 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	2/20/2024	2/20/2025	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
B	<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"/> Y <input checked="" type="checkbox"/> N	<input type="checkbox"/> N/A	WC5-34S-534710-011	9/22/2023	9/22/2024	<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 5/22/2024 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 
---	---

© 1988-2015 ACORD CORPORATION. All rights reserved.

## City Clerk

---

**From:** Vern Miron <v.miron@mikofc.org>  
**Sent:** Thursday, March 21, 2024 2:04 PM  
**To:** City Clerk  
**Subject:** Procession from St Anne to the Grand Hotel  
**Attachments:** doc00738120240304124730 (1).pdf; Certificate.pdf

Danielle,

Last year the Michigan Knights of Columbus held a procession at the beginning of our convention. We are hoping to do this again,

I have attached this permit with the other documents to be approved.

I am applying again and hope to make this happen.

Please inform me of anything else which must be done.

I can be reached by phone @ 906-201-2328

Thank you,

Vern A. Miron  
State Advocate