

#100.00

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: Mackinac Island Lilac Festival 10K - RunMackinac Events

Address: P.O. Box 1408 Mackinac Island MI 49757
(P.O. Box) (Street) (City) (State) (Zip)

Phone Number & Email: 810-577-7427 (Anne) JohnCGault2@aol.com
810-577-7421 (John) anne@runmackinac.com
(Phone) (Email)

Name of Group or Organization Sponsoring the Event: RunMackinac Events, John and Anne Gault

Address: P.O. Box 1408 Mackinac Island MI 49757
(P.O. Box) (Street) (City) (State) (Zip)

Group Status: Profit Non-Profit

Type of Event: Parade Competitive Event

Date of Event: June 8, 2024 Saturday Time of Event: 9:30 am 12:00 pm
(Day) (Date) (Start) (End)

Location of Event (starting and ending locations and proposed route): Race starts at Windemere Point on Main Street, turns on Truscott to Garrison, then British Landing to Lakeshore, then left to finish on lawn at the School.

Name of Liability Insurance Company: West Bend Ins

Policy or Binder Number: B531820 00 Amount of Coverage: \$2,000,000

John Gault April 2, 2024
Applicant Signature Date

Application Received: 4.9.24 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.

[Signature]

Signature of Permit Applicant

3/30/24
Date

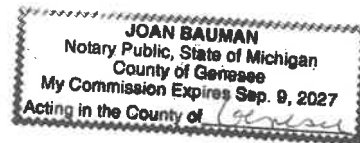
Rena Mackinac Events

Representing (Name of Group or Organization)

Subscribed and sworn before me, this 30 day of March,
2024, a Notary Public in and for Genesee County, Michigan.

[Signature]
Signature of Notary Public

9.9.27
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.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/15/2024

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).

PRODUCER Bois Insurance Agency Inc 1456 E. Pierson Road P.O. Box 420 Flushing MI 48433	CONTACT NAME: CSR COMMERCIAL DEPARTMENT PHONE (A/C No, Ext): (810) 659-7330 E-MAIL ADDRESS: COMMERCIAL@BOISINSURANCE.COM	FAX (A/C, No): (810) 659-8910
	INSURER(S) AFFORDING COVERAGE	
INSURED RunMackinac Events, Inc 333 River Woods Dr Flushing MI 48433-2132	INSURER A: West Bend Mutual Ins	NAIC # 15350
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 24-25

REVISION NUMBER:

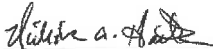
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y		B531820	02/07/2024	02/07/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Additional Insured \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY			NO COVERAGE			COMBINED SINGLE LIMIT (Ea accident) \$ 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 RETENTION \$			NO COVERAGE			EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	NO COVERAGE			PER STATUTE OTH-ER 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)

Where required by written contract, City of Mackinac Island is Additional Insured in respects to the General Liability policy. This certificate may or may not be in compliance with any contract or agreement.

CERTIFICATE HOLDER**CANCELLATION**

City of Mackinac Island City Hall, 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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