



# Madison Heights Citizens United

The Hon. Mayor Roslyn Grafstein & City Council  
City of Madison Heights  
300 West Thirteen Mile Road  
Madison Heights, MI 48071

Dear Mayor Grafstein and Councilmembers:

Madison Heights Citizens United, a 501 (c)(3) non-profit, would like to request the waiving of all Park and Pavilion Rental Fees and temporary business licensing fees for MHCU and all vendors, including food trucks, for the **2023 Madison Heights Juneteenth Celebration** on Saturday, June 17, 2023 at Civic Center Park.

This will be our third annual Celebration in Madison Heights. The festival has grown each year and attracts widespread media attention and visitors from across the Metropolitan Detroit Area. We anticipate attendance at this year's event to be 1,500-2,000 people.

As with our previous two Celebrations, this year's festival will feature live music, a food truck court, vendor booths, educational exhibits, children's activities and more. Our aim in asking for these waivers is to keep our vendor fees low to help support these small businesses, as well as to keep the Celebration free to our community.

Please let us know if there are any questions.

We thank the City in advance for its continued support of this historic Celebration of Freedom.

Respectfully,

Kevin Wright  
President  
Board of Directors

P.O. Box 71276

Madison Heights, MI 48071

(248) 533-0848

[mhcitizensunited.org](http://mhcitizensunited.org)





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
03/01/2023

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> Ann Arbor Insurance Centre, Inc. 2755 Carpenter Rd  Ann Arbor MI 48108		<b>CONTACT</b> NAME: Sam Thurmon PHONE (A/C, No, Ext): (734) 973-9444 FAX (A/C, No): (734) 973-8318 E-MAIL ADDRESS: sthurmon@annarborinsurancecentre.com	
<b>INSURED</b> Madison Heights Citizens United P.O. Box 71276  Madison Heights MI 48071		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Alliance of Nonprofits for Ins NAIC # 10023 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

## COVERAGES

CERTIFICATE NUMBER: CL233114838

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	Y		2022-73323	05/04/2022	05/04/2023	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000
							MED EXP (Any one person) \$ 20,000
							PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 2,000,000
	OTHER:						PRODUCTS - COM/OP AGG \$ 2,000,000
	<b>AUTOMOBILE LIABILITY</b>						Liquor Liability \$ 1,000,000
	<input type="checkbox"/> ANY AUTO						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> OWNED AUTOS ONLY						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b>						
	<input type="checkbox"/> EXCESS LIAB						EACH OCCURRENCE \$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y / N	N / A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	If yes, describe under DESCRIPTION OF OPERATIONS below						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)

## CERTIFICATE HOLDER

City of Madison Heights 300 W 13 Mile Rd  Madison Heights MI 48071
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## CANCELLATION

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 <i>Sam Thurmon</i>

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# Madison Heights Pavilion Checklist

<b><u>Please answer the following questions regarding your event:</u></b>	<b><u>Yes</u></b>	<b><u>No</u></b>
<b>Will your event be open to the public?</b>	✓	
<b>Are you expecting more than 125 people?</b>	✓	
<b>Are you renting more than one pavilion or the <u>entire park</u>?</b>  <small>*Please keep in mind that other patrons are using the park.</small>	✓	
<small>If you answered yes to any of the above, the event is considered a "Special Event" and requires hazard insurance listing the City of Madison Heights as additionally insured. Subject to approval by the Director of Public Services.</small>		
<b>Will your event have a DJ or live band?</b>  <small>*Only allowed as part of a Special Event.</small>	✓	
<b>Will your event have a bounce house?</b>  <small>*Must provide liability insurance. No motorized vehicles or trailers are permitted on the grass or walking trails (even to unload).</small>	✓	
<b>Will your event have alcohol?</b>  <small>*Beer and wine allowed with additional permit required through Madison Heights Police Department. No alcohol allowed with Graduation parties.</small>		✓
<b>If any of the above information is falsified, you will forfeit the right to your security deposit. Do you acknowledge and understand this information?</b>		

Signature: Kenn Na

Date: 3-5-23





## City of Madison Heights Park and Pavilion Rental Checklist

~FOR OFFICE USE ONLY~

TAKEN BY: \_\_\_\_\_

DATE: \_\_\_\_\_

RENTAL FEE: \_\_\_\_\_

DAMAGE DEPOSIT: \_\_\_\_\_

TOTAL FEE: \_\_\_\_\_

Park/Pavilion Rental \_\_\_\_\_ Special Event ☒

### For Special Events Applicants

30 day notice is required for all Park users.

Location Civic Center Park

- ☐ Completed Signed Application(s)
- ☐ Fee(s) Submitted \_\_\_\_\_
- ☒ Fee Waiver Requested\* (eligible groups only)

\*Qualifying criteria for Pavilion Reservation Fee Waiver:

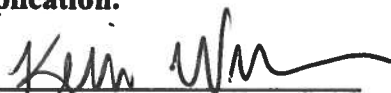
- Any group sponsored by the City of Madison Heights
- Madison Heights non-profit (501-C3) and education organizations
- Any non-profit groups that do not reside in Madison Heights but are holding a charitable event
- Service clubs that reside in Madison Heights

Please submit a letter for City Council requesting approval for a Special Event and a fee waiver if applicable. The letter should include a detailed description of the event, the group or person(s) requesting to use the pavilion/park and the amount of people anticipated. The letter should also include the appropriate Certificate of Liability Insurance that coincides with Medium Hazard, High Hazard or Carnival Ride Hazard and also names the City of Madison Heights as additionally insured. Please review packet for each level of hazard risks for requirements. Please submit completed application, letter and certificate of liability insurance to the City Clerk's office to be presented at the next scheduled Council Meeting.

### ☐ Insurance Requirements Met

- ☐ General Liability or Homeowners Policy
- ☐ High Hazard Liability (Special Event Requirement)
- ☐ Insurance for Equipment brought in for Applicant
- ☐ Beer and Wine Application (if required) NOT FOR BUILDING RENTALS
- ☐ Liquor Liability Insurance
- ☐ Other Approval(s), if applicable
  - ☐ Community Development \_\_\_\_\_
  - ☐ Fire Department \_\_\_\_\_
  - ☐ Council Approval \_\_\_\_\_

I acknowledge that I have read and understand the requirements necessary for approval of this application.

  
Applicant Signature

3-5-23  
Date



## PARK RESERVATION APPLICATION

City of Madison Heights  
Madison Heights, MI 48071

DPS: 248.589.2294 or Clerk's Office: 248.583.0826

**CHOOSE 1** ☐ **PARK NAME** ☒ **SPECIAL EVENT** Civic Center Park

Pavilion "A" Palmer St. (City Hall side) ☒ Pavilion "B" Agnello Dr. (School side) ☒ Pavilion "C" (by Fire Station) ☐ None ☐

Park Building Rental Civic Center Park ☒ Huffman Park ☐ Rosies' Park ☐ \$25/hr w/ \$100 refundable damage dep.  
Non-residents \$50/hr w/ \$100 damage deposit/ Building Key will be signed out 24 hours before event or on Fridays for weekend events.

Date(s) Requested June 17, 2023 Time 8 a.m. To 7 p.m.

Name of Person/Organization/Group Madison Heights Citizens United Phone Number 248-217-6232

Address P.O. Box 71276 City/Zip Madison Heights, MI 48071

Contact Person's Email Address mhcitizensunited@gmail.com Contact Person's Cell 248-217-6232

Activity Planned 2023 Madison Heights Juneteenth Celebration Expected Attendance 1,500 - 2,000

Refund Check Made Payable To and Address Same as above

### PARK FACILITIES

1. Park Hours: Sunrise to 10:00 p.m.
2. Park Pavilions are available for rent to both Madison Heights residents and Non-residents, businesses, civic groups and religious organizations. Pavilions "A" and "B" shelters are approximately 30 feet x 35 feet and will seat approximately 80 people. Pavilion "C" is approximately 30 feet x 52 feet and will seat approximately 115 people. Pavilions are rented on a first-come, first-served basis and a General Liability or Homeowner's Insurance is required. **There is a maximum of 100 people in Pavilion "A" & "B", and a maximum of 125 people in Pavilion "C".**
3. Restrooms will be open to the public on Saturdays and Sundays, 11:00 a.m.-7:00 p.m., from approximately May 16<sup>th</sup> through September 30<sup>th</sup>. Restrooms may be available Monday - Friday during this time, based upon your individual request. As a pavilion user, your cooperation in maintaining the cleanliness of the restrooms in the park is appreciated.
5. Picnic and volleyball kits are available for rent on a first-come, first-served basis at the Department of Public Services.
6. Not more than two (2) temporary signs announcing any annual or semi-annual public, charitable, educational or religious event or function, located entirely within the premises on which the event or function is to occur shall be permitted. Maximum sign area shall not exceed thirty-two (32) square feet per side or sixty-four (64) square feet total and the sign shall be free standing. Signs shall be erected no more than one (1) week prior to the event and shall be removed within twenty-four (24) hours after the end of the event or function.

### RESERVATIONS

1. Pavilion Fees: **\$50.00 per Pavilion Resident / \$100 per Pavilion Non-Resident**  
**\$50.00 per Pavilion Resident AND Non-Resident refundable damage/cleanup deposit**
2. The Department of Public Services reserves the right to cancel any reservation, in conflict with a City-sponsored event. A minimum of 48-hours notice will be given to the applicant if the need arises to cancel a reservation.
3. Reservations will be taken beginning in January of each year for the coming May through September. **All reservations must be made in person.** Reservations will be accepted on a first-come, first-served basis.
4. Pavilion reservations are valid for the date and time shown above on the permit. No rain dates are provided.
5. A \$10.00 service fee will be assessed for a pavilion rental cancellation. If the cancellation notification is within one week of rental, no refund will be issued.
6. Proof of Madison Heights residency or affiliation with group/organization must be provided when making reservation.
7. If a pavilion user wishes to use the ball field, a separate permit must be obtained from the Department of Public Services.
8. A separate beer/wine only permit is required and must be obtained from the Madison Heights Police Department. An approved park reservation is required prior to obtaining a beer/wine only permit and users must have a Park Shelter Permit or a Ball Field Permit. **NOTE: A BEER/WINE ONLY PERMIT WILL NOT BE ISSUED FOR A GRADUATION PARTY.**
9. A Park Ranger will periodically check with the pavilion users during the rental time.



**Remember to sign the back of this application!**



### **PARK RULES**

1. The pavilion areas must be left clean and all trash must be placed in the large dumpster near the tennis courts.
2. Applicants shall not be permitted to store items in the Park Shelter Building unless approved as part of a Special Event.
3. No motorized vehicles or trailers (including caterers) are permitted on the grass or walking trails (not even to unload). Cars are only allowed on the street and parking lots.
4. No tents are permitted. Dunk tanks, moonwalks, or any other outside equipment requires **high risk insurance**.
5. Volleyball or softball must be played in designated areas. **No horseshoes are permitted.**
6. No political or religious signage or political fundraisers will be permitted.
7. **No bands or disc jockeys are permitted unless approved as part of a Special Event.**
8. No alcohol is permitted in the parks except beer and wine by permit issued by the Madison Heights Police Department.
9. No rowdy, raucous, or unacceptable behavior of any persons affiliated with this rental will be tolerated.
10. No fires are allowed except in grills.
11. This permit can be revoked at any time without refund for non-compliance with any provision of this rental agreement, or if the best interests of the City of Madison Heights are served.

### **ACTIVITY SUPERVISION**

1. The applicant must be a responsible person over the age of 18.
2. Adult supervision is required at all events. We recommend that groups composed of persons less than 18 years of age have at least one adult present for every 20 persons under the age of 18.
3. Adults will be responsible for minor children at all times.
4. Keep in mind that other patrons are using the park. Please be courteous!

### **LIABILITY**

1. The City of Madison Heights assumes no responsibility, financial or otherwise, for loss of property, the spread of sickness or disease, accidents or injuries sustained by individuals or groups of individuals using the facilities.
2. The Applicant will be billed for any loss/breakage or abuse of City equipment or the grounds.
3. The City reserves the right to deny any applicant use of the facility based on the type of activity or liability exposure.

### **INDEMNIFICATION AGREEMENT**

1. The applicant will indemnify the City of Madison Heights, defend and save it harmless from and against any and all claims, actions, damages, liability, and expense, including attorney's fees, in connection with loss of life, personal injury and/or damage to property arising from or out of the occupancy or use by the applicant of the premises or any part thereof or any other parts of the City's property, occasioned wholly or in part by an act or admission of the applicant, its agents, contractors, or employees.
2. **A General Liability or Homeowners insurance certificate is required in accordance with the Uniform Insurance Requirements for Special Events, a copy of which is attached. The insurance certificate must be reviewed and accepted by the City prior the date of the activity.**

I have read the attached policies and understand them thoroughly. I further state that I have the authority to sign this application for the above-named group/organization.

SIGNATURE OF APPLICANT



DATE

3-5-23

**Uniform Insurance Requirements for Special Events  
City of Madison Heights**

The type of special event will be categorized into "Hazard Groups".

These groupings are as follows:

**LOW HAZARD**

**MEDIUM HAZARD**

**HIGH HAZARD**

**SPECIAL HAZARD**

**EXCLUDED HAZARD**

These "Hazard Groups" are defined as follows:

**LOW HAZARD:** No physical activity by participants and not severe exposure to spectators, such as indoor or outdoor meetings, organized religious and/or academic studies, small theatrical performances, auctions, picnics without alcoholic beverages and social gatherings without alcoholic beverages.

**MEDIUM HAZARD:** Limited physical activity by participants and no severe exposure to spectators, such as dances, flea markets, picnics with alcoholic beverages, parades with no floats or motorized, wheeled vehicles, walk-a-thons that take place on the sidewalk or in the park, "family-type" concerts, and on-street solicitations.

**HIGH HAZARD:** Extensive participation by participants and/or moderate to severe exposure to spectators, such as team or individual sporting events (non-professional), such as softball tournaments, little league football, baseball, and soccer, Olympic fairs, circuses, parades with floats or motorized, wheeled vehicles, domesticated animal shows, runs, wherever located, walks that take place on public streets, or similar races, outdoor camping activities, and custom car shows.

**SPECIAL HAZARD:** Extensive participation by participants and/or severe exposure to spectators, such as carnival rides, rock concerts, professional or collegiate sporting events, non-domesticated animal shows, rodeos, haunted houses, community fairs and all functions where alcoholic beverages are served. Any events in this group should be reviewed and thoroughly planned with input from risk manager and legal counsel.

**EXCLUDED HAZARD:** Extensive participation by participants and/or inherently dangerous exposure to spectators, such that the City would not allow any club or organization to perform this activity on City property or in the City Right-of-Way, like Bungee Jumping or Skydiving; or, an activity that the City would insist on performing or through an appropriate contractor, such as Fireworks Displays.

The following minimum insurance coverages for each hazard group, evidence of which coverage is to be provided by way of a Certificate of Insurance to the City prior to the event:

1. **LOW HAZARD:** (See Exhibits 1 and 2) No physical activity by participants and no severe exposure to spectators, such as indoor or outdoor meetings, organized religious and/or academic studies, small theatrical performances, auctions, picnics without alcoholic beverages and social gatherings without alcoholic beverages.

- a) \*Personal Comprehensive or Commercial General Liability (CGL) Policy;  
(whichever applies)
- b) \*Occurrence Basis Coverage;
- c) \*\$100,000 or 300,000.00 per occurrence and/or aggregate, combined single limit for bodily injury, products liability, personal injury and property damage  
(whichever applies);
- d) \$50,000.00 fire damage for anyone fire;
- e) \*\$1,000.00 or 5,000.00 medical expense for anyone person (whichever applies);
- f) Include an endorsement naming City as an additional insured;
- g) Thirty (30) days advance written notice to City of cancellation, non-renewal, reduction and/or material change in policy. It is understood that a 10-day notice is permitted, by State insurance laws, for non-payment of premium;
- h) \*Indemnification, Defend and Hold Harmless Agreement; (See application) and
- i) Insurance company issuing policy must be acceptable to City.

\*Applies to Pavilion Rentals

2. **MEDIUM HAZARD:** (See Exhibit 3) Limited physical activity by participants and no severe exposure to spectators, such as dances, flea markets, picnics with alcoholic beverages, parades with no floats or motorized, wheeled vehicles, walk-a-thons that take place on the sidewalk or in the park, "family-type" concerts and on-street solicitations.

- a) Comprehensive or Commercial General Liability (CGL) Policy;
- b) Occurrence Basis Coverage;
- c) \$1,000,000.00 per occurrence and/or aggregate, combined single limit for bodily injury, products liability, personal injury and property damage;
- d) \$50,000.00 fire damage for anyone fire;
- e) \$5,000.00 medical expense for anyone person;

- f) \$1,000,000.00 vehicle liability coverage and Michigan No-Fault coverages, including all owned, non-owned and hired vehicle (if applicable to event);
- g) Include an endorsement naming City as an additional insured;
- h) Thirty (30) days advance written notice to City of cancellation, non-renewal, reduction and/or material change in policy. It is understood that a 10-day notice is permitted, by State insurance laws, for non-payment of premium; and
- i) Indemnification, Defend and Hold Harmless Agreement (See application); and
- j) Insurance company issuing policy must be acceptable to City.

3. **HIGH HAZARD:** (See Exhibit 4) Extensive participation by participants and/or moderate to severe exposure to spectators, such as team or individual sporting events (nonprofessional), such as softball tournaments, football, baseball, and soccer, Olympic fairs, circuses, parades with floats or motorized, wheeled vehicles, domesticated animal shows, runs, wherever located, walks that take place on the public streets, or similar races, outdoor camping activities, and custom car shows.

- a) Comprehensive or Commercial General Liability (CGL) Policy;
- b) Occurrence Basis Coverage;
- c) \$3,000,000.00 per occurrence and/or aggregate, combined single limit for bodily injury, products liability, personal injury and property damage;
- d) \$50,000.00 fire damage for anyone fire;
- e) \$5,000.00 medical expense for anyone person;
- f) \$3,000,000.00 vehicle liability coverage and Michigan No-Fault coverages, including all owned, non-owned and hired vehicle (if applicable to event);
- g) City to be named as an additional insured;
- h) Thirty (30) days advance written notice to City of cancellation, non-renewal, reduction and/or material change in policy. It is understood that a 10-day notice is permitted, by State insurance laws, for non-payment of premium; and
- i) Indemnification, Defend and Hold Harmless Agreement (See application); and
- j) Insurance company issuing policy must be acceptable to City.

**4. SPECIAL HAZARD:** (See Exhibit 5) Extensive participation by participants and/or severe exposure to spectators, such as carnival rides, rock concerts, professional or collegiate sporting events, non-domesticated animal shows, rodeos, haunted houses, community fairs and all functions where alcoholic beverages are served. Any events in this group should be reviewed and thoroughly planned with input from risk manager and legal counsel.

Due to the unique circumstances involved in a special hazard event, it is impossible to set overall guidelines for each of the possible events. However, several specific past special hazard events have taken place on City property. One such special hazard event involves the serving of alcoholic beverages. The serving of alcoholic beverages on City property must be strictly controlled and monitored. The potential liability that can exist or be manifested emanating from behavior due to the consumption of alcoholic beverages could severely and adversely impact the financial wellbeing of the community. The following insurance coverage and requirements for any event where alcoholic beverages are served, during a one (1) to four (4) day period of time, on City property or in the City Right-of-Way:

**SERVING OF ALCOHOLIC BEVERAGES (see Exhibit 5):**

- a) Applicant must obtain approval from the Michigan Liquor Control Commission;
- b) At least one (1) person shall have training as an alcoholic beverage server from an organization such as Team-Michigan;
- c) \$1,000,000.00 Liquor Liability Insurance coverage;
- d) Comprehensive or Commercial General Liability (CGL) Policy;
- e) Occurrence basis coverage for each policy;
- f) \$1,000,000.00 per occurrence and/or aggregate, combined single limit for bodily injury, products liability, personal injury and property damage;
- g) \$50,000.00 fire damage for anyone fire for each policy;
- h) \$5,000.00 medical expense for anyone person for each policy;
- i) \$1,000,000.00 vehicle liability coverage and Michigan No-Fault coverage, including all owned, non-owned and hired vehicles for each policy (if applicable to event);
- j) Include an endorsement naming the City as an additional insured on each policy;

- k) Thirty (30) days advance written notice to City of cancellation, nonrenewal, reductions and/or material change in each policy. It is understood that a 10-day notice is permitted, by State insurance laws, for nonpayment of premium.
- l) Indemnification, Defend and Hold Harmless; (see application); and
- l) Insurance company issuing policies must be acceptable to City.

**CARNIVAL RIDES:**

- a) Comprehensive or Commercial General Liability (CGL) Policy;
- b) Occurrence Basis Coverage;
- c) \$3,000,000.00 per occurrence and/or aggregate, combined single limit for bodily injury, products liability, personal injury and property damage;
- d) \$50,000.00 fire damage for anyone fire;
- e) \$5,000.00 medical expense for anyone person;
- f) \$1,000,000.00 vehicle liability coverage and Michigan No-Fault coverages, including all owned, non-owned and hired vehicles (if applicable to event);
- g) Include an endorsement naming City as an additional insured;
- h) Thirty (30) days advance written notice to City of cancellation, nonrenewal, reduction and/or material change in policy. It is understood that a 10-day notice is permitted, by State insurance laws for non-payment of premium;
- i) Indemnification, Defend and Hold Harmless (see application); and
- j) Insurance company issuing policies must be acceptable to City.
- a) For your convenience, a concise table of Uniform Insurance Requirements for Special Events has been attached as Exhibit 6.

**EXCLUDED HAZARD:**

There are certain activities that are so inherently dangerous that the City would not allow any club or organization to perform on City property or in the City Right-of-Way. These activities include, but are not limited to: Skydiving and Bungee Jumping. The MMRMA has notified the City of Madison Heights that it has absolutely no insurance coverage, whatsoever, in regard to any Skydiving special event. The City would be required to pay any claim or judgment, resulting from a Skydiving mishap, directly out of its General Operating Funds or from its assets, or, if able, impose higher taxes on its citizens. Likewise, the safety of Bungee Jumping and the lack of regulations relative to the same have been called into question as a result of recent injuries and deaths. Until such time that the safety record of this event can be improved, it would be imprudent on the part of the City to presently approve such an event. Although a citizen may request to hold a special event in the City of Madison Heights and although the purpose of said special event may be a good one or for a worthy cause, it would be improper for the City to approve a non-governmental function on its property or in its right-of-way where the risks of catastrophe are so high. At the present time, such special events will not be approved under any circumstance. In addition, there are inherently dangerous activities, whose safety records have been verified if said activity is properly performed, that the City would insist on performing itself through an appropriate contractor, such as fireworks displays. On City property and in the City Right-of-Way, only the City will be permitted to perform the activity of firework displays. Any and all contractors hired by the City for the purpose of performing fireworks display must comply with the National Fire Protection Agency Code (NFPA) and supply the City with an appropriate Pyrotechnics-Fireworks insurance policy, in addition to other requirements.

**EXHIBIT 1****Allstate Indemnity Company**

Policy Number: 9 06 567222 05/10  
For Premium Period Beginning: May 10, 2000

**COVERAGE AND APPLICABLE DEDUCTIBLES**  
(See Policy for Applicable Terms, Conditions and Exclusions)**LIMITS OF LIABILITY**

Personal Property Protection - Reimbursement Provision  
• \$500 All Peril Deductible Applies

\$20,000

Additional Living Expense

Up To 12 Months

Family Liability Protection

\$100,000

each occurrence

Guest Medical Protection

\$1,000

each person

**DISCOUNTS**

Your premium reflects the following discounts on applicable coverage(s):

Protective Device

5 %

Home and Auto

10 %

**RATING INFORMATION**

Reprinted as of  
May 12, 2000

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TOTAL P.03



# ACORD LOW HAZARD CERTIFICATE OF LIABILITY INSURANCE EXHIBIT 2

DATE (MM/DD/YYYY)  
00/00/20XX

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.

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<b>PRODUCER</b> ABC Insurance Agency 123 Main Street Anywhere, USA		<b>CONTACT NAME:</b> PHONE (A/C No. Ex): 555-555-1234 FAX (A/C No.): 555-555-5678 E-MAIL: ADDRESS:															
<b>INSURED</b> XYZ Construction Company 456 Main Street Anywhere MI		<b>INSURER(S) AFFORDING COVERAGE</b> <table border="1"> <tr> <th>INSURER</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: ABC Insurance Company</td> <td>0000</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>		INSURER	NAIC #	INSURER A: ABC Insurance Company	0000	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER	NAIC #																
INSURER A: ABC Insurance Company	0000																
INSURER B:																	
INSURER C:																	
INSURER D:																	
INSURER E:																	
INSURER F:																	

## COVERAGES

CERTIFICATE NUMBER:

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	ADDITIONAL SUBROGATION WAIVED	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"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER	Y	00-00-00-00	00/00/00	00/00/00	EACH OCCURRENCE \$ 300,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 300,000 GENERAL AGGREGATE \$ 300,000 PRODUCTS - COMPROP AGG \$ 300,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					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 \$					EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			PER STATUTE <input type="checkbox"/> OTHER <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)  
 List Event and Dates

Additional Insured - See Endorsement  
 Cancellation Notice - See Endorsement  
 Primary & Non-Contributory - See Endorsement

## CERTIFICATE HOLDER

City of Madison Heights  
 300 W. 13 Mile Rd.  
 Madison Heights, MI 48071

## CANCELLATION

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

Agent Signature



MEDIUM HAZARD

## CERTIFICATE OF LIABILITY INSURANCE

EXHIBIT 3

DATE (MM/DD/YYYY)  
00/00/20XX

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 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 ABC Insurance Agency 123 Main Street Anywhere, USA	CONTACT NAME:	PHONE (A/C No. Ex): 555-555-1234	FAX (A/C No.): 555-555-5678
	E-MAIL ADDRESS:		
INSURED XYZ Construction Company 456 Main Street  Anywhere MI	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: ABC Insurance Company		0000
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
INSURER F:			

## COVERAGES

## CERTIFICATE NUMBER:

## 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 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 type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	00-00-00-00	00/00/00	00/00/00	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> PIP <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> PPI	Y	00-00-00-00	00/00/00	00/00/00	COMBINED SINGLE LIMIT (Ea accident) \$ 500,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ PER STATUTE \$ OTH-ER \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A				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)  
List Event and Dates

Additional Insured - See Endorsement  
Cancellation Notice - See Endorsement  
Primary & Non-Contributory - See Endorsement

## CERTIFICATE HOLDER

## CANCELLATION

City of Madison Heights 300 W. 13 Mile Rd. Madison Heights, MI 48071	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  Agent Signature

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## HIGH HAZARD CERTIFICATE OF LIABILITY INSURANCE EXHIBIT 4

DATE (MM/DD/YYYY)  
00/00/20XX

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 POLIC BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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<b>PRODUCER</b> ABC Insurance Agency 123 Main Street Anywhere, USA	<b>CONTACT</b> NAME: PHONE (A/C No. Ext): 555-555-1234 FAX (A/C No.): 555-555-56 E-MAIL: ADDRESS:	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> XYZ Construction Company 456 Main Street  Anywhere MI	INSURER A: ABC Insurance Company	NAIC 0000
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

## COVERAGES

## CERTIFICATE NUMBER:

## 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 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 type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	Y	00-00-00-00	00/00/00	00/00/00	EACH OCCURRENCE \$ 3,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 3,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> PIP <input checked="" type="checkbox"/> PPI	Y	00-00-00-00	00/00/00	00/00/00	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE \$ AGGREGATE \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N 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)

List Event and Dates

Additional Insured - See Endorsement

Cancellation Notice - See Endorsement

Primary & Non-Contributory - See Endorsement

## CERTIFICATE HOLDER

City of Madison Heights  
300 W. 13 Mile Rd.  
Madison Heights, MI 48071

## CANCELLATION

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

Agent Signature



CARNIVAL RIDES

## CERTIFICATE OF LIABILITY INSURANCE

EXHIBIT 5

DATE (MM/DD/YYYY)  
00/00/20XX

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<b>PRODUCER</b> ABC Insurance Agency 123 Main Street Anywhere, USA		<b>CONTACT NAME:</b> PHONE (A/C No. Ext): 555-555-1234 FAX (A/C No.): 555-555-6678 E-MAIL: ADDRESS:	
<b>INSURED</b> XYZ Construction Company 456 Main Street  Anywhere MI		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: ABC Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 0000	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDITIONAL SUBROGATION (MSD) 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 type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	00-00-00-00	00/00/00	00/00/00	EACH OCCURRENCE \$ 3,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 3,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMPIOP AGG \$ 3,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> PIP <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> PPI	Y	00-00-00-00	00/00/00	00/00/00	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE \$ AGGREGATE \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$					PER STATUTE \$ OTHER \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A				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)  
List Event and Dates

Additional Insured - See Endorsement  
Cancellation Notice - See Endorsement  
Primary & Non-Contributory - See Endorsement

## CERTIFICATE HOLDER

## CANCELLATION

City of Madison Heights  
300 W. 13 Mile Rd.  
Madison Heights, MI 48071

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

Agent Signature

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SERVING ALCOHOL

## CERTIFICATE OF LIABILITY INSURANCE

EXHIBIT 5

DATE (MM/DD/YYYY)  
00/00/20XX

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.

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<b>PRODUCER</b> ABC Insurance Agency 123 Main Street Anywhere, USA	<b>CONTACT NAME:</b>	
	<b>PHONE (A/C No. Ext):</b> 555-555-1234	<b>FAX (A/C No.):</b> 555-555-5678
<b>INSURED</b> XYZ Construction Company 456 Main Street  Anywhere MI	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A:</b> ABC Insurance Company	<b>NAIC #</b> 0000
	<b>INSURER B:</b> DEF Insurance Company	<b>NAIC #</b> 0000
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

## COVERAGES

CERTIFICATE NUMBER:

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.

INSTR LTR	TYPE OF INSURANCE	ADDITIONAL INSURED	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"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	00-00-00-00	00/00/00	00/00/00	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COM/OP AGG \$ 1,000,000
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> PIP <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> PPI	Y	00-00-00-00	00/00/00	00/00/00	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 <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE					EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A				PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Liquor Liability (one to four days)		00-00-00-00	00/00/00	00/00/00	General Aggregate - \$1,000,000 Each Occurrence - \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
List Event and Dates

Additional Insured - See Endorsement

Cancellation Notice - See Endorsement

Primary & Non-Contributory - See Endorsement

## CERTIFICATE HOLDER

City of Madison Heights  
300 W. 13 Mile Rd.  
Madison Heights, MI 48071

## CANCELLATION

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

Agent Signature

**Exhibit 6**

**Table of Uniform Insurance Requirements for Special Events**

	Type of Insurance	Type of Policy	Amount of Coverage	Amount for Fire	Amount for Medical	Vehicle Coverage @	Additional Insured	Notice Cancel	Hold Harmless
Low Hazard	Commercial General Liability	Occurrence Basis	\$300,000	\$50,000	\$5,000	N/A	Yes	30 days	Yes
Low Hazard (pavilion rental)	Homeowners Policy	Occurrence Basis	\$100,000	\$0	\$1,000	N/A	N/A	N/A	Yes
Medium Hazard	Commercial General Liability	Occurrence Basis	\$1,000,000	\$50,000	\$5,000	\$500,000	Yes	30 days	Yes
High Hazard	Commercial General Liability	Occurrence Basis	\$3,000,000	\$50,000	\$5,000	\$1,000,000	Yes	30 days	Yes
Special Hazard	Commercial General Liability	Occurrence Basis	\$3,000,000	\$50,000	\$5,000	\$1,000,000	Yes	30 days	Yes
Alcoholic Beverage	Commercial General Liability	Approval from LCC	\$1,000,000	\$50,000	\$5,000	\$1,000,000	Yes	30 days	Yes
Carnival Rides	Commercial General Liability	Occurrence Basis	\$3,000,000	\$50,000	\$5,000	\$1,000,000	Yes	30 days	Yes

@ = where applicable



# Madison Heights Police Department

280 West Thirteen Mile Road  
Madison Heights, Michigan 48071  
248-585-2100 Fax 248-585-8090



## BEER & WINE APPLICATION FOR USE IN A CITY PARK

FULL NAME: \_\_\_\_\_  
(First) (Middle) (Last)

NAME OF BUSINESS, GROUP, OR ORGANIZATIONS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

MICHIGAN DRIVER'S LICENSE # OR STATE ID # \_\_\_\_\_

AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ PHONES: ( ) ( )  
(Home) (Cell)

DATE OF PARTY: \_\_\_\_\_ TIME OF PARTY: \_\_\_\_\_

☐ I HAVE ATTACHED A COPY OF THE PAVILLION RENTAL RECEIPT FOR THE DEPARTMENT OF PUBLIC SERVICES

☐ I HAVE ATTACHED A COPY OF MY HOMEOWNER'S INSURANCE POLICY LISTING THE CITY OF MADISON HEIGHTS AS AN **ADDITIONAL INTERESTED PARTY**

The alcoholic beverages **may not be sold or offered for sale** nor may you charge any type of admission for the event. The permit may be revoked at the discretion of the Police Department to preserve the Public Peace and to enforce all of the laws of the State of Michigan as they apply to the consumption of alcohol. (ref. Sec 19-5, Ord #510)

The person making application for this permit and signing below will be held responsible for the action of their guests. This person may be cited and charged under Michigan Statutes for any violations of the liquor laws relating to the consumption of alcohol by minors.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

