

**SPECIAL EVENTS**

Municipality: Village of Winnebago		Date: 06/03/2024
Name of person submitting: Kellie Symonds		
Title: Deputy Clerk		
Phone number: 815-335-2020	Email: July 4, 2024	

Name of special event: July 4, 2024		
Date(s) of event: July 4, 2024		
What group or organization is responsible for managing/organizing this event?		
Village of Winnebago will oversee the Fourth of July Parade.		
If managed/organized by the municipality, was a committee appointed by the mayor and/or council?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Description of event:		
The parade line-up will begin at the school at 8a.m. on July 4, 2024. Parade will start at 10a.m. west on McNair Road, South on Benton Street to Winnebag Street, then east to Elida Street then north ending at the school. The Village of Winnebago Police Department will direct traffic at the various intersections.		

Location / property owner:

If another organization is holding an event on municipal property, we recommend that the municipality obtain proof of liability coverage from the organization naming the municipality as an additional insured and obtain a copy of the additional insured endorsement.

If the municipality is holding the event on someone else's property, do they require a certificate of coverage naming them an additional insured? Include name, address and phone number of individual or group.

The parade line-up will begin on the Winnebago School District property and end at the same. Please provide certificate of insurance. Winnebago Community School District #323 304 E McNair, Winnebago, IL 61088

Carnival:	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Did you obtain a certificate from the carnival naming the municipality as an additional insured including additional insured endorsement:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Liquor:	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Sold <input type="checkbox"/>	Given Away <input type="checkbox"/>	

What kind of liquor?

Who is selling/giving away liquor?

Details on how the liquor will be served and how minors will be checked:

Return this form by email to jreynolds@ccmsi.com or by fax to (217) 443-0927.

Print Form



2023 Parade Route

Step-off is at 10:00am

Route will be:

McNair Road west to Benton St.,
Benton St. south to Winnebago St.
Winnebago St. east to Elida St.
Elida St. north to Ferguson Ln.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/3/2024

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 Illinois Municipal League Risk Management Association c/o Cannon Cochran Management Services, Inc. Towne Centre Building 2 East Main Street Danville, IL 61832	CONTACT NAME: Julia Reynolds PHONE (A/C, No, Ext): (217) 444-1199 E-MAIL ADDRESS: jreynolds@ccmsi.com FAX (A/C, No): (217) 477-6799
INSURED VILLAGE OF WINNEBAGO ATTN: KELLIE SYMONDS 108 WEST MAIN STREET WINNEBAGO IL 61088-8579	INSURER(S) AFFORDING COVERAGE INSURER A : Illinois Municipal League Risk Management Association 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 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 type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			0395B0643	1/1/2024	1/1/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			0395B0643	1/1/2024	1/1/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			0395B0643	1/1/2024	1/1/2025	EACH OCCURRENCE \$ 7,000,000 AGGREGATE \$ 16,000,000 \$
A	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	0395B0643	1/1/2024	1/1/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 3,000,000 E.L. DISEASE - EA EMPLOYEE \$ 3,000,000 E.L. DISEASE - POLICY LIMIT \$ 3,000,000
A	PROP / IM / APD			0395B0643	1/1/2024	1/1/2025	per occurrence 250,000,000

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

WINNEBAGO COMMUNITY UNIT SCHOOL DISTRICT 323 IS ADDITIONAL INSURED AS RESPECTS FOR USE OF SCHOOL GROUNDS ON JULY 4, 2024. COVERAGE DOES NOT APPLY TO BI/PD RESULTING FROM SOLE NEGLIGENCE OF ADDITIONAL INSURED.

CERTIFICATE HOLDER**CANCELLATION**

WINNEBAGO COMMUNITY UNIT SCHOOL DISTRICT 323
304 E MCNAIR ROAD
WINNEBAGO IL 61088

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 RE

ILLINOIS MUNICIPAL LEAGUE RISK MANAGEMENT ASSOCIATION

**ENDORSEMENT #65
GENERAL PURPOSE ENDORSEMENT
ADDITIONAL COVERED PARTIES USE OF PREMISES BY MEMBER
COVERAGE ENDORSEMENT**

Member: **VILLAGE OF WINNEBAGO**

Agreement No. **0395B0643**

Effective Date: **01/01/2024 - 01/01/2025**

Named Additional Protected Party or Entity: **WINNEBAGO COMMUNITY UNIT SCHOOL DISTRICT 323**

Premises and Event: **USE OF SCHOOL GROUNDS ON JULY 4, 2024**

With Respect to Contract or Agreement Titled (if applicable): *N/A*

Protection extends to the additional protected party or entity, and its employees, and agents.

COVERAGE EXTENSION. The coverages afforded by forms RMA L, RMA 1, RMA 2, RMA 4, RMA 5, and RMA 6, including all terms, conditions, limitations, exclusions and provisions contained therein, are extended to include the coverage afforded hereunder subject to the following additional limitations:

A. The coverage provided to the additional protected party or entity applies only to “bodily injury” or “property damage”, but only with respect to liability for “bodily injury” or “property damage” caused, in whole or in part, by:

The acts or omissions of the Member or those acting on behalf of the Member:

- a. in the performance of the Member’s ongoing operations at the designated event; or
- b. in connection with the designated premises owned by or rented to the Member

Coverage does not apply to “bodily injury” or “property damage” if the acts or omissions of the Member or those acting on behalf of the Member did not directly cause the “occurrence”, “wrongful act” or other incident that results in a claim against the additional protected party or entity.

The coverage provided to the additional protected party or entity is subject to all other terms, conditions, and exclusions of the Association coverage grant(s).

B. However, regardless of the provisions of paragraph A above:

1. The Association will not extend any coverage to any additional protected party or entity:
 - a. That is not provided to the Member in the underlying coverage grant(s);
 - b. That is any broader coverage than the Member is required to provide to the additional protected party or entity in any written contract or written agreement; and
2. The Association will not provide limits of coverage to any additional protected party or entity that exceed the lower of:
 - a. \$1,000,000 per occurrence and \$1,000,000 annual aggregate; or
 - b. The limits of coverage the Member is required to provide in any written contract or written agreement.

All other terms, conditions, limitations, exclusions and provisions of forms RMA L, RMA 1, RMA 2, RMA 4, RMA 5, and RMA 6 remain unchanged.