

DOWNTOWN  
WEST ALLIS  
INCORPORATED

RECEIVED

By Gina C. Gresch, MMC/WCPC at 10:40 am, Dec 08, 2021

7231 W. GREENFIELD AVE., SUITE 201 · WEST ALLIS, WI 53214  
PHONE (414) 774-2676 · FAX (414) 774-7728  
WWW.WESTALLISDOWNTOWN.COM

December 7, 2021

Mayor Dan Devine and Common Council Members  
City of West Allis, City Hall  
7525 W. Greenfield Ave.  
West Allis, WI 53214

Dear Honorable Mayor Devine and Common Council Members:

The Promotions Committee of the ***Downtown West Allis Business Improvement District (DWABID)***, in ***partnership with area businesses***, is looking to, once again, host an event entitled "***West Allis Downtown Soup-er Wednesday Soup Crawl***." ***This event will be held on Wednesday, January 19, 2022, from 5 pm to 8 pm.***

This event will be similar to our previous crawls we hosted in 2021. We are hoping to attract visitors to our Downtown by providing at least twelve different stops where they will be able to sample twelve different soups. To make this an appealing event and encourage social distancing, we ask you to declare our **West Allis Downtown Soup-er Wednesday Soup Crawl** as a "Community Event."

Masks will be encouraged and worn by all volunteers, business owners and participants. ***Barricades for this event are not required.*** Visitors will park their vehicles in one of the municipal lots and walk to their destinations. This will be a pre-paid event and limited to three hundred attendees.

Our organization holds a one-million-dollar event insurance policy with the City of West Allis listed as an additional insured. (See enclosed.)

Soup-er Wednesday Soup Crawl is part of an overall event entitled "West Allis Winter Week." We will be working with other organizations such as the West Allis Library and West Allis Rotary promoting activities and community spirit throughout the entire week.

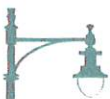
Downtown West Allis extends its thanks to Mayor Devine and the Common Council for their continued support and consideration in this matter. If you have any questions, please call 414-774-2676.

Sincerely,

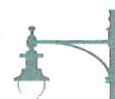
Donald Falk  
Downtown West Allis  
Promotions Committee Chair

Encl.

cc: Peter Feldhusen, Lindy Wiedmeyer, Alderperson Marty Weigel & Alderperson Tracy Stefanski and Dave Wepking



A MAIN STREET COMMUNITY A 501(C) NON-PROFIT CORPORATION  
BUILDING A POSITIVE IMAGE THAT ENCOURAGES CUSTOMER GROWTH AND  
WELCOMES COMMUNITY INVOLVEMENT





# CERTIFICATE OF LIABILITY INSURANCE

OP ID: SS

DATE (MM/DD/YYYY)

12/03/2021

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).

<b>PRODUCER</b> Icon Insurance Service Corp 567 Cottonwood Ave Suite 108 Hartland, WI 53029 Sandra E Spanaus	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: <b>DOWNT-1</b>	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Downtown West Allis BID Downtown West Allis Inc. Dianne Eineichner 7231 W. Greenfield Ave. West Allis, WI 53214	<b>INSURER A:</b> Hartford	
	<b>INSURER B:</b>	
	<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.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY	X		83SBAAC2695	01/17/2022	01/17/2023	EACH OCCURRENCE \$ <b>1,000,000</b>	
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>1,000,000</b>	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ <b>10,000</b>	
							PERSONAL & ADV INJURY \$ <b>1,000,000</b>	
							GENERAL AGGREGATE \$ <b>2,000,000</b>	
							PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b>	
							GENL. AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	
X	AUTOMOBILE LIABILITY			83SBAAC2695	01/17/2022	01/17/2023	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b>	
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$	
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$	
	<input type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (PER ACCIDENT) \$	
	<input checked="" type="checkbox"/> HIRED AUTOS							
<input checked="" type="checkbox"/> NON-OWNED AUTOS								
	UMBRELLA LIAB						EACH OCCURRENCE \$	
	EXCESS LIAB						CLAIMS-MADE	AGGREGATE \$
	DEDUCTIBLE							\$
	RETENTION \$							\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		N/A	83WECAC2SE5	01/17/2022	01/17/2022	<input checked="" type="checkbox"/> WC STATUTORY LIMITS   <input type="checkbox"/> OTHER	
	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 \$ <b>100,000</b>
								E.L. DISEASE - EA EMPLOYEE \$ <b>100,000</b>
								E.L. DISEASE - POLICY LIMIT \$ <b>500,000</b>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 Liability is extended to cover: January 19th, June 5th, August 3rd, October 2nd, October 29th

**CERTIFICATE HOLDER****CANCELLATION**

City of West Allis  
 City Hall  
 7525 W Greenfield Avenue  
 West Allis, WI 53214

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  
 Sandra E Spanaus

City Of West Allis; their officers, employees, agents, and volunteers are named as additional insured for GL, AL, & UMB coverages, but only as respects work performed by or on behalf of the named insured. Such insurance afforded shall be primary insurance and any insurance carried by certificate holder & additional insured shall be excess and not contributory insurance for general liability coverage. A waiver of subrogation is provided for the general liability, auto liability, professional liability, and umbrella liability coverage in favor of the additional insured. Severability of interest/cross liability wording is included for GL & AL Coverages.