

DOWNTOWN
WEST ALLIS
INCORPORATED

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

October 29, 2014

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 Downtown West Allis Business Improvement District (BID) is planning to again sponsor ***Christmas On The Avenue*** on Saturday, December 6, 2014 from 1:30 to 3:30pm. Christmas On The Avenue will feature roving entertainment, scavenger hunt, hay rides, storyteller and children's crafts and games. We look forward to working on additional features for this event with the City of West Allis staff.

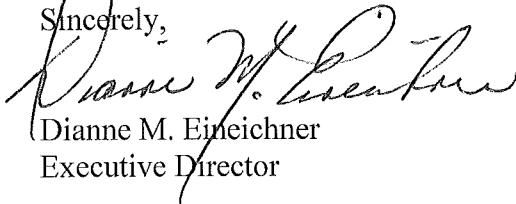
Due to various reasons, we will not be hosting the ice carving competition this year. Additional "No Parking" signs will not be needed.

The BID holds a one-million dollar event insurance policy with the City listed as an additional insured.

The BID wishes to send continued thanks to Mayor Devine, Common Council and Department of Public Works for your on-going support.

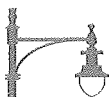
If you have any questions, please me at 774-2676. Thank you.

Sincerely,

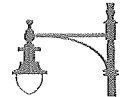


Dianne M. Eineichner
Executive Director

Encl.



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: NS

DATE (MM/DD/YYYY)
01/30/2014

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
Con Insurance Service Co.
359 N5002 Brown St, Su 103
conomowoc, WI 53066
Sandra E Spanaus

CONTACT NAME:
PHONE (A/C, No, Ext):
E-MAIL ADDRESS:
PRODUCER CUSTOMER ID #: **DOWNT-1**
FAX (A/C, No):

INSURED
Downtown West Allis BID
Dianne Ineichner
7231 WGreenfield Ave.
West Allis, WI 53214

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A:	Zurich Insurance Co.	
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.

TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/>	X	X	PPS 42919275	01/17/2014	01/17/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		X	PAS01416074	01/17/2014	01/17/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (PER ACCIDENT) \$
UMBRELLA LIAB EXCESS LIAB DEDUCTIBLE RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N <input type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below			PPS 42919275	01/17/2014	01/17/2015	<input checked="" type="checkbox"/> WC STATUTORY LIMITS OTHER 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 (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
of West Allis is an additional insured for liability on any and all of following: West Allis Ala Carte Sunday June 1st, Downtown West Allis Civic Car Show 10/5/14, Downtown West Allis Meet & Treat, 10/25/14, 1stmas on the Avenue 12/6/14

CERTIFICATE HOLDER
City of West Allis
City Hall
Community Dev Authority
7525 W Greenfield Ave
West Allis, WI 53214

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
Sandra E Spanaus