



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 15, 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 host, once again, ***“West Allis Downtown Fall Crawl-Dine Around the World.”*** ***This event will be held on Wednesday, November 17, 2021, from 5pm to 8pm.***

This event will be very similar to our other crawls we’ve held in the past. With these crawls we are looking to include our retail businesses as well as our restaurants. We are hoping to attract visitors to our Downtown by providing at 12 different stops where they will be able to sample food favorites from around the world. There will be specials, sales, and refreshments to all who visit, encouraging our Shop Small Campaign. To make this an appealing event and encourage social distancing, we ask you to declare our **West Allis Downtown Fall Crawl-Dine Around the World** as a “Community Event.”

Masks will be encouraged to be worn by all volunteers, business owners and participants. This will be a pre-paid event and limited to 250 participants.

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

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, and Alderperson Tracy Stefanski





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
**12/02/2020**

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<br>Icon Insurance Service Corp<br>557 Cottonwood Ave Suite 108<br>Hartland, WI 53029<br>Sandra E Spanaus                                 | CONTACT NAME:                 |                |        |
|   | PHONE (A/C, No, Ext):         | FAX (A/C, No): |        |
| E-MAIL ADDRESS:   |                               |                |        |
| PRODUCER CUSTOMER ID #: <b>DOWNT-1</b>  |                               |                |        |
| INSURED<br><b>Downtown West Allis BID<br/>Downtown West Allis Inc.<br/>Dianne Eineichner<br/>7231 W. Greenfield Ave.<br/>West Allis, WI 53214</b> | INSURER(S) AFFORDING COVERAGE |                | NAIC # |
|   | INSURER A : <b>Hartford</b>   |                |        |
|   | 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 INSR                    | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |                                |                            |            |                             |                        |              |
|-------------------------------------|---|------------------------------|----------|---------------|-------------------------|-------------------------|---|--------------------------------|----------------------------|------------|-----------------------------|------------------------|--------------|
| A                                   | GENERAL LIABILITY   |                              | X        | 83SBAAC2695   | 01/17/2021              | 01/17/2022              | EACH OCCURRENCE   | \$ 1,000,000                   |                            |            |                             |                        |              |
|                                     | X   | COMMERCIAL GENERAL LIABILITY |          |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence)               | \$ 1,000,000                   |                            |            |                             |                        |              |
|                                     |   | <input type="checkbox"/>     |          |               |                         |                         | CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR   | MED EXP (Any one person)       | \$ 10,000                  |            |                             |                        |              |
|                                     | <input type="checkbox"/>  |                              |          |               |                         |                         | PERSONAL & ADV INJURY                                   | \$ 1,000,000                   |                            |            |                             |                        |              |
|                                     | GEN'L AGGREGATE LIMIT APPLIES PER:  |                              |          |               |                         |                         |   |                                |                            |            |                             | GENERAL AGGREGATE      | \$ 2,000,000 |
|                                     | <input type="checkbox"/>  | POLICY                       |          |               |                         |                         | <input type="checkbox"/>                                | PRO-JECT                       | <input type="checkbox"/>   | LOC        |                             | PRODUCTS - COMP/OP AGG | \$ 2,000,000 |
|                                     |   |                              |          |               |                         |                         |   |                                |                            |            |                             |                        | \$           |
|                                     |   |                              |          |               |                         |                         |   |                                |                            |            |                             |                        | \$           |
| X                                   | AUTOMOBILE LIABILITY  |                              |          | 83SBAAC2695   | 01/17/2021              | 01/17/2022              | COMBINED SINGLE LIMIT (Ea accident)                     | \$ 1,000,000                   |                            |            |                             |                        |              |
|                                     | <input type="checkbox"/>  | ANY AUTO                     |          |               |                         |                         | BODILY INJURY (Per person)                              | \$                             |                            |            |                             |                        |              |
|                                     | <input type="checkbox"/>  | ALL OWNED AUTOS              |          |               |                         |                         | BODILY INJURY (Per accident)                            | \$                             |                            |            |                             |                        |              |
|                                     | <input checked="" 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   | \$                             |                            |            |                             |                        |              |
|                                     | <input type="checkbox"/>  | EXCESS LIAB                  |          |               |                         |                         | CLAIMS-MADE   | AGGREGATE                      | \$                         |            |                             |                        |              |
|                                     | <input type="checkbox"/>  | DEDUCTIBLE                   |          |               |                         |                         |   | \$                             |                            |            |                             |                        |              |
|                                     | <input type="checkbox"/>  | RETENTION \$                 |          |               |                         |                         |   | \$                             |                            |            |                             |                        |              |
| A                                   | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY                               |                              |          | 83WECAC2SE5   | 01/17/2021              | 01/17/2022              | <input checked="" type="checkbox"/> WC STATUTORY LIMITS | <input type="checkbox"/> OTHER |                            |            |                             |                        |              |
|                                     | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) |                              |          |               |                         |                         | E.L. EACH ACCIDENT                                      | \$ 100,000                     |                            |            |                             |                        |              |
|                                     | If yes, describe under DESCRIPTION OF OPERATIONS below                      |                              |          |               |                         |                         |   |                                | 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)  
**Liability is extended to Jan 20, June 6th, Aug 4th, Oct 3rd, Oct 30, Nov 17 2021 with the City of West Allis named as additional insured.**

|   |  |
|---|--|
| <b>CERTIFICATE HOLDER</b>   | <b>CANCELLATION</b>  |
| <b>CITYOFW</b>  | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
| City of West Allis<br>City Hall<br>7525 W Greenfield Avenue<br>West Allis, WI 53214 |  |
|   | AUTHORIZED REPRESENTATIVE<br>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.