

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

August 10, 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:

Milwaukee Empty Bowls (MEB) and Cream City Clay, with support from The Downtown West Allis, Inc. (DWA, Inc.) Promotions Committee, are looking to host a new event for our Downtown entitled "MEB Pop-up hosted by Cream City Clay." This event will be held on Saturday, October 2, 2021, from Noon to 3pm. Milwaukee Empty Bowls engages the community through ceramic and culinary arts to raise hunger awareness and provide resources to local agencies addressing food insecurity.

We are asking for your permission to use 71st Street – south of Greenfield Avenue. (See attached map). April Klinter, Board President for Milwaukee Empty Bowls, and Colleen Volland, owner of Cream City Clay, have worked together on this project for the past few years and would like to take it one step further. By designating this side to street to this worth-while project, visitors will experience a craft / art atmosphere while supporting this great cause. Our organization will also promote this event and cause. We will close this side street at 10 am and reopen by 4 pm During the event hours, our visitors will be able to stroll the 15 to 20 vendors and then enjoy food and refreshments at our local restaurants.

As in previous years, the DWA, Inc. requests the assistance from the City of West Allis use of signs and barricades to ensure event safety. Since this event will take place the day before our Classic Car Show (Sunday, October 3, 2021,) there will be **no need for** additional barricades or "No Parking" signs for this event. Those items are being requested for our Classic Car Show and will be delivered on Friday, October 1st. We will work closely with both groups to ensure the street is properly closed and then reopened.

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

Milwaukee Empty Bowls also holds an event insurance policy with the City of West Alis listed.

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 Chairperson

Encl.

cc: David Wepking, Cindy Rausch, Alderperson Marty Weigel & 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.

the term	and conditions of the policy, certain policies may require an attended in lieu of such endorsement(s).	endorsement. A statement on this certificate does not confer ri	subject to ghts to the			
PRODUCER Icon Insurance Service Corp 557 Cottonwood Ave Suite 108 Hartland, WI 53029 Sandra E Spanaus		CONTACT NAME; PHONE FAX (A/C, No.): E-MAIL ADDRESS: PRODUCER CUSTOMER D#; DOWNT-1				
	Ph	INSURER(S) AFFORDING COVERAGE	NAIC#			
INSURED	Downtown West Allis BID Downtown West Allis Inc. Dianne Eineichner 7231 W. Greenfield Ave.	INSURER A : Hartford				
		INSURER B:				
		INSURER C:				
	West Allis, WI 53214	INSURER D:				
		INSURER E :				
		INSURER F:				
COVERAC		REVISION NUMBER:				
CERTIFIC EXCLUSION	TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAS NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION CATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORM ONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVI	N OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO V DED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL T	MHICH THIS			
NSR	TYPE OF INCHEANCE ADDL SUBR	POLICY EFF POLICY EXP				

INSR WVD POLICY NUMBER (MM/DD/YYYY) (MM/DD/YYYY) LIMITS GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) 1,000,000 Х COMMERCIAL GENERAL LIABILITY X 83SBAAC2695 01/17/2021 01/17/2022 1,000,000 \$ CLAIMS-MADE X OCCUR 10,000 MED EXP (Any one person) 1,000,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE GEN'L AGGREGATE LIMIT APPLIES PER: PRODUCTS - COMP/OP AGG 2,000,000 \$ POLICY AUTOMOBILE LIABILITY COMBINED SINGLE LIMIT 1,000,000 \$ (Ea accident) 83SBAAC2695 01/17/2021 01/17/2022 ANY AUTO BODILY INJURY (Per person) \$ ALL OWNED AUTOS BODILY INJURY (Per accident) \$ SCHEDULED AUTOS PROPERTY DAMAGE (PER ACCIDENT) \$ Х HIRED AUTOS X NON-OWNED AUTOS \$ UMBRELLA LIAB OCCUR EACH OCCURRENCE \$ **EXCESS LIAB** CLAIMS-MADE AGGREGATE DEDUCTIBLE RETENTION WORKERS COMPENSATION X WC STATU-TORY LIMITS AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) 83WECAC2SE5 01/17/2021 01/17/2022 100,000 E.L. EACH ACCIDENT N/A 100,000 E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under DESCRIPTION OF OPERATIONS below 500,000 E.L. DISEASE - POLICY LIMIT

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Liability is extended to Jan20, June 6th, Aug 4th, Oct 3rd, Oct 30, Nov 17 2021 with the City of West Allis named as additional insured.

CERTIFICATE HOLDER	CANCELLATION			
City of West Allis City Hall 7525 W Greenfield Avenue West Allis, WI 53214	CITYOFW	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		
1				

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NOTEPAD

Downtown West Allis BID INSURED'S NAME

DOWNT-1 OP ID: \$\$ PAGE 2 Date 12/02/2020

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.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/04/2021

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

IMPORTANT: If the certificate holde the terms and conditions of the police.	r is a y, cer	n ADI tain p	DITIONAL INSURED, the policies may require an e	policy ndorse	(les) must be ment. A stat	endorsed. ement on th	If SUBROGATION IS W	AIVED	, subject to ights to the	
certificate holder in lieu of such endorsement(s).										
				CONTACT NAME: Eventsured Customer Service						
Foresite Sports, Inc. (DBA: Eventsured)					PHONE (A/C, No, Ext): 888-882-5902 FAX (A/C, No): E-MAIL ADDRESS: info@eventsured.com					
Gregory Esterhal										
24 S. Newtown Street Road Newtown Square, PA 19073				INSURER(S) AFFORDING COVERAGE				NAIC#		
INSURED								43274		
				INSURER B:						
Milwaukee Empty Bowls April Klinter					INSURER C:					
3220 Woodview Lane					INSURER D :					
Saukville, WI 53080					INSURER E:					
	RTIFI	CATE	E NUMBER: TM215552	INSURER F: REVISION NUMBER:						
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							COMBINED SINGLE LIMIT (Ea accident)	\$		
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AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE	ւ									
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	∬N/A						E.L. EACH ACCIDENT	\$		
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHING Additional Insureds must be venue manage Primary & Non-Contributory (PNC) wording coverage is with respect to the Charity Aur W Greenfield Ave West Allis, WI 53214.	ers or a app	muni lies or	icipalities and are added w	ith resp nased b	ect to our insi	reds operation	written contract and as ind	heten	halow Thie	
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City of West Allis, Community Dev Authority 7525 W Greenfield Ave					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
West Allis WI, 53214				AUTHORIZED REPRESENTATIVE						