



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

June 25, 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 "West Allis Downtown *Fair Food Crawl*." This event will be held on Wednesday, August 4, 2021, from 5pm to 8pm.

We are hoping to attract visitors to our Downtown by providing at 12 different stops where they will be able to sample fair food. There will be specials, sales, and refreshments to all who visit. To make this an appealing event and encourage social distancing, we ask you to declare our **West Allis Downtown Fair Food Crawl** as a "Community Event."

Participants will drive to Old National Bank's parking lot where they will receive information on participating businesses and promotional items. (We will use our own sandwich board signage to direct traffic through and around Old National Bank's parking lot.) Visitors will then park their vehicles in one of the municipal lots and walk to their destinations. This will be a pre-paid event and limited 200 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: Dave Wepking, Cindy Rausch, Alderperson Marty Weigel & Alderperson Tracy Stefanski



*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)

12/02/2020

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).

<b>PRODUCER</b> Icon Insurance Service Corp 557 Cottonwood Ave Suite 108 Hartland, WI 53029 Sandra E Spanaus		<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: <b>DOWNT-1</b>		FAX (A/C, No):	
<b>INSURED</b> Downtown West Allis BID Downtown West Allis Inc. Dianne Einelchner 7231 W. Greenfield Ave. West Allis, WI 53214		<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>	
		<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 SUBR (INSR, WVD)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<b>GENERAL LIABILITY</b>	X	83SBAAC2695	01/17/2021	01/17/2022	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> 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
	GEN'L AGGREGATE LIMIT APPLIES PER:					PERSONAL & ADV INJURY	\$ 1,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					GENERAL AGGREGATE	\$ 2,000,000
						PRODUCTS - COMP/OP AGG	\$ 2,000,000
							\$
X	<b>AUTOMOBILE LIABILITY</b>		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 type="checkbox"/> SCHEDULED AUTOS					PROPERTY DAMAGE (PER ACCIDENT)	\$
	<input checked="" type="checkbox"/> HIRED AUTOS						\$
	<input checked="" type="checkbox"/> NON-OWNED AUTOS						\$
							\$
							\$
	<b>UMBRELLA LIAB</b>					EACH OCCURRENCE	\$
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> OCCUR				AGGREGATE	\$
		<input type="checkbox"/> CLAIMS-MADE					\$
	<input type="checkbox"/> DEDUCTIBLE						\$
	<input type="checkbox"/> RETENTION \$						\$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	N/A	83WECAC2SE5	01/17/2021	01/17/2022	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						
	If yes, describe under DESCRIPTION OF OPERATIONS below						
						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)  
 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.

**CERTIFICATE HOLDER****CANCELLATION**

CITYOFW

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

**NOTEPAD**

Downtown West Allis BID

DOWNT-1  
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INSURED'S NAME

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.