

# 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* has again committed the first Sunday in October for our Classic Car Show. ***Our 30<sup>th</sup> Annual Classic Car Show will be held on Sunday, October 3, 2021.*** Registration will be held from 6:30 AM to 9:30 AM with the show beginning at 10:00 AM. Winning cars will be announced at 2:30 PM. As always with this event, we anticipate a record number of visitors to Downtown West Allis.

This year we are again asking for your permission to close Greenfield Avenue, to traffic, from the hours of **5:00am until 6:00pm** and use the City Hall parking lot for our registration site. With Greenfield Avenue closed, we can accommodate over 500 Classic Car participants, additional vendors and more visitors to this event. Visitors will be greeted to a festive-type atmosphere with classic cars, food, games and family fun. This year we are **requesting to declare, this Sunday event, "30<sup>th</sup> Annual Downtown West Allis Classic Car Show," as a Community Event.**

As in previous years, the BID requests the assistance from the City of West Allis for **parking restrictions and the use of signs and supplies** to ensure event safety. A letter and map, outlining these requests will be submitted to Department of Public Works later. Additional police presence is requested in the area, this day, to monitor safety conditions. We invite the display of a Police vehicle and an Officer in or around Greenfield Avenue. We are also asking that the **two (2) municipal parking lots just east of 75<sup>th</sup> Street** (south side) be reserved for the overflow of participating vehicles. If we do not exceed capacity, we will open these two lots to the public for parking.

We are also requesting the use of **Centennial Plaza** for children's activities. We will be working with WA/WM Recreation Dept. who will organize games and activities through their "Operation Recreation" program.

The BID 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 the BID office at 774-2676.

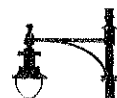
Sincerely,

Alex Geiger  
30<sup>th</sup> Annual Downtown West Allis Classic Car Show Committee Chair

cc: David Wepking, Cindy Rausch, Robert Leishow, Alderpersons Marty Weigel and 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> <b>PHONE</b> (A/C, No, Ext): <b>FAX</b> (A/C, No): <b>E-MAIL ADDRESS:</b> <b>PRODUCER CUSTOMER ID #:</b> DOWNT-1	
<b>INSURED</b> Downtown West Allis BID Downtown West Allis Inc. Dianne Eineichner 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	<input checked="" type="checkbox"/> GENERAL LIABILITY	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
						PERSONAL & ADV INJURY	\$ 1,000,000
						GENERAL AGGREGATE	\$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						\$
X	<input checked="" type="checkbox"/> 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 type="checkbox"/> SCHEDULED AUTOS					PROPERTY DAMAGE (PER ACCIDENT)	\$
	<input checked="" type="checkbox"/> HIRED AUTOS						\$
<input checked="" type="checkbox"/> NON-OWNED AUTOS		\$					
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE				EACH OCCURRENCE	\$
	<input type="checkbox"/> DEDUCTIBLE					AGGREGATE	\$
	<input type="checkbox"/> RETENTION \$						\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N <input type="checkbox"/> N/A	83WECAC2SE5	01/17/2021	01/17/2022	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	
	E.L. EACH ACCIDENT					\$ 100,000	
	E.L. DISEASE - EA EMPLOYEE					\$ 100,000	
	E.L. DISEASE - POLICY LIMIT					\$ 500,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below						

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**

<b>CITYOFW</b>  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

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**NOTEPAD**

Downtown West Allis BID

DOWNT-1

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INSURED'S NAME

OP ID: SS

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.