

Madison Heights Pavilion Rental

<u>Please answer the following questions regarding your event:</u>	<u>Yes</u>	<u>No</u>
Will your event be open to the public?		
Are you expecting more than 300 people?		
Are you renting all three pavilions or the entire park?		
*Please keep in mind that other patrons still have access to the park since it is a public space.		
Have you had a “Special Event” at the park before? A Special Event is defined by answering yes to any of the above.		
*Previous usage does not guarantee approval for the current year.		
If you answered yes to any of the above, the event is considered a “Special Event” and requires hazard insurance listing the City of Madison Heights as additionally insured. Subject to approval by the Director of Public Services.		
Will your event have a DJ or live band?		
*Only allowed as part of a Special Event.		
Will your event have a bounce house?		
*Must provide liability insurance. No motorized vehicles or trailers are permitted on the grass or walking trails (even to unload).		
Will your event have alcohol?		
*Beer and wine allowed with additional permit required through Madison Heights Police Department. No alcohol allowed with Graduation parties.		
Are you a group sponsored by the City of Madison Heights, Madison Heights non-profit (501-C3), educational organization, service club that resides in Madison Heights, or any non-resident non-profit group that is holding a charitable event and hoping for a Pavilion Reservation Fee Waiver?		
*If you answered yes, please submit a letter to the Director of Public Services requesting approval for a Special Event and fee waiver. The letter should include a detailed description of the event, the group or person(s) requesting to use the pavilion/park and the amount of people anticipated. Please also include your Certificate of Liability Insurance that lists the City of Madison Heights as additionally insured. Please submit completed application, letter, and insurance form to the DPS front office. Previous approval does not guarantee approval for the current year.		
If any of the above information is falsified, you will forfeit the right to your security deposit. Do you acknowledge and understand this information? Please check yes or no.		

Signature: _____ Date: _____



PARK PAVILION RESERVATION APPLICATION

Department of Public Services
801 Ajax, Madison Heights, MI 48071
DPS: 248-589-2294 / DPS@madison-heights.org

Civic Center Park (360 W. 13 Mile):

Pavilion "A" (Off Palmer by City Hall) **Pavilion "B"** (Off Agnello by Lamphere) **Pavilion "C"** (Behind Police Dept by Fire Station)

Monroe Park (W. Dallas Ave & Dartmouth St): **Youth Soccer Complex** (29601 John R - limited availability):

Date(s) Requested _____ Time _____ To _____

Name of Person/Organization/Group _____ Date of Birth _____

Address _____ City/Zip _____

Contact Person's Email Address _____ Contact Person's Phone _____

Activity Planned _____ Expected Attendance _____

Refund Check Made Payable To and Address _____

PARK FACILITIES

1. Park Hours: Sunrise to 10:00 PM.
2. Park Pavilions are available for rent to Madison Heights residents, non-residents, businesses, civic groups and religious organizations on a first come first served basis and require proof of General Liability or Homeowner's Insurance at the time of reservation.
 - Civic Center Park Pavilions "A" and "B" and the Youth Soccer Complex are approximately 30 feet x 35 feet and will seat approximately 75 people each.
 - Civic Center Park Pavilion "C" and Monroe Park Pavilion are roughly 30 feet x 52 feet and will seat roughly 125 people.
3. No more than two (2) temporary signs announcing any annual or semi-annual public, charitable, educational, or religious event or function located entirely within the premises on which the event or function is to occur shall be permitted. Maximum sign area shall not exceed thirty-two (32) square feet per side or sixty-four (64) square feet total, and the sign shall be free standing. Signs shall be erected no more than one (1) week prior to the event and shall be removed within twenty-four (24) hours after the end of the event or function.
4. All pavilions are located outdoors and are subject to "acts of nature" including but not limited to inclement weather, bees/wasps, birds (droppings/nests), mosquitos, etc. Refunds will not be offered for any such acts of nature.
5. This rental agreement allows for use of the specified pavilion only. Multiple events may also be occurring within the park at the same time as yours. You will not be notified of any additions to the city calendar that do not concern your event.
6. Please note that the pavilions at Civic Center Park and Youth Soccer Complex have access to power. However, all electrical outlets have load limitations. The City does not guarantee staff will be available to reset the breaker if the system is overloaded during the pavilion rental.
7. Restrooms will be open to the public on Saturdays and Sundays, 11:00 AM – 9:00 PM, from Memorial Day weekend through mid-October. Restrooms may be available Monday – Friday during this time, based upon your individual request. All parks are equipped with porta-potties.
8. As a pavilion user, your cooperation in maintaining the cleanliness of the pavilion, park restrooms, and the park itself is sincerely appreciated.
9. The City does not guarantee a specific number of picnic tables will be available at any pavilion during the time of rental.

RESERVATIONS

Pavilion Fees: \$50 per Pavilion Residents / \$100 per Pavilion Non-Residents
 \$50 per Pavilion refundable damage/cleanup deposit

Special Event Fees: \$500 per day Resident / \$750 per day Non-Residents
 \$500 refundable security deposit

1. The Department of Public Services reserves the right to cancel any reservation that may conflict with a City-sponsored event. A cancellation notice will be provided to the applicant no less than one business day in advance of the scheduled reservation.
2. Reservations will be taken in person at the Department of Public Services (801 Ajax) on a first-come first-serve basis beginning January of each year for the coming May through mid-October. Dates will not be held without payment in full.

3. Pavilion reservations are valid for the date and time shown above on this permit. Rain dates will not be provided.
4. A \$10.00 service fee will be assessed for a pavilion rental cancellation.
5. Proof of residency or affiliation with group/organization must be provided when making a reservation.
6. If a pavilion user wishes to use the ball field or bandshell, a separate permit must be obtained from DPS.
7. If requested, a separate beer/wine only permit is required and must be obtained from the Madison Heights Police Department located at 280 W. Thirteen Mile Rd. An approved park/pavilion reservation is required prior to obtaining a beer/wine permit. **Please note that beer/wine permits will not be issued for graduation parties.**
8. A Park Ranger may periodically check with the pavilion users during the rental time.
9. A Special Event is defined as a gathering consisting of any of the following:
 - A gathering that will be open to the public and consisting of more than 300 people expected to attend.
 - An event that requires the closure of any street.
 - Any event that includes competitive activities such as races.
 - Any event that includes a band, DJ, amplified music, microphones, or loudspeakers.

PARK RULES

1. Pavilion areas must be left clean, and all trash must be bagged and placed in the receptacles.
2. Applicants shall not be permitted to store items in the Civic Center Park Shelter Building or Soccer Complex unless approved by the Director of Public Services or designee as part of a Special Event.
3. Motorized vehicles are not permitted on walking trails or grass areas within the park at any time. Vehicles must remain on the street and/or parking lots.
4. Camping tents are prohibited.
5. Bounce houses, moonwalks, climbing walls, bungee swings, or any other outside equipment requires high risk insurance. Absolutely no bounce houses are allowed at the Youth Soccer Complex.
6. Volleyball or softball must be played in designated areas. Horseshoes are prohibited.
7. Political and/or religious advertisements of any kind are prohibited on City property. Political fundraising is also prohibited.
8. Bands, DJs, amplified music, loudspeakers, etc. are all prohibited without an approved Special Event Permit.
9. Alcohol is prohibited without an approved beer and wine permit issued by the Madison Heights Police Department.
10. Rowdy, raucous, or unacceptable behavior of any person affiliated with this rental will not be tolerated.
11. Open fires are prohibited.
12. This permit can be revoked at any time (without refund) for non-compliance of the provisions of this rental agreement, or if the best interests of the City of Madison Heights are not served.
13. Organizers of this event are not authorized to limit or prohibit general use of the park area or amenities. The park shall remain open to the public at all times.
14. Any false or misleading information regarding details of your event may lead to immediate cancellation of your event, forfeiture of security deposit, and denial of any future rental requests.

ACTIVITY SUPERVISION

1. Applicant must be a responsible person over the age of 18.
2. The City accepts no responsibility for unaccompanied minors. Adult supervision is required at all events.
3. Please be mindful and courteous towards other park users.

LIABILITY

1. The City of Madison Heights assumes no responsibility, financial or otherwise, for loss of property, accidents or injuries sustained by individuals or groups of individuals using the facilities.
2. The Applicant will be billed for any loss/breakage or abuse of City equipment or the grounds.
3. The City reserves the right to deny any applicant use of the facility based on the type of activity or liability exposure.

INDEMNIFICATION AGREEMENT

1. The applicant will indemnify the City of Madison Heights, defend and save it harmless from and against any and all claims, actions, damages, liability, and expense, including attorney's fees, in connection with loss of life, personal injury and/or damage to property arising from or out of the occupancy or use by the applicant of the premises or any part thereof or any other parts of the City's property, occasioned wholly or in part by an act or admission of the applicant, its agents, contractors, or employees.
2. **A General Liability or Homeowners insurance certificate is required in accordance with the Uniform Insurance Requirements for Special Events, a copy of which is attached. The insurance certificate must be reviewed and accepted by the City prior to the date of the activity.**

I have read the attached policies and understand them thoroughly. I further state that I have the authority to sign this application for the above-named group/organization.

SIGNATURE OF APPLICANT

DATE

Uniform Insurance Requirements for Special Events City of Madison Heights

The type of special event will be categorized into "Hazard Groups".

These groupings are as follows:

LOW HAZARD
MEDIUM HAZARD
HIGH HAZARD
SPECIAL HAZARD
EXCLUDED HAZARD

These "Hazard Groups" are defined as follows:

LOW HAZARD: No physical activity by participants and not severe exposure to spectators, such as indoor or outdoor meetings, organized religious and/or academic studies, small theatrical performances, auctions, picnics without alcoholic beverages and social gatherings without alcoholic beverages.

MEDIUM HAZARD: Limited physical activity by participants and no severe exposure to spectators, such as dances, flea markets, picnics with alcoholic beverages, parades with no floats or motorized, wheeled vehicles, walk-a-thons that take place on the sidewalk or in the park, "family-type" concerts, and on-street solicitations.

HIGH HAZARD: Extensive participation by participants and/or moderate to severe exposure to spectators, such as team or individual sporting events (non-professional), such as softball tournaments, little league football, baseball, and soccer, Olympic fairs, circuses, parades with floats or motorized, wheeled vehicles, domesticated animal shows, runs, wherever located, walks that take place on public streets, or similar races, outdoor camping activities, and custom car shows.

SPECIAL HAZARD: Extensive participation by participants and/or severe exposure to spectators, such as carnival rides, rock concerts, professional or collegiate sporting events, non-domesticated animal shows, rodeos, haunted houses, community fairs and all functions where alcoholic beverages are served. Any events in this group should be reviewed and thoroughly planned with input from risk manager and legal counsel.

EXCLUDED HAZARD: Extensive participation by participants and/or inherently dangerous exposure to spectators, such that the City would not allow any club or organization to perform this activity on City property or in the City Right-of-Way, like Bungee Jumping or Skydiving; or, an activity that the City would insist on performing or through an appropriate contractor, such as Fireworks Displays.¹

The following minimum insurance coverages for each hazard group, evidence of which coverage is to be provided by way of a Certificate of Insurance to the City prior to the event:

1. **LOW HAZARD**: (See Exhibits 1 and 2) No physical activity by participants and no severe exposure to spectators, such as indoor or outdoor meetings, organized religious and/or academic studies, small theatrical performances, auctions, picnics without alcoholic beverages and social gatherings without alcoholic beverages.

- a) *Personal Comprehensive or Commercial General Liability (COL) Policy; (whichever applies)
- b) *Occurrence Basis Coverage;
- c) *\$100,000 or 300,000.00 per occurrence and/or aggregate, combined single limit for bodily injury, products liability, personal injury and property damage (whichever applies);
- d) \$50,000.00 fire damage for anyone fire;
- e) •\$1,000.00 or 5,000.00 medical expense for anyone person (whichever applies);
- t) Include an endorsement naming City as an additional insured;
- g) Thirty (30) days advance written notice to City of cancellation, non-renewal, reduction and/or material change in policy. It is understood that a 10-day notice is permitted, by State insurance laws, for non-payment of premium;
- h) *Indemnification, Defend and Hold Harmless Agreement; (See application) and
- i) Insurance company issuing policy must be acceptable to City.

•Applies to Pavilion Rentals

2. **MEDIUM HAZARD**: (See Exhibit 3) Limited physical activity by participants and no severe exposure to spectators, such as dances, flea markets, picnics with alcoholic beverages, parades with no floats or motorized, wheeled vehicles, walk-a-thons that take place on the sidewalk or in the park, "family-type" concerts and on-street solicitations.

- a) Comprehensive or Commercial General Liability (COL) Policy;
- b) Occurrence Basis Coverage;
- c) \$1,000,000.00 per occurrence and/or aggregate, combined single limit for bodily injury, products liability, personal injury and property damage;
- d) \$50,000.00 tire damage for anyone fire;
- e) \$5,000.00 medical expense for anyone person;

- f) \$1,000,000.00 vehicle liability coverage and Michigan No-Fault coverages, including all owned, non-owned and hired vehicle (if applicable to event);
- g) Include an endorsement naming City as an additional insured;
- h) Thirty (30) days advance written notice to City of cancellation, non-renewal, reduction and/or material change in policy. It is understood that a 10-day notice is permitted, by State insurance laws, for non-payment of premium; and
- i) Indemnification, Defend and Hold Harmless Agreement (See application); and
- j) Insurance company issuing policy must be acceptable to City.

3. **HIGH HAZARD**: (See Exhibit 4) Extensive participation by participants and/or moderate to severe exposure to spectators, such as team or individual sporting events (nonprofessional), such as softball tournaments, football, baseball, and soccer, Olympic fairs, circuses, parades with floats or motorized, wheeled vehicles, domesticated animal shows, runs, wherever located, walks that take place on the public streets, or similar races, outdoor camping activities, and custom car shows.

- a) Comprehensive or Commercial General Liability (CGL) Policy;
- b) Occurrence Basis Coverage;
- c) \$3,000,000.00 per occurrence and/or aggregate, combined single limit for bodily injury, products liability, personal injury and property damage;
- d) \$50,000.00 fire damage for anyone fire;
- e) \$5,000.00 medical expense for anyone person;
- f) \$3,000,000.00 vehicle liability coverage and Michigan No-Fault coverages, including all owned, non-owned and hired vehicle (if applicable to event);
- g) City to be named as an additional insured;
- h) Thirty (30) days advance written notice to City of cancellation, non-renewal, reduction and/or material change in policy. It is understood that a 10-day notice is permitted, by State insurance laws, for non-payment of premium; and
- i) Indemnification, Defend and Hold Harmless Agreement (See application); and
- j) Insurance company issuing policy must be acceptable to City.

4. **SPECIAL HAZARD:** (See Exhibit 5) Extensive participation by participants and/or severe exposure to spectators, such as carnival rides, rock concerts, professional or collegiate sporting events, non-domesticated animal shows, rodeos, haunted houses, community fairs and all functions where alcoholic beverages are served. Any events in this group should be reviewed and thoroughly planned with input from risk manager and legal counsel.

Due to the unique circumstances involved in a special hazard event, it is impossible to set overall guidelines for each of the possible events. However, several specific past special hazard events have taken place on City property. One such special hazard event involves the serving of alcoholic beverages. The serving of alcoholic beverages on City property must be strictly controlled and monitored. The potential liability that can exist or be manifested emanating from behavior due to the consumption of alcoholic beverages could severely and adversely impact the financial wellbeing of the community. The following insurance coverage and requirements for any event where alcoholic beverages are served, during a one (1) to four (4) day period of time, on City property or in the City Right-of-Way:

SERVING OF ALCOHOLIC BEVERAGES (see Exhibit 5):

- a) Applicant must obtain approval from the Michigan Liquor Control Commission;
- b) At least one (1) person shall have training as an alcoholic beverage server from an organization such as Team-Michigan;
- c) \$1,000,000.00 Liquor Liability Insurance coverage;
- d) Comprehensive or Commercial General Liability (COL) Policy;
- e) Occurrence basis coverage for each policy;
- f) \$1,000,000.00 per occurrence and/or aggregate, combined single limit for bodily injury, products liability, personal injury and property damage;
- g) \$50,000.00 fire damage for any one fire for each policy;
- h) \$5,000.00 medical expense for any one person for each policy;
- i) \$1,000,000.00 vehicle liability coverage and Michigan No-Fault coverage, including all owned, non-owned and hired vehicles for each policy (if applicable to event);
- j) Include an endorsement naming the City as an additional insured on each policy;

- k) Thirty (30) days advance written notice to City of cancellation, nonrenewal, reductions and/or material change in each policy. It is understood that a 10-day notice is permitted by State insurance laws, for nonpayment of premium.
- l) Indemnification, Defend and Hold Harmless; (see application); and
- l) Insurance company issuing policies must be acceptable to City.

CARNIVAL RIDES:

- a) Comprehensive or Commercial General Liability (COL) Policy;
- b) Occurrence Basis Coverage;
- c) \$3,000,000.00 per occurrence and/or aggregate, combined single limit for bodily injury, products liability, personal injury and property damage;
- d) \$50,000.00 fire damage for anyone fire;
- e) \$5,000.00 medical expense for anyone person;
- f) \$1,000,000.00 vehicle liability coverage and Michigan No-Fault coverages, including all owned, non-owned and hire vehicles (if applicable to event);
- g) Include an endorsement naming City as an additional insured;
- h) Thirty (30) days advance written notice to City of cancellation, nonrenewal, reduction and/or material change in policy. It is understood that a 10-day notice is permitted, by State insurance laws for non-payment of premium;
- i) Indemnification, Defend and Hold Harmless (see application); and
- j) Insurance company issuing policies must be acceptable to City.
- a) For your convenience, a concise table of Uniform Insurance Requirements for Special Events has been attached as Exhibit 6.

EXCLUDED HAZARD:

There are certain activities that are so inherently dangerous that the City would not allow any club or organization to perform on City property or in the City Right-of-Way. These activities include, but are not limited to: Skydiving and Bungee Jumping. The MMRMA has notified the City of Madison Heights that it has absolutely no insurance coverage, whatsoever, in regard to any Skydiving special event. The City would be required to pay any claim or judgment, resulting from a Skydiving mishap, directly out of its General Operating Funds or from its assets, or, if able, impose higher taxes on its citizens. Likewise, the safety of Bungee Jumping and the lack of regulations relative to the same have been called into question as a result of recent injuries and deaths. Until such time that the safety record of this event can be improved, it would be imprudent on the part of the City to presently approve such an event. Although a citizen may request to hold a special event in the City of Madison Heights and although the purpose of said special event may be a good one or for a worthy cause, it would be improper for the City to approve a non-governmental function on its property or in its right-of-way where the risks of catastrophe are so high. At the present time, such special events will not be approved under any circumstance. In addition, there are inherently dangerous activities, whose safety records have been verified if said activity is properly performed, that the City would insist on performing itself through an appropriate contractor, such as fireworks displays. On City property and in the City Right-of-Way, only the City will be permitted to perform the activity of firework displays. Any and all contractors hired by the City for the purpose of performing fireworks display must comply with the National Fire Protection Agency Code (NFPA) and supply the City with an appropriate Pyrotechnics-Fireworks insurance policy, in addition to other requirements.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
00/00/20XX

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

ABC Insurance Agency

123 Main Street

Anywhere, USA

CONTACT NAME:

PHONE (A/C, No. Ext): 555-555-1234

FAX (A/C, No): 555-555-5678

E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: ABC Insurance Company

0000

INSURED

XYZ Construction Company

456 Main Street

Anywhere

MI

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:		Y	00-00-00-00	00/00/00	00/00/00	EACH OCCURRENCE	\$ 300,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 300,000
							GENERAL AGGREGATE	\$ 300,000
							PRODUCTS - COMP/OP AGG	\$ 300,000
								\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB		OCCUR				EACH OCCURRENCE	\$
	EXCESS LIAB		CLAIMS-MADE				AGGREGATE	\$
								\$
	DED <input type="checkbox"/> RETENTION \$							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y / N	N / A				PER STATUTE	OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

List Event and Dates

Additional Insured - See Endorsement

Cancellation Notice - See Endorsement

Primary & Non-Contributory - See Endorsement

CERTIFICATE HOLDER

City of Madison Heights
300 W. 13 Mile Rd.
Madison Heights, MI 48071

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

Agent Signature

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
00/00/20XX

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PRODUCER

ABC Insurance Agency

123 Main Street

Anywhere, USA

CONTACT NAME:

PHONE (A/C, No. Ext): 555-555-1234

FAX (A/C, No): 555-555-5678

E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE

NAIC

INSURER A: ABC Insurance Company

0000

INSURER B: DEF Insurance Company

0000

INSURER C:

INSURER D:

INSURER E:

INSURER F:

INSURED

XYZ Construction Company

456 Main Street

Anywhere

MI

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		Y	00-00-00-00	00/00/00	00/00/00	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:						GENERAL AGGREGATE	\$ 1,000,000
							PRODUCTS - COMP/OP AGG	\$ 1,000,000
								\$
A	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS PIP <input checked="" type="checkbox"/> PPI		Y	00-00-00-00	00/00/00	00/00/00	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB EXCESS LIAB DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N	N / A				PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
B	Liquor Liability (one to four days)			00-00-00-00	00/00/00	00/00/00	General Aggregate - \$1,000,000 Each Occurrence - \$1,000,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

List Event and Dates

Additional Insured - See Endorsement

Cancellation Notice - See Endorsement

Primary & Non-Contributory - See Endorsement

CERTIFICATE HOLDER

City of Madison Heights
300 W. 13 Mile Rd.
Madison Heights, MI 48071

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

Agent Signature

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED
PRIMARY AND NON-CONTRIBUTORY INSURANCE**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Effective Date: 01/01/2016

Name of Person or Organization (Additional Insured):

County of Kent; 300 Monroe Ave NW, Grand Rapids, MI 45903-2206

SECTION II- WHO IS AN INSURED is amended to include as an additional insured the person(s) or organization(s) shown in the endorsement Schedule, but only with respect to liability for "bodily injury," "property damage" or "personal and advertising injury" arising out of or relating to your negligence in the performance of "your work" for such person(s) or organization(s) that occurs on or after the effective date shown in the endorsement Schedule.

This insurance is primary to and non-contributory with any other insurance maintained by the person or organization (Additional Insured), except for loss resulting from the sole negligence of that person or organization.

This condition applies even if other valid and collectible insurance is available to the Additional Insured for a loss or "occurrence" we cover for this Additional Insured.

The Additional Insured's limits of insurance do not increase our limits of insurance, as described in **SECTION III- LIMITS OF INSURANCE.**

All other terms, conditions, and exclusions under the policy are applicable to this endorsement and remain unchanged.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

AMENDMENT OF CANCELLATION PROVISIONS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

Any term or provision of the Cancellation Conditions of the policy or any endorsement amending or replacing such Conditions is amended by the following:

- A. If we cancel this policy for any reason other than nonpayment of premium, we will notify the person or organization shown in the Schedule below. In no event will the notice to the person or organization scheduled below exceed the notice to the first named insured.
- B. Our obligation to send notice to the person or organization listed in the Schedule below will terminate at the earlier of the current policy period expiration or when we no longer have a legal or contractual obligation to such person or organization to maintain insurance coverage under a policy which requires that such person or organization be notified in the event of cancellation.

SCHEDULE

1. **Name:**
Charter Township of Plymouth
Office of the Township Clerk
2. **Address:**
9955 N Haggerty Rd

Plymouth, MI 48170
3. **Number of days advance notice:**
30

All other terms and conditions of this policy remain unchanged.

Exhibit 6

Table of Uniform Insurance Requirements for Special Events

	Type of Insurance	Type of Policy	Amount of Coverage	Amount for Fire	Amount for Medical	Vehicle Coverage @	Additional Insured	Notice Cancel	Hold Harmless
Low Hazard	Commercial General Liability	Occurrence Basis	\$300,000	\$50,000	\$5,000	N/A	Yes	30 days	Yes
Low Hazard (pavilion rental)	Homeowners Policy	Occurrence Basis	\$100,000	\$0	\$1,000	N/A	N/A	N/A	Yes
Medium Hazard	Commercial General Liability	Occurrence Basis	\$1,000,000	\$50,000	\$5,000	\$500,000	Yes	30 days	Yes
High Hazard	Commercial General Liability	Occurrence Basis	\$3,000,000	\$50,000	\$5,000	\$1,000,000	Yes	30 days	Yes
Special Hazard	Commercial General Liability	Occurrence Basis	\$3,000,000	\$50,000	\$5,000	\$1,000,000	Yes	30 days	Yes
Alcoholic Beverage	Commercial General Liability	Approval from LCC	\$1,000,000	\$50,000	\$5,000	\$1,000,000	Yes	30 days	Yes
Carnival Rides	Commercial General Liability	Occurrence Basis	\$3,000,000	\$50,000	\$5,000	\$1,000,000	Yes	30 days	Yes

@ = where applicable



Madison Heights Police Department
280 West Thirteen Mile Road
Madison Heights, Michigan 48071
248-585-2100 Fax 248-585-8090



BEER & WINE APPLICATION FOR USE IN A CITY PARK

FULL NAME: _____

(First)

(Middle)

(Last)

NAME OF BUSINESS, GROUP, OR ORGANIZATIONS: _____

ADDRESS: _____

EMAIL ADDRESS: _____

MICHIGAN DRIVER'S LICENSE # OR STATE ID #: _____

AGE: _____ DATE OF BIRTH: _____ PHONES: () ()
(Home) (Cell)

DATE OF PARTY: _____ TIME OF PARTY: _____

I HAVE ATTACHED A COPY OF THE PAVILLION RENTAL RECEIPT FROM THE
DEPARTMENT OF PUBLIC SERVICES

I HAVE ATTACHED A COPY OF MY HOMEOWNER'S INSURANCE POLICY LISTING THE
CITY OF MADISON HEIGHTS AS AN **ADDITIONAL INTERESTED PARTY**

The alcoholic beverages **may not** be sold or offered for sale nor may you charge any type of admission for the event. The permit may be revoked at the discretion of the Police Department to preserve the Public Peace and to enforce all of the laws of the State of Michigan as they apply to the consumption of alcohol. (ref. Sec 19-5, Ord #510)

The person completing the application for this permit and signing below will be held responsible for the action of their guests. This person may be cited and charged under Michigan Statutes for any violations of the liquor laws relating to the consumption of alcohol by minors.

SIGNATURE OF APPLICANT: _____ DATE: _____

Approved/Denied

Date