

**CITY OF HUDSON
COUNCIL/COMMITTEE ISSUES**

Item # 7

Submitted to: Public Safety Committee

Date: 03/07/2019

Submitted by: Chief Geoff Willems

Regarding: MS Walk May 4, 2019

ISSUE: The National MS Society would like to host its annual run/walk on Saturday May 4, 2019. The application and route maps are attached to this issue sheet. The event would start and stop at the Hudson Middle School and there will adult crossing guards to assist with the crossing of City Streets.

- **Legal aspects:**
- **Budget Impact:**
- **Past History:**
- **Other Pertinent Data:**

STAFF RECOMMENDATION:

COMMITTEE RECOMMENDATION:



CITY OF HUDSON

505 THIRD STREET
HUDSON, WI 54016

PROCESSIONS, PARADES, RUNS, WALKS, BICYCLE RACES & MARATHONS APPLICATION FORM

- Procession
- Parade
- Run
- Walk
- Bicycle Race
- Marathon

ATTENTION: If your event is anticipated to have 1000 or more people in attendance a **SPECIAL EVENT PERMIT** is needed. You **WILL NOT** need to complete this form. See the City Clerk for a Special Event application.

FEE DUE: \$50 ** Tax Exempt Organization (include copy of tax exempt status)

Event Name WALK MS HUDSON	
Organization Name National MS Society	Organization Address 2829 University Ave #900; Minneapolis MN 55414

Names of Officers of Organization (Please list names and address of the officers of the organization. If additional space is needed please attach the list separately to this application)
Jennifer Dietzler; Walk coordinator (below address)
Katya Morrell; Manager WALK MS; (above address)

Date of Event **5/4/18 SAT. MAY 4th 2018**

Location of Event (please include route map)
Hudson middle school (start and finish)
1 and 3 mile routes nearby - route map provided to Off. Willemis
(Same as previous years)

Anticipated Number of Participants
400

NOTE: If barricades, cones, garbage cans or lot closures are needed please contact the Public Works Department to make these arrangements.

Applicant Information/Contact Person for Event Information

First Name Jennifer	Last Name Dietzler
Street Address 1437 108th St	City New Richmond
	State WI
	Zip 54017

715-497-0879

jad photography @ hotmail.com

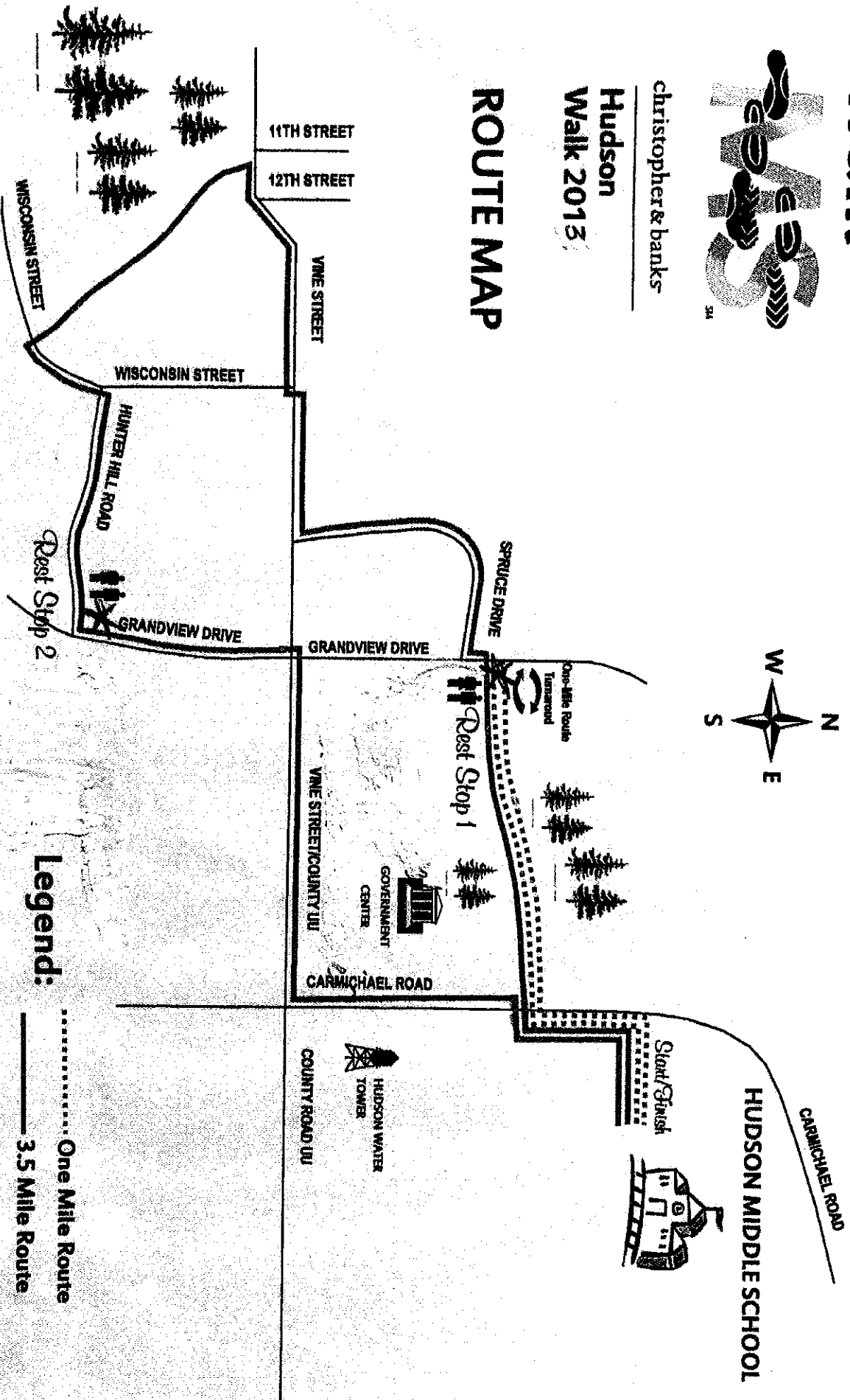
walk



christopher & banks

Hudson
Walk 2013

ROUTE MAP



Legend:

- One Mile Route
- 3.5 Mile Route

INSURANCE REQUIRED

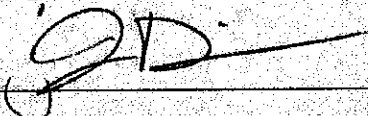
All events require that the applicant or organization furnish evidence of a liability insurance policy in the amounts of not less than One Hundred Thousand Dollars (\$100,000.00) for one (1) person and Five Hundred Thousand Dollars (\$500,000.00) for any one (1) accident and shall be in force and effect at the time such usage is to take place. Said evidence of insurance shall include a certificate of insurance naming the City of Hudson as an additional insured in connection with said usage on a primary and non-contributory basis.

PLEASE BE ADVISED THAT ALL APPLICATIONS WILL BE SUBMITTED TO THE PUBLIC SAFETY COMMITTEE FOR REVIEW AND RECOMMENDED TO THE COMMON COUNCIL FOR ACTION. ALL SECTIONS OF THE CHAPTER 212 OF THE CODE OF THE CITY OF HUDSON MUST BE FOLLOWED.

**** IF THE CITY DETERMINES THAT THE COST OF MUNICIPAL SERVICES INCIDENT TO THE STAGING OF THE USAGE WILL BE INCREASED BECAUSE OF THE USAGE, THE CITY MAY REQUIRE THE PERMITTEE TO MAKE AN ADDITIONAL PAYMENT TO THE CITY IN AN AMOUNT EQUAL TO THE INCREASED COSTS.**

APPLICANT'S SIGNATURE

I hereby certify that the answers on this application are true and correct. I agree, in the consideration of granting this permit, to comply with the laws of the Federal Government, State of Wisconsin and to the provisions of the Municipal Code of Ordinances in the City of Hudson.

Signature 	Date 2-28-19
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Mail or bring completed form with payment to:

**City of Hudson
505 Third Street
Hudson, WI 54016**

FOR STAFF USE ONLY

Public Safety Approval:	Amount/Date Paid:
Copy sent to Public Works:	Insurance Submitted:
Receipt #:	



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/03/2019

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 have ADDITIONAL INSURED provisions or 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 MARSH USA, INC. 445 SOUTH STREET MORRISTOWN, NJ 07960-6454 Attn: Morristown.CertRequest@marsh.com Fax: 212-948-0979 NEW	CONTACT NAME: _____ PHONE (A/C, No., Ext.): _____ FAX (A/C, No.): _____ E-MAIL ADDRESS: _____	
	INSURER(S) AFFORDING COVERAGE	
INSURED NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE, 3RD FLOOR NEW YORK, NY 10017-3288	INSURER A : Federal Insurance Company	NAIC # 20281
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** NYC-009897947-26 **REVISION NUMBER:** 8

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 INSD/ 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 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER: _____		3583-33-49	12/31/2018	12/31/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY		7353-02-37	12/31/2018	12/31/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Comp/Coll Deductible \$ 1,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> DED <input type="checkbox"/> RETENTION \$		9364-93-75	12/31/2018	12/31/2019	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
A	<input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> N N/A	71763467	12/31/2018	12/31/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

CERTIFICATE HOLDER NATIONAL MULTIPLE SCLEROSIS SOCIETY 733 THIRD AVENUE 3RD FLOOR NEW YORK, NY 10017-3288	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 of Marsh USA Inc. Manashi Mukherjee <i>Manashi Mukherjee</i>
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Deb Andrews <dandrews@ci.hudson.wi.us>

Walk MS 2019

jennifer dietzler <jadphotography@hotmail.com>
To: deb andrews <dandrews@ci.hudson.wi.us>

Thu, Feb 28, 2019 at 10:59 AM

Hi Deb,

This is Jenn Dietzler & I'm back coordinating Walk MS Hudson after taking last year off.

I'm attaching the walk permit form & Walk route. Everything is the same as previous years. We do not need police; we have volunteers for crosswalks.

Please let me know what else I need to do.

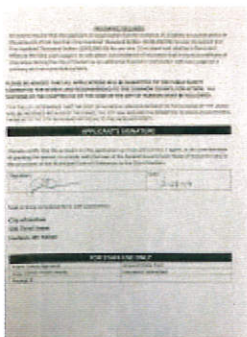
Thanks! Jenn

Sent from my iPhone

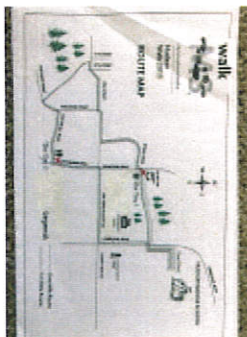
6 attachments



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ATT00002.txt
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