



TOWN OF RIB MOUNTAIN

Where Nature, Family & Sport Come Together

www.townofribmountain.org

3700 North Mountain Road
Wausau, Wisconsin 54401

(715) 842-0983

Fax(715) 848-0186

USE OF TOWN ROADS PERMIT APPLICATION

Rib Mountain Ordinance 8.11 requires any organization wishing to use Town roads to submit a permit application, certificate of insurance and applicable fee not less than 30 days prior to the day of the event.

EVENT INFORMATION

Name/Description of Proposed Event: _____

Date of Event: _____ Start and Finish Times: _____

Alternate Date and Times: _____

Approximate Number of Participants: _____

Event Location/Route (including roads and property addresses that may be used):

CONTACT INFORMATION

Applicant Name: _____ Date: _____

Applicant Address: _____

Applicant Phone: _____ Email: _____

Organization: _____

Organization Address: _____

Organization Phone: _____ Email: _____

Will your event require the closing or blocking of Town streets (or lanes of a street) and/or intersections? If yes, please provide location(s) and time(s).

The Town of Rib Mountain does not provide law enforcement services, traffic control personnel or equipment, first aid services or trash/clean up services. It is the responsibility of the event organizers to provide these services for their event(s).

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Additional Provisions:

How will the event route be marked? (Only non-permanent substances are allowed.)

Who will provide first aid services? _____

Who will provide crowd control and/or traffic control? _____

Who is responsible for trash clean up? _____

Please submit an event map with the following items:

1. Event course.
2. Event direction.
3. Start and finish locations.
4. Meeting locations for participants before and after event.
5. Traffic re-routing plan.
6. Closed streets and/or lanes.
7. Alternate course(s).

The applicant shall file with the Town of Rib Mountain a Comprehensive General Liability Insurance certificate in the amount of not less than \$1,000,000. The Town of Rib Mountain shall be named as an Additional Insured under the policy. (See attached sample.)

Name of Insurance Company: _____

Address of Insurance Company: _____

Applicant's Signature _____

THIS SPACE FOR OFFICIAL USE ONLY

\$100 Fee Received on: _____

Town Approval/Denial:

Town Chairman/Designee: _____

Street/Parks Department: _____

Fire Department: _____

Code Enforcement Officer: _____

Permit Number: _____ Date Issued: _____

04/12



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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 100 Main Street Anywhere, WI 00000	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	PRODUCER CUSTOMER ID #:	
	INSURER(S) AFFORDING COVERAGE	
INSURED M&M Inc. 100 Main Street Anywhere, WI 00000	INSURER A : XYZ Insurance Company	
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	
		NAIC #

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	GENERAL LIABILITY		XXXX	XX/XX/XX	XX/XX/XX	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person) \$ 5,000
						PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG \$ 2,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident) \$
	<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 type="checkbox"/> HIRED AUTOS					\$
	<input type="checkbox"/> NON-OWNED AUTOS					\$
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR				EACH OCCURRENCE \$
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$
	DEDUCTIBLE					\$
	RETENTION \$					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC STATUTORY LIMITS OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input type="checkbox"/> N				E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$

SAMPLE

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

Town of Rib Mountain is included as an additional insured:

Description of Event:

Date of Event:

CERTIFICATE HOLDER

CANCELLATION

Town of Rib Mountain
3700 N. Mountain Road
Wausau, WI 54401

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

John Doe

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