

**CITY OF WEST ST. PAUL**  
**Police Department**  
 1616 Humboldt Avenue  
 West St. Paul, Minnesota 55118  
 (651) 552-4200

**SPECIAL EVENTS PERMIT**  
 (300 or more participants)

INDIVIDUAL APPLYING FOR PERMIT (First/Middle/Last) <i>John Ramsay</i>		DOB
ADDRESS (Street Address, City, State, Zip Code) <i>1305 Charlton St, West St Paul MN 55118</i>		PHONE <i>612-860-6299</i>
EVENT SPONSOR <i>South Robert Street Business Assoc.</i>	EVENT NAME <i>Summer Fun Fest</i>	
Describe the Special Event. Include ALL activities that will take place: <i>Food, beer &amp; wine vendors, live entertainment, hot air balloon "rides", animals, art</i>		
EVENT DATE: <i>8/14/21</i>	EVENT TIME: <i>4:00 - 8:00 p.m.</i>	EVENT LOCATION: <i>Dodge Nature Center</i>
# OF STAFF	# OF PARTICIPANTS	# OF SPECTATORS

I hereby apply for the following licenses in the City of West St. Paul, County of Dakota, State of Minnesota:

TYPE OF LICENSE/PERMIT (Fee will be determined by the City Council)	FEE
<i>waived</i>	<i>—</i>
<b>TOTAL</b>	

**YOUR APPLICATION WILL BE CONSIDERED INCOMPLETE IF YOU DO NOT PROVIDE THE FOLLOWING WITH YOUR APPLICATION:**

Information	Required	Received
Liability Insurance; Minimum \$1,000,000		
Liquor Liability Insurance		
Public Safety Investigation		
Inspection (Building Inspector/Licensing Staff)		
Background Investigation		
Escrow Deposit		
Social Security# _____ (If MN State ID# is not provided)		
<b>Supplemental Forms</b>		
Liquor <i>-Applebees</i>		
Gambling <i>—</i>		
Diagram of the site including location of entertainment, seating and security area <i>Dodge Nature Center - parking at City Garbough school and surrounding streets</i>		

**ANSWER ALL THE QUESTIONS BELOW.**

IF A QUESTION DOES NOT PERTAIN WRITE N/A TO ACKNOWLEDGE YOU HAVE READ THE QUESTION

1. Yes  No  Will there be an entertainment provider? If yes, list the name, address and telephone number of the business providing the entertainment.  
Teddy Bear Band
2. Yes  No  Will there be amplified or non-amplified music or singing as part of the entertainment?
3. Yes  No  Will there be food served or sold at this event? If yes, attach proper state licenses or permits. If yes, describe in Question 10 how materials will be collected for recycling and trash.
4. Yes  No  Will there be alcohol served or sold at this event? If yes, attach proper state licenses or permits.
5. Yes  No  Is the applicant over 18 years of age?
6. Yes  No  Has the applicant ever been convicted of a felony, gross misdemeanor, or misdemeanor (including violations of municipal ordinance but excluding minor traffic violations)?
7. Yes  No  If applicant is an organization are the officers over 18 years of age?
8. Yes  No  Have any of the officers of the organization sponsoring the event ever been convicted of a felony, gross misdemeanor, or misdemeanor other than a minor traffic violation?

If yes, please furnish information as to the Date, Time, Place of Conviction, and Nature of Offense. \_\_\_\_\_

9. Yes  No  Are you planning to use a tent or canopy? If yes, you must contact the Fire Marshall at the South Metro Fire Department, 651-552-4172, for requirements and approval.
10. Please describe how you will contain waste and recycling at your event including after the event has ended. To assist you in this effort, please contact the City Recycling Coordinator at 651-552-4118. \_\_\_\_\_

If applicable, list any Public Health planning you have done, including supplying water to the site, waste collection and provision of toilet facilities: trash & recycling containers  
portable restrooms

**NOTE:** License holders must comply with all conditions placed on the property pursuant to any zoning approval.

I hereby certify that the above information is true to the best of my knowledge and make this application pursuant to all the laws of the State of Minnesota and the City of West St. Paul.

Applicant Signature: Jordan Ranney Date: 8-5-21



**CITY OF WEST ST. PAUL**  
 Police Department  
 1616 Humboldt Avenue  
 West St. Paul, Minnesota 55118  
 (651) 552-4200

**Application for Live Outdoor Entertainment**

**111.30. Outdoor Live Entertainment License.**

- **(A) License Required.** It is unlawful to permit or have dancing, singing, disc jockeys, concerts with music for hire, or the use of any musical instruments ("Live Entertainment"), with or without charge, at any outdoor location where intoxicating liquor or 3.2% malt liquor is served, without a license as provided in this section.
- **(B) License Fee.** The annual license fee shall be established by City Council Resolution.
- **(C) Hours of Operation.** Hours of operation for the live entertainment activity shall be set by the City Council in the license.
- **(C) One fee for All Forms of Live Entertainment.** A license granted to cover any one form of Live Entertainment, as defined in this section covers all forms of Live Entertainment without additional fees.
- **(D) Security Plan.** Prior to issuing a license, a security plan must be approved the Police Chief or his or her designee.
- **(E) Notice.** Before issuance of a live entertainment license, the city shall notify property owners within 350 feet of the proposed event at least 10 days prior to the City Council meeting.
- **(F) Hearing and Reasonable Conditions.** The City Council shall hold a hearing on the license and may impose reasonable conditions to protect the health, safety and general welfare of the public.

The license fee for an Outdoor Live Entertainment License is set by resolution and is \$350.00 plus a \$100.00 background investigation fee. This license is effective for the calendar year.

BUSINESS NAME: <i>South Robert Street Business Assoc.</i>		Date of Application <i>8/2/21</i>
BUSINESS ADDRESS: Street, City, State, Zip <i>- Teddy Bear Band -</i>		
CONTACT PERSON: <i>John Ramsay</i>		Business Phone: <i>651-457-1196</i>
<b>OUTDOOR LIVE ENTERTAINMENT</b>		
Live Music Event Date(s) <i>8/14/21</i>	Rain-out Date if Applicable <i>—</i>	Proposed Start/End Time <i>4:00- 8:00 p.m.</i>
Please attach the following items: <ul style="list-style-type: none"> <li>• A diagram of the site including location of band, seating, and security area.</li> </ul>		
If the City determines that the event is being held such that it is a Public Nuisance under City Code Section 133, the City may take emergency action to abate the Public Nuisance, including, but not limited to closing the event, pursuant to City Code Section 133.01.		
Applicant Signature <i>[Signature]</i>		Date: <i>8-2-21</i>



# WEST ST. PAUL POLICE DEPARTMENT

1616 HUMBOLDT AVENUE, WEST ST. PAUL, MN 55118-3972

Police Administration 651-552-4200 Fax: 651-552-4199

<http://wspmn.gov/>

## Minnesota Government Data Practices Act – Chapter 13

### “Tennessee Warning”

Data is requested from applicants on various forms. The purpose and intended use of the requested data is to verify the applicant meets all state statute and city code provisions and, if the license or permit is approved, to verify that all required data remains current.

The following data collected, created, or maintained is classified under the Minnesota Government Data Practices Act as Private data **until license approval** when the data becomes **Public**: (13.41, Subd. 4).

1. Data submitted by applicants (other than names and designated addresses).
2. Orders for hearing and findings of fact.
3. Conclusions of law and specification of the final disciplinary action contained in the record of the disciplinary action.
4. Entire record concerning the disciplinary proceeding.
5. License numbers.
6. License status.

The following data collected, created, or maintained is classified as **Private**: (13.41, Subd. 2).

1. The identity of complainants who have made reports concerning licenses or applicants which appear in inactive complaint data unless the complainant consents to the disclosure.
2. The nature or content of unsubstantiated complaints when the information is not maintained in anticipation of legal action.
3. Inactive investigative data relating to violations of statutes or rules.
4. The record of any disciplinary proceeding except as limited by Subd. 4.

The following data collected, created, or maintained is classified as **Confidential**: (13.41, Subd. 3).

1. Active investigative data relating to the investigation of complaints against any license.

Under law, private data may be shared with licensing and inspection employees, approval authorities, insurance providers, law enforcement employees, and/or contracted inspection officials as required by court order; this may include City officials who have a bona fide need to review it. The City of West St. Paul may make any data classified as private or confidential accessible to an appropriate person or agency if the licensing agency determines that failure to make the data accessible is likely to create a clear and present danger to public health or safety.

We ask that you complete or provide all data requested on the application form(s) unless we have noted that it is not required. Refusal to supply required information may mean that your application cannot be processed.

I READ AND UNDERSTAND THE ABOVE INFORMATION REGARDING MY RIGHTS AS A SUBJECT OF GOVERNMENT DATA.

8-2-21  
Date

[Signature]  
Signature of Applicant

**Named Insured:** Josh Harp  
**Policy Number:** RPSALZ2100156  
**Effective Date:** 01/13/2021

### ADDITIONAL INSURED ENDORSEMENT

In consideration of  an additional  a return premium  of \$  included, this endorsement modifies the policy to which it is attached as follows:

(Only the clause(s) indicated by an "X" shall apply.)

- The scheduled persons or organizations are included as additional insured under the liability coverages, but only as respects operations of the **Named Insured**.
- The scheduled persons or organizations are included as additional insured under the liability coverages but only as respects the **Named Insured's** use of **premises** owned, rented or controlled by the scheduled persons or organizations.
- Such insurance as is afforded by this policy shall also apply to the scheduled organization as an additional insured insofar as work performed by the **Insured** for and/or under agreement between the **Insured** and the scheduled organization is concerned.
- Coverage is primary and is not contributing with any insurance or self-insurance maintained by the scheduled organization.
- The term "**Insured**" is used severally and not collectively, but the inclusion herein of more than one **Insured** shall not operate to increase the Limit of the Company's Liability.
- This policy will not be canceled nor the coverage materially changed adversely to the scheduled organization by the Company without thirty (30) days prior written notice (10 days for non-payment of premium) of such cancellation or adverse change in coverage to the scheduled organization at the address indicated.
- With respect to **Physical Damage** Coverage, the Company agrees to waive its right of recovery against the scheduled organization and its subsidiaries.
- The insurance extended by this endorsement shall not apply to, and the person or organization named in the schedule is not insured for **Bodily Injury** or **Property Damage** which arises from the design, manufacture, modification, repair, sale, or servicing of aircraft, aircraft parts, or any other product by that person or organization.

Schedule:

City of West St Paul  
1616 Humboldt Ave  
West St. Paul, MN 55118

All other provisions of this policy remain the same.

## ADULT RELEASE OF LIABILITY & ASSUMPTION OF RISK AGREEMENT

I, \_\_\_\_\_, hereby acknowledge that I have VOLUNTARILY applied to participate in hot air ballooning recreational/sporting activities. I understand and I am aware that **hot air ballooning is a hazardous activity**. I understand that hot air ballooning and the use of ballooning equipment involves a **risk of injury or death** and that there is a possibility that I could be injured or killed while participating in this activity. I also understand that the property which this event is to occur may not be in a safe condition.

**I hereby agree to, and expressly assume the risks of injury or death while engaged in hot air ballooning recreational/sporting activities, whether during the preparations, take-off, tether, or pack-up.**

I recognize that the pilot of the balloon is in full and complete charge and control of the balloon and is solely responsible for all decisions made concerning all things or persons in or connected with the balloon on the ground or in the air.

I hereby irrevocably **release Steve LeMay**, his employees, balloon crew, sponsors, agents, successors, heirs, assigns, affiliates and legal representatives ("Released Parties") from **all claims for ordinary negligence** which I or my successors, heirs or assigns may have against the Released Parties in connection with the ballooning activities. I agree not to make a claim against or sue the Released Parties for **injuries, death or property damages** relating to the ballooning activities and/or the use of the balloon equipment, even if any injury, death or damage is caused to me or my property is due to the **ordinary negligence** of the Released Parties or the **dangerous condition** of any property upon which the ballooning activities may take place.

I further understand and agree that this Release extends **to all claims for ordinary negligence**, known, unknown, suspected or unsuspected, arising out of the ballooning activities and I hereby **expressly waive** all rights.

I hereby agree to and accept the terms and conditions of this **Release of Liability and Assumption of Risk Agreement**. This Release of Liability and Assumption of Risk Agreement constitutes the final and entire agreement between the Released Parties and the undersigned concerning this subject matter.

I certify that I am eighteen (18) years of age or older and I that I no medical or mental condition that prevents me from participating in the ballooning activities.

**I HAVE CAREFULLY READ THE RELEASE OF LIABILITY AGREEMENT AND FULLY UNDERSTAND IT.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Full Name

Date: \_\_\_\_\_

**MINOR RELEASE OF LIABILITY & ASSUMPTION OF RISK AGREEMENT**

I, \_\_\_\_\_, the parent or Legal Guardian of, \_\_\_\_\_ hereby acknowledge that I have VOLUNTARILY agreed to allow said child to participate in the hot air ballooning activities.

I understand and I am aware that **hot air ballooning is a hazardous activity**. I understand that hot air ballooning and the use of ballooning equipment involves a **risk of injury or death** and that there is a possibility that I could be injured or killed while participating in this activity. I also understand that the property which this event is to occur may not be in a safe condition.

**I hereby agree to, and expressly assume the risks of injury or death while engaged in hot air ballooning recreational/sporting activities, whether during the preparations, take-off, tether, or pack-up.**

I recognize that the pilot of the balloon is in full and complete charge and control of the balloon and is solely responsible for all decisions made concerning all things or persons in or connected with the balloon on the ground or in the air.

I hereby irrevocably **release Steve LeMay**, his employees, balloon crew, sponsors, agents, successors, heirs, assigns, affiliates and legal representatives ("Released Parties") from **all claims for ordinary negligence** which I or my successors, heirs or assigns may have against the Released Parties in connection with the ballooning activities. I agree not to make a claim against or sue the Released Parties for **injuries, death or property damages** relating to the ballooning activities and/or the use of the balloon equipment, even if any injury, death or damage is caused to me or my property is due to the **ordinary negligence** of the Released Parties or the **dangerous condition** of any property upon which the ballooning activities may take place.

I further understand and agree that this Release extends to **all claims for ordinary negligence** of every nature and kind whatsoever, known, unknown, suspected or unsuspected, arising out of the ballooning activities and hereby **expressly waive** all rights.

I hereby agree to and accept the terms and conditions of this **Release of Liability and Assumption of Risk Agreement**. This Release of Liability and Assumption of Risk Agreement constitutes the final and entire agreement between the Released Parties and the undersigned concerning this subject matter.

I certify that I am eighteen (18) years of age or older and that said **child** has no medical or mental condition that prevents me from participating in the ballooning activities.

**I HAVE CAREFULLY READ THE RELEASE OF LIABILITY AGREEMENT AND FULLY UNDERSTAND IT.**

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Print Full Name

Date: \_\_\_\_\_

\_\_\_\_\_  
Print Child's Full Name, Date of Birth





### CERTIFICATE OF INSURANCE

DATE TYPED: 07/15/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES LISTED BELOW.

**INSURED: Josh Harp**

126 Greeley St North  
Stillwater, MN 55082

INSURANCE COMPANY AFFORDING COVERAGE

### ALLIANZ GLOBAL RISKS US INSURANCE COMPANY

THIS IS TO CERTIFY THAT POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOT WITHSTANDING 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.

**TYPE OF INSURANCE:** AIRCRAFT LIABILITY

**TYPE OF FLIGHTS INSURED:** Sport & Pleasure

**CERTIFICATE NUMBER:** RPSALZ2100156

**EFFECTIVE FROM:** 01/13/2021

**TO EXPIRATION DATE:** 01/13/2022

**LIABILITY LIMITS:**

COVERAGE A: SINGLE LIMIT BODILY INJURY AND PROPERTY DAMAGE LIABILITY:	\$1,000,000	Each Occurrence
INCLUDING PASSENGERS WITH PASSENGER and CREW MEMBER LIABILITY LIMITED TO:	\$100,000	Each Passengers/Crew Members
and SUBJECT TO:	\$1,000,000	Each Occurrence for all Passengers/Crew Members
COVERAGE B: MEDICAL EXPENSE – INCLUDING CREW MEMBERS	\$5,000	Each Person
COVERAGE C: HOST LIQUOR LIABILITY	\$1,000,000	Each Occurrence & Annual Aggregate
COVERAGE D: PERSONAL and ADVERTISING INJURY	\$1,000,000	Any One Offense & In The Annual Aggregate
COVERAGE E: BALLOON PREMISES LIABILITY	\$100,000	Each person

**N NUMBERS:** 63377  
63377

**NAMED PILOTS:**

JOSH HARP  
ELIZABETH (MISSY) JUNKER  
MICHAEL MURRAY  
STEVE MEISTER  
STEPHEN P LEMAY  
JOSH HARP  
ELIZABETH (MISSY) JUNKER  
MICHAEL MURRAY  
STEVE MEISTER  
STEPHEN P LEMAY

**REMARKS:** FOR TETHER OR FLIGHT OPERATION

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES LISTED BELOW.

**CERTIFICATE HOLDER:**

City of West St. Paul  
1616 Humboldt Ave  
West St. Paul, MN 55118

Authorized Representative

## SPECIAL EVENT CHECK-OFF LIST

Applicant: SRSBA Event Date: 8/14/21

Council Meeting Date: 8/9/21 Public Notice Mailing Date: —

---

### Application

- Completed Application
  - ~~Gambling, Application required.~~
    - Alcohol must be licensed by the City and supply Liquor Insurance for the event date and location or be a Non-Profit and supply Liquor Insurance.
- ~~Non-profit? Documentation?~~
- Background Release form
- Certificate of Insurance – General Liability
- Certificate of Insurance – Liquor
- Fee? Waived?
- ~~Indemnification Agreement (If held on City property)~~
- ~~Escrow Deposit (32.41)~~
- Food Vendor State Licenses Applebees / St Matthews Mens Club
- Security Plan
- Public Notice sent (Property owner's within 350 ft of event) private property

### Processing

- Submit Criminal History Request to TAC
- Submit a copy of the application to Lt. Sturgeon. He will review and forward to Sergeant Nagel
- Sergeant Nagel will develop a Security Plan
- Schedule a meeting with the applicant and representatives from Police, Fire, Public Works, Parks and Recreation and Dan Nowicki.

### Council

- Draft Council Memo and upload in Civic Plus
- Resolution if Gambling application



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
08/03/2021

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).

<b>PRODUCER</b> Marsh USA Inc. 200 Public Square, Suite 3760 Cleveland, OH 44114-1824 Attn: Cleveland.CertRequest@marsh.com  CN115425321-Apple-Cas-21-22      Liquor	<b>CONTACT NAME:</b> _____	
	<b>PHONE (A/C, No, Ext):</b> _____	<b>FAX (A/C, No):</b> _____
<b>E-MAIL ADDRESS:</b> _____		
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURER A :</b> ACE American Insurance Company		22667
<b>INSURER B :</b> ACE Fire Underwriters Co		20702
<b>INSURER C :</b> N/A		N/A
<b>INSURER D :</b>		
<b>INSURER E :</b>		
<b>INSURER F :</b>		

**INSURED**  
 Apple Minnesota, LLC  
 dba Applebee's Neighborhood Grill & Bar  
 6200 Oak Tree Blvd, Suite 250  
 Independence, OH 44131

**COVERAGES**      **CERTIFICATE NUMBER:** CLE-006472081-34      **REVISION NUMBER:** 3

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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: _____			XSL G72482785	03/24/2021	03/24/2022	EACH OCCURRENCE	\$ 2,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 2,000,000
							MED EXP (Any one person)	\$ 0
							PERSONAL & ADV INJURY	\$ 3,000,000
							GENERAL AGGREGATE	\$ 15,000,000
							PRODUCTS - COMP/OP AGG	\$ 3,000,000
							SIR	\$ 2,000,000
A	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> OTHER: _____			ISA H25546258	03/24/2021	03/24/2022	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED: _____    RETENTION \$: _____						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			WLR C67821051 (AOS)	03/24/2021	03/24/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
B				SCF C67821014 (WI)	03/24/2021	03/24/2022	E.L. EACH ACCIDENT	\$ 1,000,000
A			N/A	WCU C67820976 (XS OH)	03/24/2021	03/24/2022	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
A	Liquor Liability			XSL G72482785	03/24/2021	03/24/2022	Limit	2,000,000
							SIR	2,000,000

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

Re: Summer Fun Fest at Dodge Nature Center, 365 Marie Avenue W., West St. Paul, MN 55118. Date: August 14, 2021

City of West St. Paul and Dodge Nature Center is/are included as additional insured where required by written contract with respect to General Liability

Liquor Liability policy is continuous until cancelled or non-renewed. Coverage includes liability for bodily injury, property damage, and loss of means of support as allowed under the policy, as required by Minnesota state law.

**CERTIFICATE HOLDER**      **CANCELLATION**

City of West St. Paul 1616 Humboldt Avenue West Saint Paul, MN 55118	<b>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</b>  AUTHORIZED REPRESENTATIVE of Marsh USA Inc.  Generic4 USAInc <i>Marsh USA Inc.</i>
--	---

© 1988-2016 ACORD CORPORATION. All rights reserved.