CITY OF LAWRENCE, KANSAS
APPLICATION AND PERMIT
USE OF PUBLIC RIGHT-OF-WAY

The Lawrence Art Guild
NAME OF APPLICANT

DATE: 05/02/10 *FROM* - TIME: 6:00 AM *TO* - TIME: 7:00 PM (rain date is 05/09/10)

DATE: / / *FROM* - TIME: : *TO* - TIME: :

DATE: / / *FROM* - TIME: : *TO* - TIME: :

LOCATION OF USE: South Park

IS APPLICANT OWNER OF ADJOINING PROPERTY? YES ____ NO ✓

IF NOT, ATTACH WRITTEN PERMISSION OF OWNER

TYPE & PURPOSE OF USE: Art in the Park
Art Fair

IDENTIFY THE USE OF RIGHT-OF-WAY: ***(Including the site plan on the reverse side showing structures, table or other items to be located on the R-O-W)***

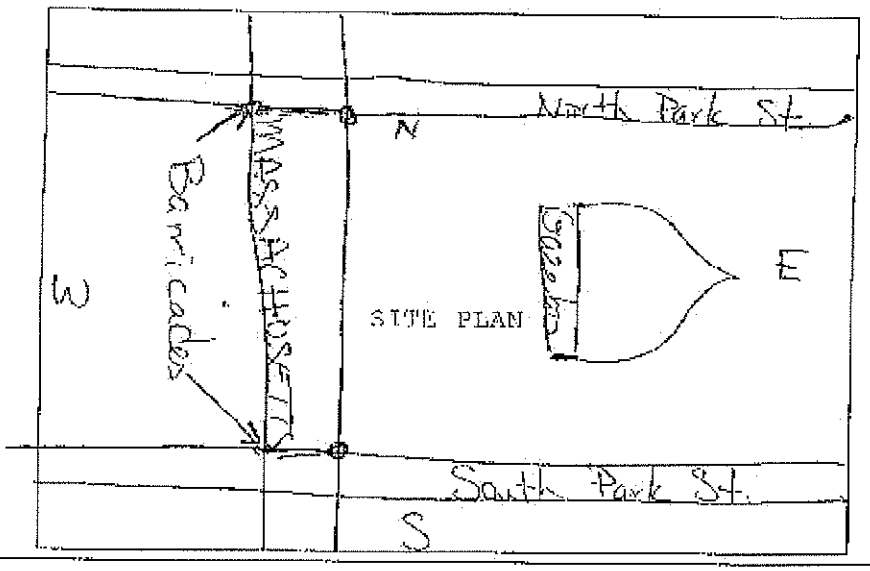
See drawing on attached page
Barricades on Mass St. between
North Park St. and South Park St.

Proof of insurance that the applicant has obtained general liability insurance in the amount of $500,000.00 with the City as a named insured, for the described activity and a $10.00 filing fee must accompany this application.

Madina Selaty 917, 971 1892 (917) 971-1892
NAME OF PERSON COMPLETING APPLICATION TELEPHONE NO.: HOME TELEPHONE NO.: WORK

826 Illinois St., Lawrence KS 66044
ADDRESS

Madina Selaty 04, 07, 10
SIGNATURE DATE



USE OF THE PUBLIC RIGHT-OF-WAY PERMIT

TO BE COMPLETED BY CITY

AT: _____
(LOCATION)

BY: _____ ON
(APPLICANT)

DATE: ___/___/___ *FROM* - TIME: ___:___ *TO* - TIME: ___:___ IS APPROVED.

DATE: ___/___/___ *FROM* - TIME: ___:___ *TO* - TIME: ___:___

DATE: ___/___/___ *FROM* - TIME: ___:___ *TO* - TIME: ___:___

_____ ___/___/___
CITY MANAGER DATE

SPECIAL CONDITIONS

_____

_____

_____

_____

This permit should be prominently displayed where the Public Right-of-Way is being used or be available for review by any officer or employee of the City of Lawrence upon demand.

This permit may be revoked or suspended as provided by Law.

ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID BM
LAWRE-5

DATE (MM/DD/YYYY)
04/05/10

PRODUCER

Goss Insurance Agency
1911 Lakin Avenue
Great Bend KS 67530
Phone: 620-792-4515 Fax: 620-793-3311

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 BELOW.

INSURED

Lawrence Art Guild Association
Linda Baranski
PO Box 1357
Lawrence KS 66049

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Alliance of Nonprofits for Ins	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
		GENERAL LIABILITY					
A	X	COMMERCIAL GENERAL LIABILITY	2010-25191	04/01/10	04/01/11	EACH OCCURRENCE	$ 1,000,000
		CLAIMS MADE X OCCUR				DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 500,000
						MED EXP (Any one person)	$ 20,000
						PERSONAL & ADV INJURY	$ 1,000,000
						GENERAL AGGREGATE	$ 1,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG	$ 1,000,000
		POLICY PRO JECT LOC					
		AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	$
		ANY AUTO					
		ALL OWNED AUTOS				BODILY INJURY (Per person)	$
		SCHEDULED AUTOS					
		HIRED AUTOS				BODILY INJURY (Per accident)	$
		NON-OWNED AUTOS					
						PROPERTY DAMAGE (Per accident)	$
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	$
		ANY AUTO				OTHER THAN AUTO ONLY: EA ACC	$
						AGG	$
		EXCESS / UMBRELLA LIABILITY				EACH OCCURRENCE	$
		OCCUR CLAIMS MADE				AGGREGATE	$
							$
		DEDUCTIBLE					$
		RETENTION $					$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY LIMITS OTH-ER	
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N				E.L. EACH ACCIDENT	$
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	$
						E.L. DISEASE - POLICY LIMIT	$
		OTHER					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Art Guild

CERTIFICATE HOLDER

CTYLAWR

City of Lawrence
115 W 11th St
Lawrence KS 66044

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE
Billie J McVey, CISR

Madison 509-752-9448