

TAB 3



SPECIAL FUNCTION PERMIT APPLICATION

EVENT NAME: POST POP ART SHOW
APPLICANT: PALMETTO ART CENTER
ADDRESS: 907 5th ST. WEST
CONTACT: GRETCHEN LECLEZIO

EVENT DATE: 03/06/2010
EVENT TIME: 5-9 PM
PHONE: (941) 518-2109
PHONE: _____

DETAILS OF FUNCTION: LOCATION, PARADE ROUTE, ETC.: PALMETTO ART CENTER
SIDE STREET (PLEASE SEE ATTACHED SKETCH)

ANTICIPATED ATTENDANCE: 150

CITY SERVICES REQUIRED: 3 CONES PLEASE.
POLICE: Streets Blocked: _____ Traffic Control: _____ Security: _____ Other: _____
PUBLIC WORKS: Barricades: (3) Clean-up: _____ Set-up: _____ Other: _____

If a temporary restroom is utilized for a period greater than five (5) days, a Temporary Use Permit is required. Application is available at City Hall.

TEMPORARY RESTROOM FACILITIES: # of units: _____ # of days: _____
Proposed location(s): _____

INSURANCE REQUIREMENT: Insurance naming the City of Palmetto as an "Additional Insured" must be provided to the City Clerk ten (10) days prior to any event that is part of the Special Function Permit.

Please review Exhibit A for insurance coverage requirements. To purchase insurance policies of appropriate coverage through the City, please complete and submit the Special Events Application Quote Form (Exhibit B).

The Special Function Permit Application must be submitted to City Clerk's office at least 30 days prior to the event.

Sale or consumption of alcoholic beverages on City property is strictly prohibited.

If your event will include the use of loudspeakers, you may be required to apply for a Special Permit Exception to the City's Noise Ordinance (See Chapter 5-Amusements, of the City of Palmetto Code of Ordinances).

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PLEASE CONTINUE TO PAGE 2.

Special Function Permit Application
Page 2

EVENT: POST POP ^{ART} SHOW

Event Date: 03/06/2010

I HAVE READ AND UNDERSTAND THE ABOVE SPECIAL FUNCTION PERMIT APPLICATION CONDITIONS.

[Signature]
Permittee

CITY APPROVAL:

Public Works Director [Signature]

Date 2-9-10

Risk Management [Signature]

Date 2/4/10

Parks Department [Signature]

Date 2/2/10

Police Department _____

Date _____

North River Fire _____

Date _____

APPROVED BY COMMISSION: _____

Date _____

Internal use only
Date Received: _____

Special Function Permit Application
Page 2

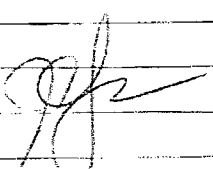
EVENT: POST POP ^{ART} SHOW

Event Date: 03/06/2010

I HAVE READ AND UNDERSTAND THE ABOVE SPECIAL FUNCTION PERMIT APPLICATION CONDITIONS.

Permittee 

CITY APPROVAL:

Public Works Director _____	Date _____
Risk Management _____	Date _____
Parks Department _____	Date _____
Police Department  _____	Date <u>2/3/10</u>
North River Fire _____	Date _____
APPROVED BY COMMISSION: _____	Date _____

Internal use only Date Received: _____

Special Function Permit Application
Page 2

EVENT: POST POP ^{ART} SHOW

Event Date: 03/06/2010

I HAVE READ AND UNDERSTAND THE ABOVE SPECIAL FUNCTION PERMIT APPLICATION CONDITIONS.

[Signature]
Permittee

CITY APPROVAL:

Public Works Director _____

Date _____

Risk Management _____

Date _____

Parks Department _____

Date _____

Police Department _____

Date _____

North River Fire [Signature] _____

Date 2/2/10

APPROVED BY COMMISSION: _____

Date _____

Internal use only
Date Received: _____

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/03/2009

PRODUCER
IDEAL INSURANCE, INC
6245C CLARK CENTER AVE
SARASOTA, FL 34238

941-921-2102

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
PALMETTO ART CENTER INC
722 11TH AVE WEST
PALMETTO, FL 34221

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: SAFECO INSURANCE CO	
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 ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		GENERAL LIABILITY <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 checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC	01-CI-12903-2	01/27/2010	01/27/2011	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 \$ 2,000,000
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATUTORY LIMITS <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
		OTHER				

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

RE: ONE DAY EVENT 3/8/10
CERTIFICATE HOLDER IS NAMED AS ADDITIONAL INSURED

CERTIFICATE HOLDER

CITY OF PALMETTO
600 17TH ST WEST
PALMETTO, FL 34221

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 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

Thomas M. ...

North



8th Ave.

9th Ave.

5th Street

Barricades

Ugarte

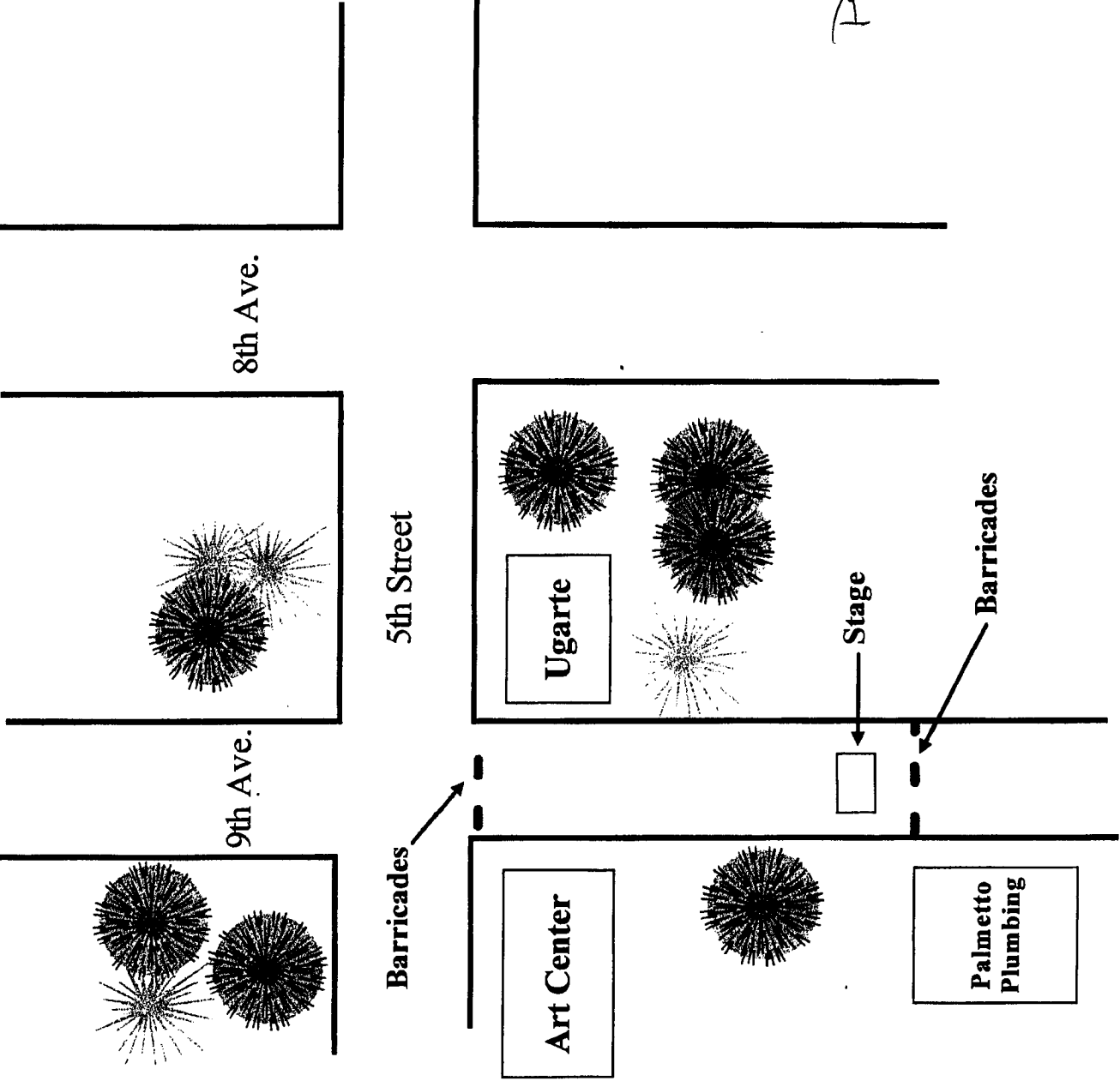
Art Center

Barricades

Stage

Palmetto Plumbing

POST POP ART SHOW
MARCH 6, 2010



01-30-2010

MANATEE RIVER ASSISTED LIVING,
LOCATED ACROSS THE STREET FROM
THE PALMETTO ART CENTER, IS
FULLY AWARE THAT THE PALMETTO
ART CENTER WILL BE HAVING TWO
EVENTS WITH MUSIC ON THE SIDE
STREET. THE DATES OF THESE
ART SHOWS WILL BE MARCH 6, 2010
AND APRIL 17TH, 2010.

THANK YOU.

Kristin Bigg

01-29-10



SPECIAL FUNCTION PERMIT APPLICATION

EVENT NAME: SPRING JAZZ SHOW EVENT DATE: 04/17/2010
APPLICANT: PALMETTO ART CENTER EVENT TIME: 5-9 PM
ADDRESS: 907 5th St. W. PHONE: (941) 518-2109
CONTACT: Gretchen Leckzio PHONE: _____

DETAILS OF FUNCTION: LOCATION, PARADE ROUTE, ETC.: PALMETTO ART CENTER SIDE STREET, PLEASE SEE ATTACHED SKETCH

ANTICIPATED ATTENDANCE: 150

CITY SERVICES REQUIRED: 3 CONES PLEASE.
POLICE: Streets Blocked: _____ Traffic Control: _____ Security: _____ Other: _____
PUBLIC WORKS: Barricades: 3 Clean-up: _____ Set-up: _____ Other: _____

If a temporary restroom is utilized for a period greater than five (5) days, a Temporary Use Permit is required. Application is available at City Hall.

TEMPORARY RESTROOM FACILITIES: # of units: _____ # of days: _____
Proposed location(s): _____

INSURANCE REQUIREMENT: Insurance naming the City of Palmetto as an "Additional Insured" must be provided to the City Clerk ten (10) days prior to any event that is part of the Special Function Permit.

Please review Exhibit A for insurance coverage requirements. To purchase insurance policies of appropriate coverage through the City, please complete and submit the Special Events Application Quote Form (Exhibit B).

The Special Function Permit Application must be submitted to City Clerk's office at least 30 days prior to the event.

Sale or consumption of alcoholic beverages on City property is strictly prohibited.

If your event will include the use of loudspeakers, you may be required to apply for a Special Permit Exception to the City's Noise Ordinance (See Chapter 5-Amusements, of the City of Palmetto Code of Ordinances).

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PLEASE CONTINUE TO PAGE 2.**

Special Function Permit Application
Page 2

EVENT: SPRING JAZZ SHOW Event Date: 04/17/2010

I HAVE READ AND UNDERSTAND THE ABOVE SPECIAL FUNCTION PERMIT APPLICATION CONDITIONS.

[Signature]
Permittee

CITY APPROVAL:

Public Works Director	<u>[Signature]</u>	Date	<u>2-9-10</u>
Risk Management	<u>[Signature]</u>	Date	<u>2/4/10</u>
Parks Department	<u>[Signature]</u>	Date	<u>2/2/10</u>
Police Department	_____	Date	_____
North River Fire	_____	Date	_____
APPROVED BY COMMISSION:	_____	Date	_____

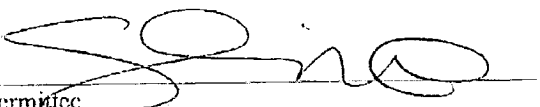
Internal use only
Date Received: _____

Special Function Permit Application

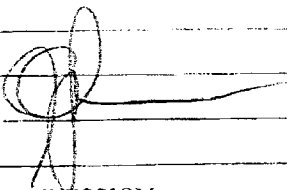
Page 2

EVENT: SPRING JAZZ SHOW Event Date: 04/17/2010

I HAVE READ AND UNDERSTAND THE ABOVE SPECIAL FUNCTION PERMIT APPLICATION CONDITIONS.


Permittee

CITY APPROVAL:


Public Works Director _____	Date _____
Risk Management _____	Date _____
Parks Department _____	Date _____
Police Department  _____	Date <u>2/3/10</u>
North River Fire _____	Date _____
APPROVED BY COMMISSION: _____	Date _____

Internal use only
Date Received: _____

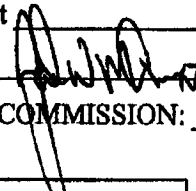
Special Function Permit Application
Page 2

EVENT: SPRING JAZZ SHOW Event Date: 04/17/2010

I HAVE READ AND UNDERSTAND THE ABOVE SPECIAL FUNCTION PERMIT APPLICATION CONDITIONS.


Permittee

CITY APPROVAL:

Public Works Director _____	Date _____
Risk Management _____	Date _____
Parks Department _____	Date _____
Police Department _____	Date _____
North River Fire  _____	Date <u>2/2/10</u>
APPROVED BY COMMISSION: _____	Date _____

Internal use only
Date Received: _____

North



8th Ave.

9th Ave.

5th Street

Barricades

Ugarte

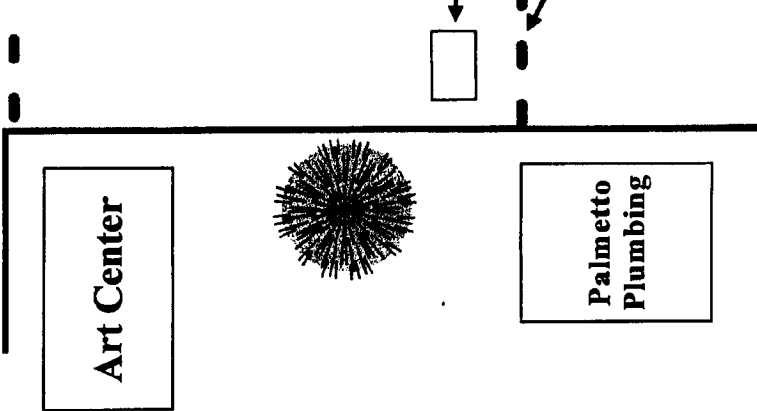
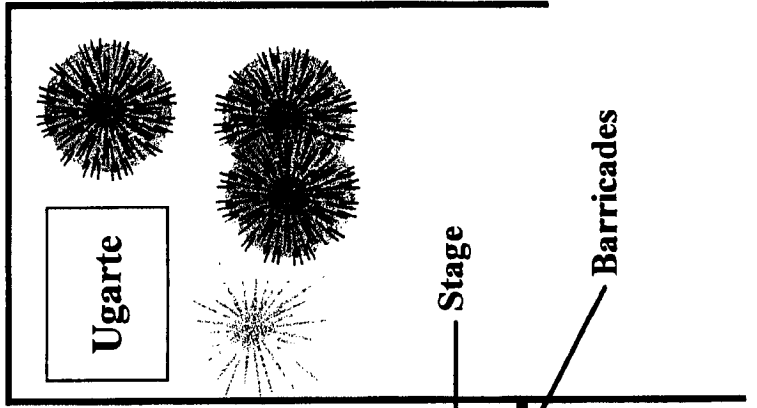
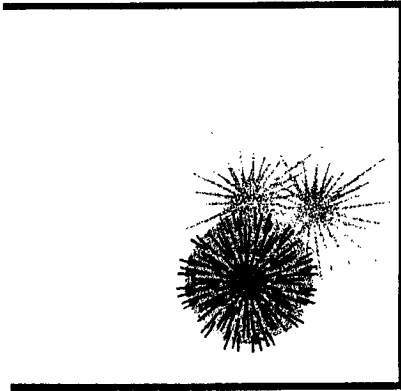
Art Center

Barricades

Stage

Palmetto Plumbing

SPRING JAZZ SHOW
APRIL 17 2010



ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/03/2009

PRODUCER
IDEAL INSURANCE, INC
6245C CLARK CENTER AVE
SARASOTA, FL 34238

941-921-2102

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INSURED
PALMETTO ART CENTER INC
722 11TH AVE WEST
PALMETTO, FL 34221

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: SAFECO INSURANCE CO	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

COVERAGES

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INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	01-CI-12903-2	01/27/2010	01/27/2011	EACH OCCURRENCE \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC				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 \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	OTHER				

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

RE: ONE DAY EVENT 4/17/10
CERTIFICATE HOLDER IS NAMED AS ADDITIONAL INSURED

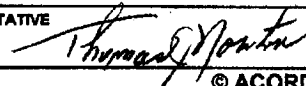
CERTIFICATE HOLDER

CITY OF PALMETTO
600 17TH ST WEST
PALMETTO, FL 34221

CANCELLATION

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AUTHORIZED REPRESENTATIVE



01-30-2010

MANATEE RIVER ASSISTED LIVING,
LOCATED ACROSS THE STREET FROM
THE PALMETTO ART CENTER, IS
FULLY AWARE THAT THE PALMETTO
ART CENTER WILL BE HAVING TWO
EVENTS WITH MUSIC ON THE SIDE
STREET. THE DATES OF THESE
ART SHOWS WILL BE MARCH 6, 2010
AND APRIL 17TH, 2010.

THANK YOU.

Kristin Biggs

01-29-10



SPECIAL FUNCTION PERMIT APPLICATION

EVENT NAME: MANATEE City ANIMAL Services
APPLICANT: "ANIMAL Rescue Coalition"
ADDRESS: _____
CONTACT: Kris Weiskopf, Chief

EVENT DATE: FY 2010
Schedule Attached
EVENT TIME: _____
PHONE: _____
PHONE: 742-5932

DETAILS OF FUNCTION: LOCATION, PARADE ROUTE, ETC.: No Cost Mobile
Spay/Neuter Program; Bus set up at Riverside Park West
bi-monthly

ANTICIPATED ATTENDANCE: _____

CITY SERVICES REQUIRED:

POLICE: Streets Blocked: NA Traffic Control: NA Security: NA Other: NA
PUBLIC WORKS: Barricades: NA Clean-up: NA Set-up: NA Other: NA

If a temporary restroom is utilized for a period greater than five (5) days, a Temporary Use Permit is required. Application is available at City Hall.

TEMPORARY RESTROOM FACILITIES: # of units: _____ # of days: _____
Proposed location(s): _____

INSURANCE REQUIREMENT: Insurance naming the City of Palmetto as an "Additional Insured" must be provided to the City Clerk ten (10) days prior to any event that is part of the Special Function Permit.

Please review Exhibit A for insurance coverage requirements. To purchase insurance policies of appropriate coverage through the City, please complete and submit the Special Events Application Quote Form (Exhibit B).

The Special Function Permit Application must be submitted to City Clerk's office at least 30 days prior to the event.

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PLEASE CONTINUE TO PAGE 2.

Special Function Permit Application

Page 2

EVENT: Manatee City Animal Services
Animal Rescue Coalition

Event Date: FY 2010

I HAVE READ AND UNDERSTAND THE ABOVE SPECIAL FUNCTION PERMIT APPLICATION CONDITIONS.

[Signature]
Permittee

CITY APPROVAL:

Public Works Director [Signature]

Date 2-9-10

Risk Management [Signature]

Date 2/4/10

Parks Department [Signature]

Date 2/2/10

Police Department _____

Date _____

North River Fire _____

Date _____

APPROVED BY COMMISSION: _____

Date _____

Internal use only
Date Received: 2/2/10
[Signature]

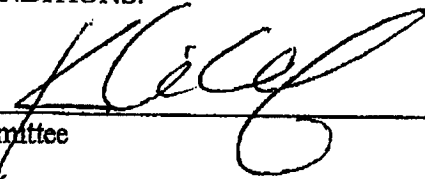
Special Function Permit Application

Page 2

EVENT: Mangrove City Animal Services
ANIMAL RESCUE COALITION

Event Date: FY 2010

I HAVE READ AND UNDERSTAND THE ABOVE SPECIAL FUNCTION PERMIT APPLICATION CONDITIONS.



Permittee

CITY APPROVAL:

Public Works Director _____

Date _____

Risk Management _____

Date _____

Parks Department _____

Date _____

Police Department _____


Date _____

North River Fire  _____

Date 2/3/10

APPROVED BY COMMISSION: _____

Date _____

Internal use only
Date Received: 2/2/10


**ANIMAL RESCUE COALITION
MANATEE COUNTY
NO COST MOBILE SPAY/NEUTER PROGRAM SCHEDULE
September 2009 - September 2010**

Date:	Day:	Location:
09/08/09	Tuesday	Riverside Park
09/22/09	Tuesday	Riverside Park
10/06/09	Tuesday	Riverside Park
10/20/09	Tuesday	Riverside Park
11/03/09	Tuesday	Riverside Park
11/17/09	Tuesday	Riverside Park
12/01/09	Tuesday	Riverside Park
12/15/09	Tuesday	Riverside Park
12/29/09	Tuesday	Riverside Park
01/12/10	Tuesday	Riverside Park
01/26/10	Tuesday	Riverside Park
02/09/10	Tuesday	Riverside Park
02/23/10	Tuesday	Riverside Park
03/09/10	Tuesday	Riverside Park
03/23/10	Tuesday	Riverside Park
04/06/10	Tuesday	Riverside Park
04/20/10	Tuesday	Riverside Park
05/04/10	Tuesday	Riverside Park
05/18/10	Tuesday	Riverside Park
06/01/10	Tuesday	Riverside Park
06/15/10	Tuesday	Riverside Park
06/29/10	Tuesday	Riverside Park
07/13/10	Tuesday	Riverside Park
07/27/10	Friday	Riverside Park
08/10/10	Tuesday	Riverside Park
08/24/10	Tuesday	Riverside Park
09/07/10	Tuesday	Riverside Park
09/21/10	Tuesday	Riverside Park

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

PF3JQFAB

DATE (MM/DD/YYYY)
12/29/2009

PRODUCER
Risk Transfer Programs, LLC
866-481-9363
219 East Livingston Street
Orlando, FL 32801

RECEIVED

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INSURED
Global Employment Solutions PEO II, Inc.
3350 Bushwood Park Drive
Suite 200
Tampa, FL 33618

JAN 14 2010
MANATEE COUNTY ANIMAL SERVICES

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: SUA Insurance Company 40134
INSURER B:
INSURER C:
INSURER D:
INSURER E:

COVERAGES

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INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE	\$
					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
					MED EXP (Any one person)	\$
					PERSONAL & ADV INJURY	\$
					GENERAL AGGREGATE	\$
					PRODUCTS - COMP/OP AGG	\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident)	\$
					BODILY INJURY (Per person)	\$
					BODILY INJURY (Per accident)	\$
					PROPERTY DAMAGE (Per accident)	\$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
					OTHER THAN AUTO ONLY: EA ACC	\$
					AGG	\$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE	\$
					AGGREGATE	\$
						\$
						\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	WSLTHPE 000082-06	12/31/2009	01/01/2011	X WC STATU-TORY LIMITS	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
	OTHER					

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

Coverage is extended to the leased employees of alternate employer (Alabama, Colorado, Florida, Georgia, Indiana, Michigan, Mississippi, South Carolina, Tennessee, and Texas Operations Only): Bay City Window Company # 0203865 (Effective 02/22/04)

DISCLAIMER: The Certificate of Insurance does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 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

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