Foley Kiwanis Club
PO Box 576
Foley, AL 36536

October 23, 2012

Mr. Mike Thompson, Administrator
City of Foley
P. O. Box 1750
Foley, Alabama 36536

RE: Foley Kiwanis Christmas Parade

Dear Mr. Thompson,

On behalf of the Foley Kiwanis Club, I am requesting city approval for the annual Foley Christmas Parade. The parade is scheduled for Saturday morning, December 8, 2012, at 10:00 a.m. I have enclosed the route we have used for the past several years for your use along with a copy of our insurance, as I understand the City has required such coverage from parade sponsors.

The Kiwanis Club appreciates the past consideration and assistance from the City of Foley and looks forward to another successful parade this year. We also want the City to know that we will be moving the float awards to the armory where the continued blocking of McKenzie Street to present these awards can be avoided. I am sure the city departments that monitor safety and the detour of traffic will appreciate this change from past years. If you have any questions or comments, please advise.

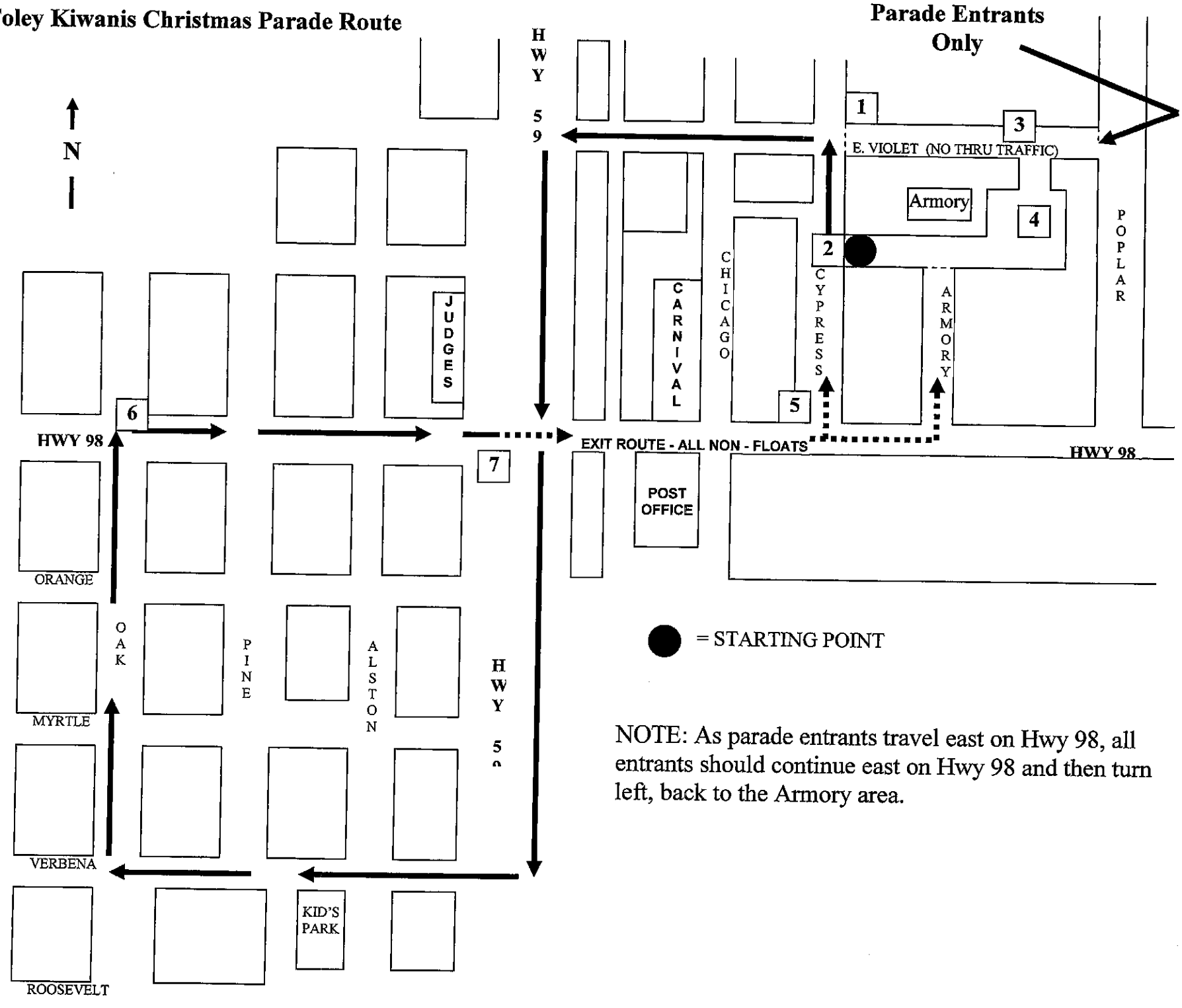
Yours Very Truly,

Richard A. Peterson, Chairman
Foley Kiwanis Club

RAP/em

cc: Mayor Konair
Police Chief
File

2012 Foley Kiwanis Christmas Parade Route



NOTE: As parade entrants travel east on Hwy 98, all entrants should continue east on Hwy 98 and then turn left, back to the Armory area.

KIWAN03 OP ID: 3Y

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/26/12

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 Hylant Group Inc-Indianapolis 301 Pennsylvania Parkway, #201 Indianapolis, IN 46280 Donald J. Thompson Jr. 800-678-0361 317-817-5151	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS:
INSURED Kiwanis International All Clubs and Their Members Insured Local Club: FOLEY % Richard Peterson PO Box 2050 Foley, AL 36536	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A: Lexington Insurance Company — 019437 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X AGG PER DISTRICT	X		013136005	11/01/12	11/01/13	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 2,000,000 $ 500,000 $ 5,000 $ 2,000,000 $ 2,000,000 $ 2,000,000
A	X LIQUOR LIABILITY			013136005	11/01/12	11/01/13	LIQUOR LI	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO-JECT LOC							
A	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS X HIRED AUTOS X NON-OWNED AUTOS X 3,000,000 AGGREGATE			013136005	11/01/12	11/01/13	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION $						EACH OCCURRENCE AGGREGATE	$ $
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ $ $
A	SELF -INSURED RETENTION			013136005	11/01/12	11/01/13	ALL CLAIM	75,000

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

Certificate Holder is named as Additional Insured as respects to General Liability regarding the following Kiwanis event: 12-8 or 12-15, 2012 or any other future dates during policy term - Foley Christmas Parade (Setup, take down, rain date(s) included)

CERTIFICATE HOLDER

ALLCERT

City of Foley
PO Box 1750
Foley, AL 36536

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

Donald J Thompson