

January 18, 2011

City Administrator

Muscatine City Hall

215 Sycamore Street

Muscatine, Iowa 52761

To Whom It May Concern:

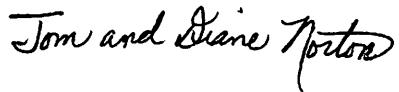
This letter is to ask for approval to dispense fireworks at Geneva Golf & Country Club located at 3100 Bidwell Road, Muscatine, Iowa on Saturday, June 25, in conjunction with our daughter's wedding reception.

The firm we have hired is J & M Displays, and we have enclosed a copy of proof of insurance.

Geneva has agreed to notify the public five days prior to the event.

Please contact us if anything else is required. We thank you in advance for this consideration and we look forward to receiving your confirmation letter after council approval.

Sincerely,

A handwritten signature in black ink, appearing to read "Tom and Diane Norton".

Tom and Diane Norton

401 Hogan Court

Muscatine, Iowa 52761

City Auditor/Inspector

Waukesha City Hall

712 Academy Street

Waukesha, WI 53186

To Mayor of Waukesha

This letter is to ask for approval of the lease of Geneva Hall of Community Club located at 3100 Bidwell Road, Waukesha, Iowa on Saturday, June 25, in conjunction with our neighborhood meeting.

The time we plan to use is 8:00 PM display, and we have arranged a copy of book of insurance.

Geneva has agreed to supply the building this date prior to this event.

Please accept our sympathy as is ledbury. We thank you in advance for this consideration and we look forward to a successful community meeting after this council meeting.

Sincerely,

Tom and Diane Merton

401 Hobson Court

Waukesha, Iowa 53186



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/12/2011

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		CONTACT NAME: PHONE (A/C, No. Ext): 440-248-4711		FAX (A/C, No): 440-544-1234
Britton-Gallagher and Associates, Inc. 6240 SOM Center Rd. Cleveland OH 44139		E-MAIL ADDRESS: PRODUCER CUSTOMER ID #:		
INSURED		INSURER(S) AFFORDING COVERAGE		NAIC #
J & M Displays, Inc. 18064 170th Avenue Yarmouth IA 52660		INSURER A: Lexington Insurance Co		
		INSURER B: Granite State Insurance Co.		23809
		INSURER C: Colony National Insurance Co		34118
		INSURER D:		
		INSURER E:		
		INSURER F:		

COVERS

CERTIFICATE NUMBER: 1279124479

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			1619370-03	1/15/2011	1/15/2012	EACH OCCURRENCE	\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$50,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	\$2,000,000
							PRODUCTS - COMP/OP AGG	\$2,000,000
B	AUTOMOBILE LIABILITY			CA938351310	1/15/2011	1/15/2012	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	X ANY AUTO						BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
	X HIRED AUTOS						PROPERTY DAMAGE (Per accident)	\$
	X NON-OWNED AUTOS							\$
								\$
C	UMBRELLA LIAB	X	OCCUR	AR5461093	1/15/2011	1/15/2012	EACH OCCURRENCE	\$9,000,000
	X EXCESS LIAB		CLAIMS-MADE				AGGREGATE	\$9,000,000
								\$
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N					WC STATUTORY LIMITS	OTHR
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/>	N/A				E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

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

FIREWORKS DISPLAY DATE: JUNE 25, 2011

LOCATION OF EVENT: GENEVA COUNTRY CLUB, MUSCATINE, IA

ADD'L INSUREDS: NORTON WEDDING (SPONSOR); GENEVA COUNTRY CLUB (LANDOWNER); RICHARD BUNN (LANDOWNER); LARRY PAETZ (LANDOWNER).

CERTIFICATE HOLDER

CANCELLATION

Norton Wedding
401 Hogan Court
Muscatine IA 52761

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

