



PERMIT TO OCCUPY THE PUBLIC RIGHT-OF-WAY

Permit #: _____
Effective Date: _____
Expiration Date: _____
Fee: _____
Paid (yes or no): _____

Rev. 04-10-15

Applicant Information

Name (print): Linda Garvey Company: Hilton Appleton Paper Valley
Address: 333 W. College Avenue Telephone: 920-733-8000 FAX: _____
Appleton, WI 54911 e-mail: lgarvey@appletonpvh.com
Applicant Signature: Linda Garvey Date: _____

Occupancy Information

General Description: We are seeking permission to add tables and chairs on the terrace in front of the hotel.
This would be on the western end of the property in front of Starbucks.
Street Address: 333 W. College Avenue Tax Key No.: _____
- or -
Street: _____ From: _____ To: _____
Multiple Streets: _____

(Department use only)

Occupancy Type	Sub-Type	Location
<input type="checkbox"/> Permanent (\$40)	<input type="checkbox"/> Sandwich Board	<input type="checkbox"/> Sidewalk
<input type="checkbox"/> Temporary - max. 35 days (\$40)	<input checked="" type="checkbox"/> Tables / Chairs	<input checked="" type="checkbox"/> Terrace
<input checked="" type="checkbox"/> Amenity/Annual (\$40)	<input type="checkbox"/> Dumpster	<input type="checkbox"/> Roadway
<input type="checkbox"/> Blanket/Annual (\$250)	<input type="checkbox"/> POD / Container	
<input type="checkbox"/> Block Party (\$15)	<input type="checkbox"/> Obstruction / Other	

Additional Requirements

☐ Plan/Sketch ☒ Certificate of Insurance ☐ Bond
☐ Other: _____

Traffic Control Requirements

☐ N/A

☐ Contact Traffic Division (832-2379) 1 business day prior to any lane closure, or 2 business days prior to a full road closure.

Type of Street: _____ Proposed Traffic Control: _____
☐ Arterial/CBD ☐ City Manual Page(s)
☐ Collector ☐ State Manual Page(s)
☐ Local ☐ Other (attach plan)

Additional Requirements: _____

Approved by: _____ Date: _____

This permit approval is subject to the following conditions:

1. Permittee is responsible to obtain any further permits that may be required as part of this occupancy.
2. Permittee shall adhere to any plan(s) that were submitted to the City of Appleton as part of this application.
3. This permit is subject to IMMEDIATE REVOCATION and/or issuance of a MUNICIPAL CITATION if conditions of the permit are not met.
4. This permit is subject to IMMEDIATE REVOCATION if unfavorable traffic conditions develop during the period the occupancy is permitted.
- 5.
- 6.

This permit is issued to the applicant upon payment of the permit fee and is expressly limited to the location and type described herein. The applicant, in exchange for receiving this permit, warrants that all street occupancies will be performed in conformity to City ordinances, standards and policies, be properly barricaded and lighted, and be performed in a safe manner. By applying for and accepting this permit, the applicant assumes full liability and/or any costs incurred by the City for corrective work required to bring the subject area into compliance with said ordinances, standards, policies and permit conditions. No occupancy shall occur prior to approval of this permit by the Department of Public Works.

The Grantee shall guarantee at their expense, the repair or replacement of pavement, sidewalk and any other facilities within the public right-of-way damaged or destroyed by the Grantee or any sub-contractor working for them. The Grantee shall assume complete and full liability and responsibility, in accordance with existing ordinances and policies, in the event of injury or damage to persons or property resulting from their facilities within the public right-of-way.

APPROVED BY: _____
(Department of Public Works)

DATE: _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/5/2022

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).

PRODUCER Marsh & McLennan Agency, LLC 1600 W. 7th Street Suite 300 Fort Worth TX 76102	CONTACT NAME: Amy Rosenbam PHONE (A/C, No, Ext): 817-877-3660 E-MAIL ADDRESS: amy.rosenbam@marshmma.com FAX (A/C, No): 817-877-3480
INSURED Driftwood Hospitality Management LLC Driftwood Hospitality Management II LLC 11770 US Hwy One East Tower Suite 202 North Palm Beach FL 33408	INSURER(S) AFFORDING COVERAGE INSURER A: Starr Indemnity & Liability Company INSURER B: Great American Insurance Company INSURER C: Evanston Insurance Company INSURER D: INSURER E: INSURER F:

COVERAGES**CERTIFICATE NUMBER:** 2047542180**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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> No Ded/SIR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:	Y	Y	1000100161221	3/19/2022	3/19/2023	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$4,000,000 PRODUCTS - COMP/OP AGG \$4,000,000 Policy Aggregate \$10,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	1000198205221 1000198206221	3/19/2022 3/19/2022	3/19/2023 3/19/2023	COMBINED SINGLE LIMIT (Ea accident) \$2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	Y	Y	1000589669221	3/19/2022	3/19/2023	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000 \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	Y	1000004553	3/19/2022	3/19/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> 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
A B C	Liquor Liability *Crime Employee Theft *EPLI Claims Made	Y	Y	1000302542221 SAAE5897640200 MKLV4MML000204	3/19/2022 3/19/2022 3/19/2022	3/19/2023 3/19/2023 3/19/2023	Each Common Cause Aggregate \$2,000,000 *Crime & EPLI \$4,000,000 See Remarks

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

GL Policy Includes Crime for Guest Property (Innkeepers) \$100,000 Aggregate

Certified Acts of Terrorism is included

*Garagekeepers Legal Liability Applies to specific locations on file with company : GKLL Limit \$500,000 \$2,500 Deductible Comp/Collision.

WC-applicable to all states except monopolistic states of ND,OH,PR,WA,WY

See Attached...

CERTIFICATE HOLDER**CANCELLATION**Hilton Worldwide Holdings Inc
7930 Jones Branch Drive
McLean VA 22102
USA

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

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ADDITIONAL REMARKS SCHEDULE

Page 1 of 2

AGENCY Marsh & McLennan Agency, LLC		NAMED INSURED Driftwood Hospitality Management LLC Driftwood Hospitality Management II LLC 11770 US Hwy One East Tower Suite 202 North Palm Beach FL 33408	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** CERTIFICATE OF LIABILITY INSURANCE

Worldwide Jurisdiction is included.

Additional Insured form #OG184 edition 4/12, #CG2011 edition 12/19, #CG2026 edition 12/193, #CG2015 edition 12/193 and #OG218 edition 10/14 apply to the General Liability policy.

Waiver of subrogation form #CG2404 edition 12/19 applies to the General Liability policy.

Primary & Non-Contributory General Liability form #OG152 edition 4/12 applies to the General Liability policy.

Additional Insured form #SICA1016 edition 6/20 applies to the Automobile Liability policy.

Waiver of subrogation form #SICA1020 edition 9/19 applies to the Automobile Liability policy.

Primary and Noncontributory form #CA0449 edition 11/16 applies to the Automobile policy.

Waiver of subrogation form #WC000313 edition 4/84 applies to the Workers Compensation policy.

Notice of Cancellation to Third Parties form #SIIL102 edition 10/14 applies to the General Liability policy.

Notice of Cancellation to Third Parties form #SICA1015 edition 7/11 applies to the Automobile Liability policy.

Notice of Cancellation to Third Parties form #WC990618, #WC990605, #WC990605IL, #WC990605MD and #WC990605MO apply to the Worker's Comp policy.

The General Liability policy includes a blanket additional insured endorsement to the certificate holder only when there is a written contract between the named insured and the certificate holder that requires such status.

The General Liability policy contains an endorsement with "Primary and NonContributory" wording that may apply only when there is a written contract between the named insured and the certificate holder that requires such wording.

The General Liability policy contains a blanket waiver of subrogation endorsement that may apply only when there is a written contract between the named insured and the certificate holder that requires such wording.

The Automobile Liability policy contains language that provides additional insured status to the certificate holder only when there is a written contract between the named insured and the certificate holder that requires such status.

The Automobile liability policy includes waiver of subrogation wording that may apply only when there is a written contract between the named insured and the certificate holder that requires such wording.

The Automobile liability policy includes primary and noncontributory wording that may apply only when there is a written contract between the named insured and the certificate holder that requires such wording.

The Worker's Compensation policy includes a waiver of subrogation endorsement that may apply only when there is a written contract between the named insured and the certificate holder that requires such wording.

The General Liability, Automobile Liability, Worker's Compensation policyies includes a blanket notice of cancellation to the certificate holder endorsement, providing for 30 days advance written notice if the policy is canceled by the company, or 10 days written notice before the policy is canceled for nonpayment of premium. Notice is sent to certificate holders with mailing addresses on file with the agent or the company. The endorsement does not provide for notice of cancellation to the certificate holder if the named insured requests cancellation.

*Crime Policy Includes Fidelity: Employee Theft Limit \$1,000,000/Retention: \$25,000 - ERISA Fidelity Limit \$1,000,000/No Retention

*EPLI: Limit \$2,000,000/Retention \$100,000

Professional Liability (Claims Made): Policy No. MPL30012076900 - Policy Period: 10/9/21-22 - Endurance Assurance Corporation - \$2,000,000 Each Claim/\$2,000,000 Aggregate/\$25,000 Retention

Cyber Liability: Policy Number 1000634548211 - Policy Period: 12/1/21-22 - Starr Indemnity & Liability Company - Limit: \$5,000,000 Limit Aggregate/\$50,000 Retention

Excess Liability: Policy No. P00100081849801 - Policy Period: 3/19/22-23 - Axis Surplus Lines Insurance - NAIC 26620 - Limit: \$5,000,000 Excess \$5,000,000

Excess Liability: Policy No. ECO2358628826 - Policy Period: 3/19/22-23 - The Ohio Casualty Insurance Company - NAIC 24074 - Limit: \$10,000,000 Excess of \$10,000,000

Excess Liability: Policy No. XC83X00364221 - Policy Period: 3/19/22-23 - Everest National Insurance Company - NAIC 10120 - Limit: \$15,000,000 Excess \$20,000,000

Excess Liability: Policy No. 03133054 - Policy Period: 3/19/22-23 - Allied World National Assurance Company - NAIC 10690 - Limit: \$15,000,000 Excess \$35,000,000

Excess Liability: Policy No. USL014028226 - Policy Period: 3/19/22-23 - Fireman's Fund Insurance Company - NAIC 21873 - Limit: \$25,000,000 Excess \$50,000,000

Excess Liability: Policy No. CX00G1422 - Policy Period: 3/19/22-23 - Aspen American Insurance Company - NAIC 43460 - Limit: \$25,000,000 Excess

**ADDITIONAL REMARKS SCHEDULE**Page 2 of 2

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POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,****FORM NUMBER:** 25 **FORM TITLE:** CERTIFICATE OF LIABILITY INSURANCE

\$75,000,000

Re: Hilton Hotel Paper Valley - 333 West College Avenue, Appleton, WI 54911

Certificate Holder Includes: Hilton Worldwide Holdings Inc. and its owners, subsidiaries and affiliates now or hereafter existing.

Proposed sketch

3/16/2023

