

Referrals
5-14-19

**PUBLIC HEALTH
AND SAFETY
STANDING
COMMITTEE**

21

MAYOR'S OFFICE COORDINATORS REPORT

OVERALL STATUS (please circle): APPROVED DENIED N/A CANCELED

Petition #: 622 Event Name: Jazzin at the Vanity

Event Date : June 28 - 29, 2019

Street Closure: Jefferson Avenue

Organization Name: Jefferson East Inc,

Street Address: 300 River Place Drive #5250 Detroit, MI 48207

Receipt date of the COMPLETED Special Events Application:	
Date of City Clerk's Departmental Reference Communication:	
Due date for City Departments reports:	
Due date for the Coordinators Report to City Clerk:	

Event Elements (check all that apply):

- Walkathon Carnival/Circus Concert/Performance Run/Marathon
- Bike Race Religious Ceremony Political Ceremony Festival
- Filming Parade Sports/Recreation Rally/Demonstration
- Fireworks Convention/Conference Other: _____
- 24-Hour Liquor License**

Petition Communications (include date/time)

Jefferson East, Inc. will be revamping "Jazzin on Jefferson" to showcase the Vanity Ballroom by hosting a block party on Jefferson Avenue between Lakewood and Newport from 2:00pm - 10:00pm each day.

**** ALL permits and license requirements must be fulfilled for an approval status ****

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	DPD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DPD 5th Precinct will Assist
	DFD/EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pending Inspections
	DPW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ROW Permit Required
	Health Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Temporary Food License Required

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Type III, Concrete Barricades & Road Closure Signage Required
	Recreation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	Bldg & Safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Permits Required for Tents, Stages & Generators
	Bus. License	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vendors License & Liquor License Required
	Mayor's Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.
	Municipal Parking	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Parking Signs Required
	DDOT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Low Impact on Buses

MAYOR'S OFFICE

Signature: Bethanie Aushier

Date: May 6, 2019

DEPARTMENTAL REFERENCE COMMUNICATION

Tuesday, January 08, 2019

To: The Department or Commission Listed Below

From: Janice M. Winfrey, Detroit City Clerk

The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

DPW - CITY ENGINEERING DIVISION PLANNING AND DEVELOPMENT DEPARTMENT
MAYOR'S OFFICE POLICE DEPARTMENT
FIRE DEPARTMENT MUNICIPAL PARKING DEPARTMENT
TRANSPORTATION DEPARTMENT BUSINESS LICENSE CENTER

622

Jefferson East Inc., request to hold "Jazzin at the Vanity" on Jefferson between Newport and Lakewood on June 28 and 29, 2019 from 4:00 PM to 10:00 PM and 12:00 PM to 10:00 PM respectively with closures of Jefferson, Lakewood and Newport.

City of Detroit Special Events Application

Successful events are the result of advance planning, effective communication and teamwork. The City of Detroit will be strictly adhering to the Special Events Guidelines; please print them out for reference. Petitioners are required to complete the information below so that the City of Detroit may gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the Special Events and Film Handling Office at least **60 days** prior to the first date of the event. If submitted later than 60 days prior, application is subject to denial. Please type or print clearly and attach additional sheets and maps as needed.

Section 1- GENERAL EVENT INFORMATION

Event Name: Jazzin at the Vanity

Event Location: Jefferson between Newport and Lakewood

Is this going to be an annual event? Yes No

Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: Jefferson East, Inc.

Organization Mailing Address: Address: 300 River Pl Dr #5250, Detroit, MI 48207

Business Phone: (313) 331-7939 Business Website: www.jeffersoneast.org

Applicant Name: Mark Loeb, Consultant

Business Phone: 313 486 2666 Cell Phone: 734 216 3958 Email: mark@integrityshows.com

Event On-Site Contact Person:

Name: Mark Loeb

Business Phone: 313 486 2666 Cell Phone: 734 216 3958 Email: mark@integrityshows.com

Event Elements (check all that apply)

- Walkathon
- Run/Marathon
- Political Event
- Parade
- Convention/Conference
- Carnival/Circus
- Bike Race
- Festival
- Sports/Recreation
- Fireworks
- Concert/Performance
- Religious Ceremony
- Filming
- Rally/Demonstration
- Other: _____

Projected Number of Attendees: 5000

Please provide a brief description of your event:

Jefferson East has been producing variations of Jazzin on Jefferson for many years to celebrate the

What are the projected set-up, event and tear down dates and times (must be completed)?

Begin Set-up Date 06/27/2019 Time: 7:00 PM Complete Set-up Date: 06/28/19 Time: 4:00PM

Event Start Date: 06/28/2019 Time: 4:00PM Event End Date: 06/29/2019 Time: 10:00 PM

Begin Tearing Down Date: 06/29/2019 Complete Tear Down Date: 06/29/2019

Event Times (If more than one day, give times for each day):
Friday 4pm until 10pm, Saturday Noon until 10pm

Section 3- LOCATION/SITE INFORMATION

Location of Event: Jefferson between Lakewood and Newport including a section of Lakewood and Newport

Facilities to be used (Check) Street Sidewalk Park _____ City _____

Please attach a copy of Port-a-John, Sanitation, and Emergency Medical Agreements as well as a site plan which illustrates the anticipated layout of your event including the following:

- Public entrance and exit
- Location of merchandising booths
- Location of food booths
- Location of garbage receptacles
- Location of beverage booths
- Location of sound stages
- Location of hand washing sinks
- Location of portable restrooms
- Location of First Aid
- Location of fire lane
- Proposed route for walk/run
- Location of tents and canopies
- Sketch of street closure
- Location of bleachers
- Location of press area
- Sketch of proposed light pole banners

You will be prompted to upload these attachments upon submitting this form

Section 4- ENTERTAINMENT

Describe the entertainment for this year's event:

Jazz performances

Will a sound system be used? Yes No

If yes, what type of sound system? Professional sound

Describe specific power needs for entertainment and/or music:

Generators

How many generators will be used? Two

How will the generators be fueled?
Arrive fueled

Name of vendor providing generators:

Contact Person: To be determined- Probably MAD Power

Address:

Phone:

City/State/Zip

Section 5- SALES INFORMATION

Will there be advanced ticket sales? Yes No

If yes, please describe:

Will there be on-site ticket sales? Yes No

If yes, list price(s):

Will there be vending or sales? Yes No

If yes, check all that apply:

Food

Merchandise

Non-Alcoholic Beverages

Alcoholic Beverages

Indicate type of items to be sold:

Food and drink. Local businesses.

Section 6- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company: To be determined. Probably Tricon along with Secondary Employment

Contact Person:

Address:

Phone:

City/State/Zip:

Number of Private Security Personnel Hired Per Shift:

Are the private security personnel (check all that apply):

Licensed

Armed

Bonded

How will you advise attendees of parking options?

Website, signage and advertisements.

Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)?
More traffic and sound into the early evening. Traffic disruptions.

Have local neighborhood groups/businesses approved your event?

Yes No

Indicate what steps you have or will take to notify them of your event:

Jefferson East regularly meets with the neighborhood groups and will involve them in the planning of this project as possible.

Section 8- EVENT SET-UP

Complete the appropriate categories that apply to the event Structure

	How Many?	Size/Height
Booth		
Tents (enclosed on 3 sides)	10 - 12	10x10 to 30x60
Canopy (open on all sides)	5	20x20
Staging/Scaffolding	2	Trailer mounted stages
Bleachers		

Section 9- COMPLETE ALL THAT APPLY

Emergency medical services?

Contact Person: Red Cross trained volunteers

Address:

City/State/Zip:

Name of company providing port-a-johns. Johns Sanitation

Contact Person:

Address:

Phone:

City/State/Zip:

Name of private catering company? NA

Contact Person:

Address:

Phone:

City/State/Zip:

SPECIAL USE REQUESTS

List any streets or possible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopening. Neighborhood Signatures must be submitted with application for approval. Barricades are not available from the City of Detroit.

Attach a map or sketch of the proposed area for closure.

STREET NAME: Jefferson
FROM: Lakewood TO: Newport

CLOSURE DATES: 06/27/2019 BEG TIME: 7:00 PM END TIME:
REOPEN DATE: 0/6/29/2019 Midnight TIME:

STREET NAME: Lakewood
FROM: Jefferson TO: Alley

CLOSURE DATES: 06/27/2019 BEG TIME: 7:00 PM END TIME:
REOPEN DATE: 0/6/29/2019 Midnight TIME:

STREET NAME: Newport
FROM: Jefferson TO: Alley

CLOSURE DATES: 06/27/2019 BEG TIME: 7:00 PM END TIME:
REOPEN DATE: 0/6/29/2019 Midnight TIME:

STREET NAME: _____
FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME:
REOPEN DATE: _____ TIME:

STREET NAME: _____
FROM: _____ TO: _____

CLOSURE DATES: _____ BEG TIME: _____ END TIME:
REOPEN DATE: _____ TIME:

PLEASE ADD IMPORTANT INFORMATION BELOW AND ATTACH A COPY OF THE FOLLOWING:

- 1) CERTIFICATE OF INSURANCE**
- 2) EMERGENCY MEDICAL AGREEMENT**
- 3) SANITATION AGREEMENT**
- 4) PORT-A-JOHN AGREEMENT**
- 5) COMMUNITY COMMUNICATION**

AUTHORIZATION & AFFADAVIT OF APPLICANT

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understood and agreed to abide by the rules and regulations governing the proposed Special Event, and I understand that this application is made subject to the rules and regulations established by the Mayor or the Mayor's designee. Applicant agrees to comply with all other requirements of the City, County, State, and Federal Government and any other applicable entity, which may pertain to Special Events. I further agree to abide by these rules, and further certify that I, on behalf of the Event agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event, to the City of Detroit.

eSigned via SignMaxDoc.com
Mark Loeb
Key: #321a16021u0071a70942330795

01/05/2019

Signature of Applicant

Date

NOTE: Completion of this form does not constitute approval of your event. Pending review by the Special Events Management Team, you will be notified of any requirements, fees, and/or restrictions pertaining to your event.

HOLD HARMLESS AND INDEMNIFICATION

The Applicant agrees to indemnify and hold the City of Detroit (which includes its agencies, officers, elected officials, appointed officials and employees) harmless from and against injury, loss, damage or liability (or any claims in respect of the foregoing including claims for personal injury and death, damage to property, and reasonable outside attorney's fees) arising from activities associated with this permit, except to the extent attributable to the gross negligence or intentional act or omission of the City.

Applicant affirms that Applicant has read and understands the Hold Harmless and Indemnification provision and agrees to the terms expressed therein.

Event Name: Jazzin at the Vanity **Event**

Date: June 28-29, 2019

Event Organizer:

Jefferson East, Inc.

eSigned via SignMaxDoc.com
Mark Loeb
Key: #321a16021u0071a70942330795

Applicant Signature:

Date: 01/05/2019

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MAYOR'S OFFICE COORDINATORS REPORT

OVERALL STATUS (please circle): APPROVED DENIED N/A CANCELED

Petition #: 818 Event Name: Demo Day

Event Date : June 14, 2019

Street Closure: None

Organization Name: Quicken Loans Community Fund

Street Address: 1050 Woodward Detroit, MI 48226

Receipt date of the COMPLETED Special Events Application:	
Date of City Clerk's Departmental Reference Communication:	
Due date for City Departments reports:	
Due date for the Coordinators Report to City Clerk:	

Event Elements (check all that apply):

- Walkathon Carnival/Circus Concert/Performance Run/Marathon
- Bike Race Religious Ceremony Political Ceremony Festival
- Filming Parade Sports/Recreation Rally/Demonstration
- Fireworks Convention/Conference Other: _____
- 24-Hour Liquor License**

Petition Communications (include date/time)

Quicken Loans Detroit Demo Day will take place at The Fillmore from 5:00pm - 11:00pm. The parking lane and adjacent sidewalk will be closed on Elizabeth Street between Woodward and Park to accommodate 6 food trucks reserved for attendees.

**** ALL permits and license requirements must be fulfilled for an approval status ****

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	DPD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Contracted with Tricon Security Group to Provide Private Security Services
	DFD/EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	DPW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ROW Permit Required
	Health Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Temporary Food License Required

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Bike Rack Barricades Required
	Recreation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	Bldg & Safety	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	Bus. License	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vendors License Required
	Mayor's Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.
	Municipal Parking	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Purchase of Parking Meters Required
	DDOT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Impact on Buses

MAYOR'S OFFICE

Signature: Bethanie Justice

Date: May 8, 2019

Demo Day – City of Detroit Special Events Application

Our Ask

We are requesting approval to have the sidewalk closed on Elizabeth Street.

We would like advice on any additional logistical or safety concerns we should be aware of and are open to a street closure if necessary.

Our Why?

We will be using the sidewalk space to add food trucks to the Demo Day activities. This will enhance the guest experience and will supplement the complimentary food that will be served inside the Fillmore.

Event Timing

Demo Day Event: 5:00pm – 11:00pm

Pre – Party/Food Trucks Service Time: 5:00pm – 7:00pm

Requested Sidewalk Closure: 3:00pm – 8:00pm

Please note: Load in and load out times can be flexible based on what the city requires.

Food Truck Selection

- Delectabowl
- El Guapo
- The Mean Weenie
- Detroit Style Pizza Company
- Detroit Mini Donut

Contracts will be finalized pending approval from the City of Detroit.

*No liquor will be served outside of The Fillmore.

Trash and Sanitation

All guest trash (food containers, utensils, etc.) will be taken care of by The Fillmore (per contract). Any trash created by the food trucks internally will be taken by the food trucks themselves at the end of the event.

Generators and Power

If a food truck requires a generator it will be placed next to the truck. Food truck to obtain necessary generator permits (if applicable).

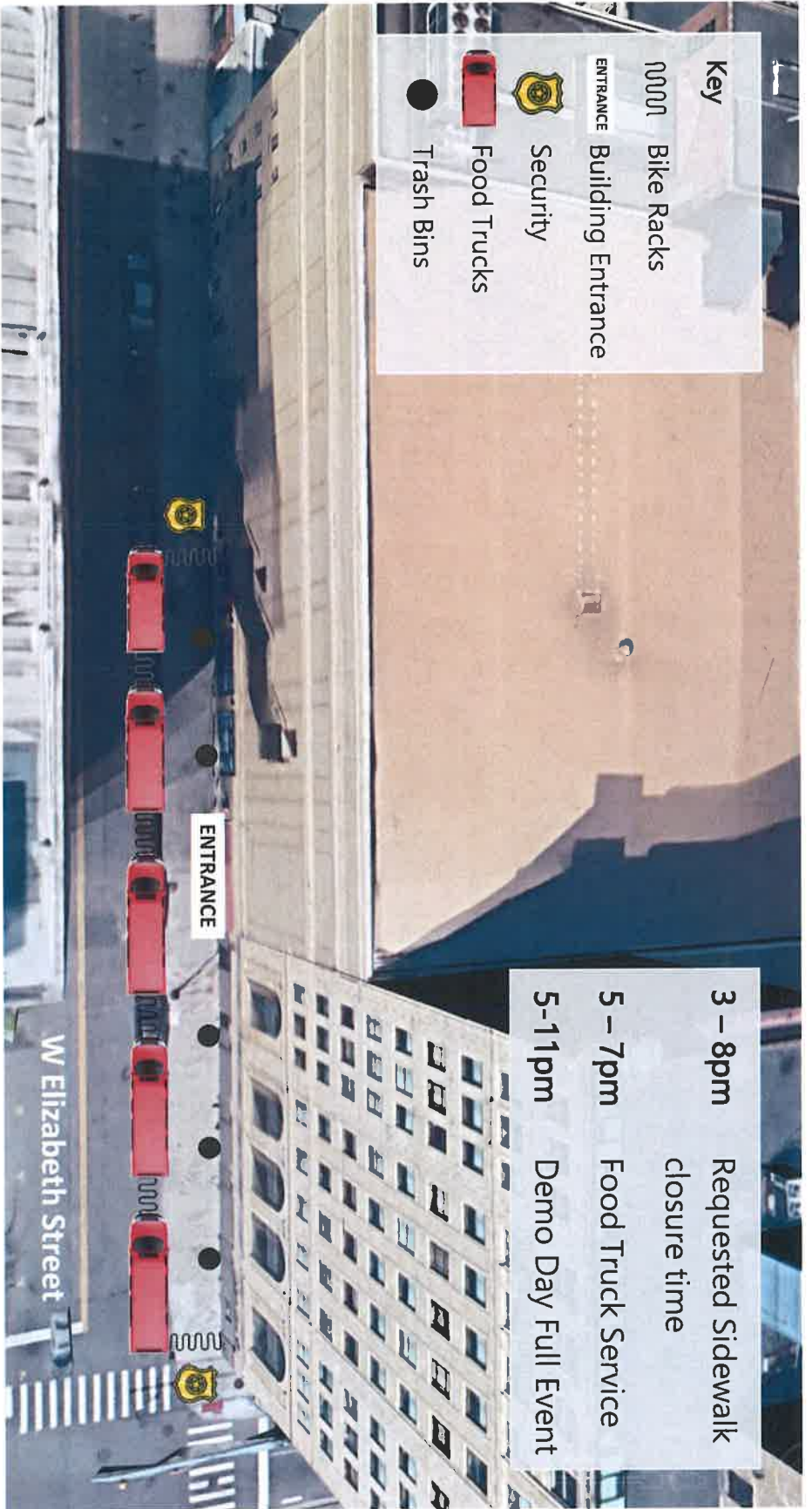
Security and Barricades

The Fillmore and Rock Security will monitor the sidewalk and food truck area.

We will use bike racks to create barricades in between and around the trucks to keep the area closed to the public.

Meter Permits

The Fillmore will pull the required meter permits.

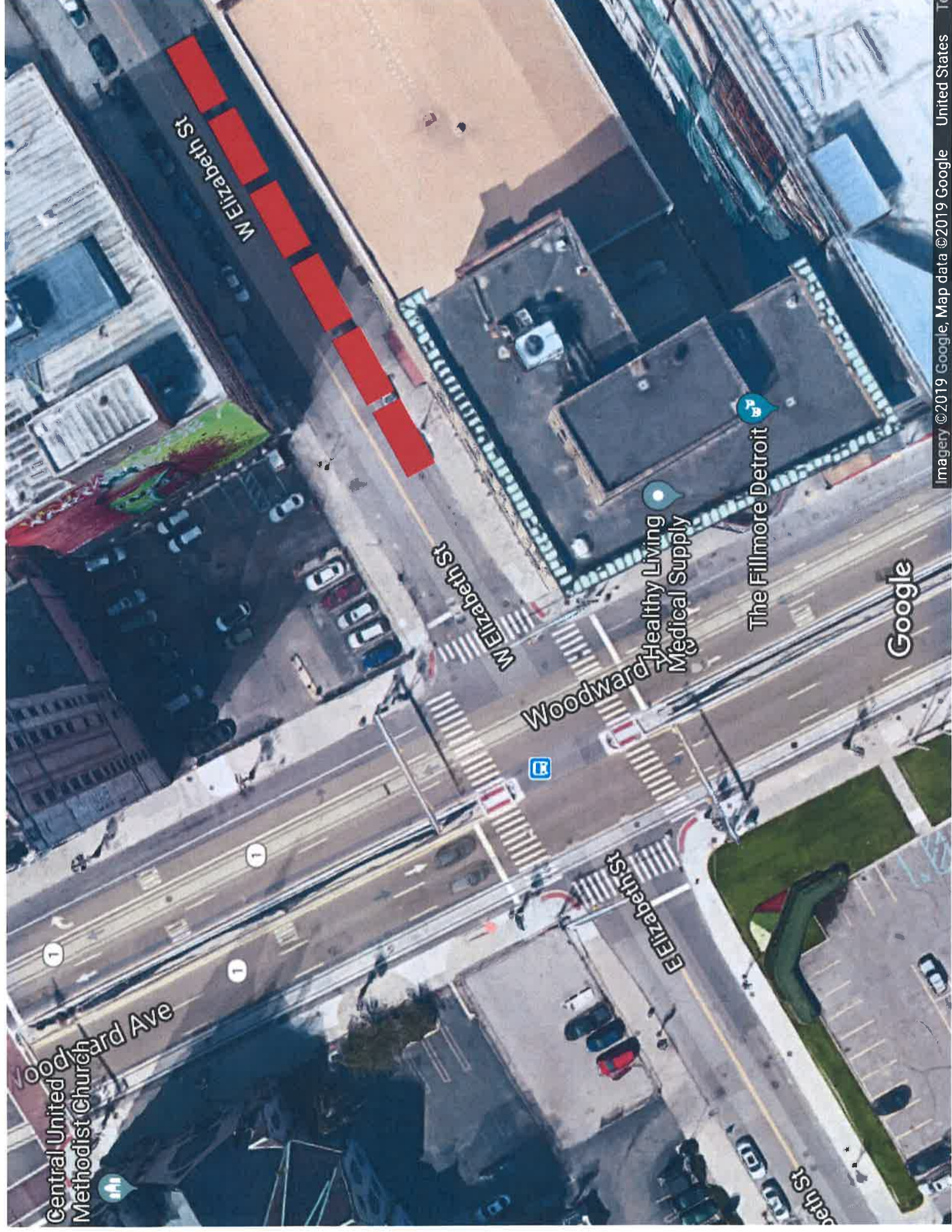


Key

- 00001 Bike Racks
- ENTRANCE Building Entrance
- Security
- Food Trucks
- Trash Bins

- 3 – 8pm Requested Sidewalk closure time
- 5 – 7pm Food Truck Service
- 5-11pm Demo Day Full Event

W Elizabeth Street



W Elizabeth St

W Elizabeth St

Healthy Living
Medical Supply

The Fillmore Detroit

Woodward

Elizabeth St

Woodward Ave
Central United
Methodist Church

Google



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/16/2019

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 USA Inc. One Towne Square, Suite 1100 Southfield, MI 48076	CONTACT NAME: _____	
	PHONE (A/C, No, Ext): _____	FAX (A/C, No): _____
E-MAIL ADDRESS: _____		
INSURER(S) AFFORDING COVERAGE		NAIC #
CN101757535--CasP-18-20 QLI	INSURER A : Great Northern Insurance Company	20303
INSURED Quicken Loans Inc. Attn: Julie Booth 1050 Woodward Avenue Detroit, MI 48226	INSURER B : N/A	N/A
	INSURER C : Federal Insurance Company	20281
	INSURER D : N/A	N/A
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** CHI-009166814-11 **REVISION NUMBER:** 6

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 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER: _____			3602-83-97	07/31/2018	07/31/2019	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"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			7987-96-91	07/31/2018	07/31/2019	EACH OCCURRENCE	\$ 1,000,000
							AGGREGATE	\$ 1,000,000
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

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

CERTIFICATE HOLDER**CANCELLATION**
 City of Detroit
 2 Woodward Avenue
 Detroit, MI 48226

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
 of Marsh USA Inc.

Manashi Mukherjee

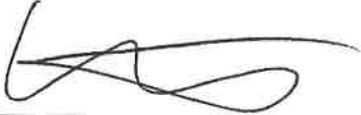
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CONFIRMATION OF SERVICES

HART EMS MEDICAL SERVICES, PLLC
220 BAGLEY, SUITE 912
DETROIT, MI 48226
313.366.4278 OR 313.216.1771 FAX

Event: Quicken Loans Demo Day		Location: Fillmore Theater	
Date of Service:		Start to End Time:	
June 14, 2019		5:00pm – 10:00pm	
Services Requested By Client:		Quantity:	Location:
Medical Provider		1	TBD
First Aid Station		1	TBD

Additional Procedures:
We will increase our compliment of services based on need as the event progresses.



Adam Gottlieb
Hart EMS Medical Services, PLLC
4-11-2019

Date


SPECIAL EVENT AGREEMENT

Wednesday, March 20, 2019

Quicken Loans Inc. ("Client") and Live Nation Worldwide, Inc. ("LN") do hereby agree on the following terms, conditions and definitions (the "Agreement") with regard to Client licensing the premises described below to host Client's upcoming event:

CLIENT: Quicken Loans Inc.
1050 Woodward Avenue Detroit, MI 48226
Janelle Hamood
Telephone: (313) 782-8635 / Email: JanelleHamood@QuickenLoans.com

EVENT: Demo Day ("Event")
EVENT NUMBER: DT05757
VENUE: Fillmore Detroit ("Venue")
2115 Woodward Avenue Detroit, MI 48201
Alix Heinz
Telephone: (313) 230-2602 / Email: AlixHeinz@livenation.com

LOCATION IN THE VENUE: Entire Theatre ("Space")
DATE AND TIME ("Term"): June 12, 2019, June 13, 2019, June 14, 2019
Load In: Begins at 9:00 am on Wednesday, June 12, 2019
Event: 1:00 pm to 11:00 pm on Friday, June 14, 2019
Load Out: Completed by 12:00 am on Friday, June 14, 2019

COST/FEES/OTHER:
Revenue Guarantee: A minimum of \$60,000.00 ("Revenue Guarantee")
Event Cost: \$59,080.00 (As more fully described in the Special Event Order (the "Special Event Order") attached hereto and incorporated herein by this reference)

Estimated Guest Count: 1000 ("Estimated Guest Count")

ADDITIONAL REQUIREMENTS:
Agreement due by: 3/20/2019

Certificate of Insurance due by: Seven (7) days prior to Event date
Deposit ("Deposit"): An amount equal to fifty percent (50%) of the Event Cost due upon execution of this Agreement.

Balance of Event Cost due IF EVENT IS MORE THAN 90 DAYS OUT:
30 days prior to the Event date

IF EVENT IS LESS THAN 90 DAYS OUT:
7 days prior to the Event date

Form of payment for Deposit and Balance of Event Cost: Payments made less than 14 days prior to the Event may be paid by cash, credit card, cashier's check, money order, ACH or wire. Company and personal checks will not be accepted.

Payments made 14 or more days prior to the Event may be paid by cash, credit card, cashier's check, money order, ACH, wire or company checks. Personal checks will not be accepted.

LN's standard terms and conditions are attached hereto as Exhibit A and incorporated herein by this reference.

Client's Designee (whom Client warrants has/have full authority to commit Client's funds and to authorize expenditures of monies on Client's behalf in connection with the Event):

Name: Janelle Hamood

ACCEPTED AND AGREED as of the date first written above:

Quicken Loans Inc.



Janelle Hamood representing Quicken Loans Inc.

Date: 03.20.2019

LIVE NATION WORLDWIDE, INC.

Alix Heinz representing LN

Date: _____

**EXHIBIT A
SPECIAL EVENT AGREEMENT
TERMS AND CONDITIONS**

1. Purpose and Term.

A. LN grants to Client the privilege and license to use the Space to present the Event during the hours provided above. Client agrees to reimburse LN for any overtime wages, payments or other expenses incurred if the Event lasts longer than the agreed-upon hours. Unless otherwise agreed to in writing by LN, Client shall not sell tickets to or promote the Event to the general public.

B. If a signed copy of this Agreement and the Deposit have not been received by LN prior to the date provided above, LN shall have the right to contract with other parties for the use of the Space without further notice to Client.

2. Financial Settlement.

A. Client agrees to pay to LN the costs and charges for all necessary staffing and operational services provided by LN in connection with the Event, including, without limitation, catering, security, traffic control, entertainment, production, ushers, janitors and the room rental fees.

B. Client agrees to spend at least the Revenue Guarantee on Event room rental fees, beverage, catering and production costs. This minimum does not include any applicable taxes, administrative fee (fees for administrative overhead, documentation, preparations and proper management of the Event; such administrative fee is not, nor is it intended to be, a service charge, tip or gratuity for wait staff, service employees or service bartenders), retail, tickets, talent charges and any other charges set forth in the Special Event Order. Such amount is the Revenue Guarantee and may not be reduced and is independent of the Final Guest Count or the actual guest count.

C. The Event Cost is an initial estimate of the total cost of the Event listed in the Special Event Order, which sets forth the menu, accommodations and logistics for the Event in greater detail. The Special Event Order may be amended by the parties to reflect any changes to the Event. For purposes of this Agreement, execution of an amended Special Event Order increasing total costs associated with the Event will amend the Event Cost such that it matches the Event cost set forth in the revised Special Event Order. The Event Cost and the amounts set forth in the Special Event Order are good faith estimates of the total cost of the Event. The actual cost for the Event may increase based on Client's subsequent requirements or requests, and Client agrees to pay all such costs in excess of the Event Cost.

D. An Estimated Guest Count will be included on the first page of the Agreement. Client will provide a Final Guaranteed Guest Count to LN no later than 11:00am seven (7) days prior to the Event ("Final Guaranteed Guest Count"). If the Event Cost is based on a per guest charge, Client will be charged according to the Estimated Guest Count, the Final Guaranteed Guest Count or the actual guest count, whichever is greater. LN does not guarantee that it can accommodate food, beverages and other services for more than five percent (5%) above the Estimated Guest Count.

E. The Deposit shall be paid as provided under "Additional Requirements" in this Agreement. The balance of the Event Cost is due in a form of payment provided under "Additional Requirements" in this Agreement. All additional charges incurred for and/or during the Event are due on the night of the Event, paid by cash or a valid major credit card. Personal checks are not accepted.

F. In order to guarantee payment for balances due and any additional charges incurred during and/or for the Event, a credit card authorization form, attached hereto and incorporated herein by reference as Exhibit B, must be completed, signed and returned with this Agreement. The completed credit card form authorizes LN to process any and all outstanding balances due, including liquidated damages. Client's execution of this Agreement and the attached credit card authorization form authorizes LN to process charges set forth above against the credit card without further notice to Client. If any payment is not received by LN when due, LN may terminate the Agreement and retain the Deposit. The Deposit is refundable only in the event of a Force Majeure Occurrence as provided in Section 16.G below.

G. The parties acknowledge that it would be extremely difficult, if not impossible, to determine with certainty the damages which LN would suffer in the event of Client's cancellation due to the difficulty in re-selling the Space, and, accordingly, the parties have agreed upon the liquidated damages set forth below as fair and reasonable compensation for such damages:

<u>Days prior to Event:</u>	<u>% of Revenue Guarantee</u>
30 Days or More	75% of the Revenue Guarantee
0-29 Days	100% of the Revenue Guarantee

All cancellation notices must be made in writing. The liquidated damages, less any Deposits already received, shall be paid to LN by Client within three (3) business days following Client's cancellation of the Event.

3. Parking. The following shall apply if parking is ordinarily available at the Venue:

A. All parking operations shall be conducted by LN's designated parking concessionaire unless otherwise agreed in writing by LN. Client's delivery arrangements that require a loading dock must be coordinated with LN forty eight (48) hours in advance of use. All proceeds of parking operations shall be retained solely by LN. Notwithstanding the foregoing, should Client elect not to charge its guests for parking, the cost for parking shall be added as a line item expense to the Special Event Order.

B. LN shall not be responsible, under any circumstances, for any loss or damage occurring to automobiles brought to the Venue by Client's employees, subcontractors or guests.

4. Concessions.

A. Unless otherwise provided in the Special Event Order, LN's designated food and beverage concessionaire ("Concessionaire") shall sell all food and beverages and retain one hundred percent (100%) of the profits therefrom. Client shall work with LN regarding all commercially reasonable food and beverage related matters, including, without limitation, requests involving the service of alcoholic beverages. If merchandise will be available for sale during the Event, LN's designated merchandise vendor shall sell the merchandise and retain a mutually agreed upon portion of merchandise revenue, net of tax, credit card processing fees and

bootleg security.

B.No food or beverage of any kind may be brought onto the Venue without prior express written permission from LN. Client and its guests are not permitted to take any items "to go." Client expressly acknowledges that LN and the Concessionaire have the right to make reasonable substitutions on the menu when necessary to protect the health of its patrons.

C.In the event that LN permits Client to utilize a third party catering service ("Outside Caterer") to provide food services, Client shall pay LN the Concession Buyout Fee, if applicable, and ensure that such Outside Caterer will:

i. not provide alcoholic beverages; and

ii. indemnify and hold the LN Parties (as herein defined) and Concessionaire harmless from any claims, suits, losses, injuries, liability and damages (including reasonable attorneys' fees and court costs) (collectively, "Claims") arising in connection with the Outside Caterer's acts, omissions, negligence or services.

5. Booth / Commercial Space. In the event that Client desires to sell booth/commercial space ("Booth Space") at the Venue to vendors or exhibitors or otherwise permit vendors or exhibitors at the Venue in connection with the Event, Client shall comply with the following provisions:

A. Client will first obtain LN's approval of each Booth.

B. Client will be solely responsible for causing Booths to comply with applicable law and applicable Venue rules and regulations.

C. Client will be solely responsible for ensuring payment of any and all taxes or other fees associated with the Booths or the use of the Booth Space.

6. Use of LN Name / Recording Rights/ Photography.

A. Client may use the Venue name and/or logo in printed materials or media used to announce or promote the Event; provided that Client obtains LN's prior approval in each instance.

B. Unless Client executes the Recording Addendum, Client shall not conduct or permit any photography, film, video, audio or other recording of the Event to take place. Notwithstanding the foregoing, Client's guests may photograph and record the Event for their personal use.

C. LN shall be permitted to photograph and record the Event (the "LN Recordings") and use the LN Recordings solely for the purpose of promoting or marketing the business of LN or its affiliates, or any properties which they respectively own, operate or manage, (i) on LN's or its affiliates' website(s), (ii) on LN's or its affiliates' social media pages (including "channels" on You Tube or any similar social media website), (iii) in LN's or its affiliates' email and text blasts, or (iv) for installation or display (including use in printed collateral) at such properties (collectively, the "LN Marketing"). LN owns all rights in and to the LN Recordings.

D. To the extent any recording of the Event is permitted by LN (the "Client Recordings"), Client grants to LN a worldwide, unlimited, irrevocable, royalty-free and perpetual license to reproduce, display, transmit and copy those Client Recordings which have been previously broadcasted, transmitted or otherwise made available to the general public by Client (in whatever manner, format or media), solely for the purpose of LN Marketing. LN shall not edit or modify any Client Recording except that LN may "crop" or use only a selected portion of a Client Recording as may be necessary to integrate a Client Recording into LN or its affiliates' applicable promotional or marketing materials as contemplated herein. The rights granted to LN under this Agreement shall not otherwise affect Client's exclusive ownership of the Client Recordings. Solely for the purposes contemplated in this paragraph, Client agrees to make a reasonable amount or number of Client Recordings available to LN in a format requested by LN, at LN's expense, in order to permit LN to use the Client Recordings as authorized herein.

7. Charitable Donations. In the event that LN permits and Client obtains the right to collect charitable donations in connection with the Event, Client warrants and represents that it will comply with all applicable laws, regulations and ordinances imposed by any governmental authority in collecting said donations. Client further agrees that it will be solely responsible for all tax and other liability related to such donations.

8. Tickets. If Client's guests will be attending a scheduled show at the Venue, Client must purchase tickets for the show in advance. LN cannot guarantee ticket availability until tickets are purchased. All ticket purchases are non-refundable regardless of any change in guest count.

9. Talent and Production Fees. Client may engage LN to assist with booking talent for the Event pursuant to a separate booking agreement. If electing to book its own talent for the Event, Client will provide LN a fully signed copy of the contract and all riders, will obtain all required rights, consents and licenses necessary in connection with the performance and will pay LN a booking fee equal to ten percent (10%) of the applicable guarantee. Client agrees to indemnify and hold LN harmless for all Claims arising from such talent. A separate production fee will be charged based on the talent's rider requirements.

10. Use and Condition of Venue.

A.General Policies. LN reserves the right to exclude or eject any and all objectionable persons from the Event or the Venue without liability.

B.Acceptance of Venue. Client accepts the condition of the Venue as is and agrees to return the Venue to LN in the same condition as accepted by Client. Client has determined that the Venue is in satisfactory condition, fitness and order suitable for presentation of the Event.

C.No Alterations or Improvements. Client shall not paint, drill into or in any way mar or deface any part of the Venue. Client shall pay LN for the cost of repairing any damage to the Venue caused by the Event within three (3) business days of the Event. Client shall not make any alterations or improvements in or to the Venue without prior LN consent.

D. Abandoned Property. LN will have the full right to collect and have custody of all articles and personal property left on the Venue or at the Venue after the expiration of the Term. Any property so left will be deemed abandoned by Client and may be disposed of by LN, as LN sees fit, without any liability for any loss, damages or costs associated with such disposal, which liability will rest solely with Client.

E. PROHIBITED OBJECTS AND ACTIVITIES AT VENUE. WITHOUT THE PRIOR WRITTEN CONSENT OF LN, THE FOLLOWING ARE NOT PERMITTED IN THE VENUE OR THE SURROUNDING PROPERTY AT ANY TIME: OUTSIDE ALCOHOLIC BEVERAGES; DRONES; INTERACTIVE PHYSICAL GAMES AND ATTRACTIONS; MECHANICAL RIDES; ONSITE BODY ART AND PIERCING; EXOTIC ANIMALS; AND PYROTECHNICS.

11. Representations, Warranties and Covenants.

A. LN hereby represents and warrants that it has full power and authority to enter into this Agreement and to engage in the transaction contemplated hereby and that this Agreement is a valid obligation of LN and is binding upon LN.

B. Client hereby represents and warrants that it has full power and authority to enter into this Agreement and to engage in the transaction contemplated hereby and that this Agreement is a valid obligation of the Client and is binding upon the Client.

C. During the Term, Client shall obey and comply with all applicable laws, ordinances, rules and regulations of all governmental authorities in connection with the Event. Client will be responsible for obtaining and paying for all licenses or permits necessary for holding the Event, including, but not limited to, tax requirements and any permits required by governmental authorities for pyrotechnics or laser use.

12. Indemnification.

A. In addition to any other indemnification requirements set forth herein, Client agrees to indemnify, defend and hold LN (and its landlord(s), if any), and their respective parents, members, partners, affiliates, divisions and subsidiaries, and their respective officers, directors, shareholders, employees, agents and representatives (collectively, "LN Parties") harmless from and against any and all Claims arising or alleged to have arisen out of: (i) the negligence or willful misconduct of Client or its employees, agents, volunteers, contractors, patrons, guests, invitees, participants and performing artists involved in the event; (ii) the presentation or performance of the Event; and/or (iii) Client's breach of any provision of this Agreement. The parties agree, however, that Client shall not be obligated to defend or indemnify a LN Party for any Claims that arise out of such LN Party's gross negligence or willful misconduct.

B. Client agrees to use and occupy the venue and to place material, equipment and other property therein at its own risk and releases the LN parties from all claims for any damage or injury arising therefrom.

C. The indemnification provisions contained throughout this Agreement shall survive the termination of this Agreement.

D. Client will be solely responsible for the conduct and activities of Client's employees, agents, contractors, guests and invitees and, for purposes of this Agreement, such conduct and activities shall be deemed conduct and activities of Client.

E. Neither party will, under any circumstances, be liable for any incidental, punitive, exemplary, speculative or any consequential damages arising out of the services provided under this Agreement; provided that the foregoing shall not be construed to cover any third party Claim with respect to which a party has committed to indemnify the other party herein.

13. Insurance Requirements. Client will maintain and pay all premium costs for, and will ensure that all contractors of Client maintain and pay for, insurance the coverages in amounts not less than specified throughout the duration of the Term as set forth in Exhibit C attached hereto and incorporated herein by reference. If a compliant certificate of insurance is not received by LN when due, LN may terminate the Agreement and retain the Deposit.

14. Sponsorships and Signage.

A. Client understands and agrees that LN has entered into signage and sponsorship relationships related to the Venue for which LN will retain all proceeds. LN reserves all rights to display signage at, on or near the Venue property. No signs or advertising boards, other than those authorized by LN, will be allowed into, on or near the Venue. Client will not mark, cover or attempt to modify any signage at, on or near the Venue.

B. Client is required to obtain LN's prior written approval of any sponsorship relationships into which Client desires to enter for the Event.

15. Alcoholic Beverage Service. LN strictly complies with all regulations relating to the sale, service and consumption of alcoholic beverages. All LN staff are trained on, and LN requires all guests adhere to, the following principles:

A. In accordance with state laws, LN does not serve alcohol to minors under any circumstances, nor does LN allow persons who appear to be intoxicated to enter the Venue. Prior to service, guests must present current federal/state identification as proof of age.

B. LN does not permit outside alcohol to be brought into the Venue. Any guest caught bringing outside alcohol into the Venue or in possession of outside alcohol will be ejected from the Venue and prohibited from re-entry. If underage, a Security Officer will remain with the guest until a school official/parent/chaperone is able to escort the guest safely home. LN does not sell or serve alcoholic beverages to anyone who is, or appears to be, intoxicated.

C. LN does not knowingly allow individuals to become intoxicated at the Venue (whether they are consuming alcohol purchased at the Venue or outside alcohol brought into the Venue).

D. LN does not permit any individual to leave the Venue with alcohol, opened or unopened.

E. LN does not permit firearms, weapons or illegal drugs in the Venue.

16. Miscellaneous.

A. Third Party Beneficiaries. This Agreement does not confer any rights or benefits upon any persons or entities other than LN and Client and their permitted, respective successors and assigns.

B. Relationship of the Parties. Nothing contained in this Agreement will be deemed to constitute LN and Client as partners or joint venturers. Each party acknowledges and agrees that it neither has nor will give the appearance or impression of having any legal authority to bind or commit the other party in any way.

C. Entire Agreement and Modification. This Agreement and the Special Event Order contain the entire agreement between the parties relating to the subject matter hereof and all prior agreements related hereto which are not contained herein are terminated. This Agreement may not be amended, revised or terminated except by a written instrument executed by the party against which enforcement of the amendment, revision or termination is asserted. The parties acknowledge and agree that, when fully signed, the Special Event Order will expressly amend, modify and supersede the Event Cost.

D. Applicable Law. This Agreement shall be governed by and construed in accordance with the laws of the state in which the Venue is located, without giving effect to its choice of law principles.

E. Use by LN. It is specifically agreed and understood that LN has the right to occupy and use the Venue during the Term and to license any portion thereof, provided that such use or license does not materially interfere with Client's use of the Venue.

F. Utilities. No interruption or malfunction of any utility services, whether such services are provided by LN or arranged for by Client, shall (i) constitute an eviction or disturbance of Client's use and possession of the Venue or a breach by LN of any obligations hereunder, (ii) render LN liable for damages or (iii) entitle Client to be relieved of any obligations hereunder. In the event of any such interruption of service provided by LN, LN is obligated to use reasonable diligence to restore such service.

G. Force Majeure. The failure of any party hereto to comply with the terms and conditions hereof because of a "Force Majeure Occurrence" shall not be deemed a breach of this Agreement. "Force Majeure Occurrence" shall be defined to include, without limitation, Acts of God, strike, labor disputes, war, fire, earthquake, serious weather anomalies such as hurricane, tornado, cyclone, typhoon, blizzard, tidal wave, tsunami or flood, acts of public enemies, acts of terrorism, epidemic, action of federal, state or local governmental authorities or an event or reason beyond the reasonable control of a party that makes performance impossible or impracticable. In the event of a cancellation of the Event due to a Force Majeure Occurrence, each party shall be relieved of its obligations hereunder with respect to the performance so prevented. In such event neither party shall have a claim against the other party except that Client shall be responsible for bearing the cost of any unrecovered expenses actually incurred prior to such cancellation. LN shall refund Deposits received from Client applicable to the performance so prevented to the extent they are greater than unrecovered expenses.

H. Taxes. Any and all sales tax, entertainment tax or other tax imposed by local, state, provincial or federal government as a result of the presentation of the Event and/or performance of any services rendered by LN in connection with this Agreement hereunder, shall be the responsibility of and paid for by Client at the time required by law (excepting any state or federal income tax imposed on LN). If Client is tax exempt, Client must provide a copy of Client's tax exemption certificate issued by the state in which the Venue is located to LN upon execution of this Agreement.

I. Waiver and Invalidity. If either party fails to enforce any of the provisions of this Agreement or any rights or fails to exercise any election provided in this Agreement, it will not be considered to be a waiver of those provisions, rights or elections or in any way affect the validity of this Agreement. If any term, provision, covenant or condition of this Agreement is held by a court of competent jurisdiction to be invalid, void or unenforceable, the remainder of this Agreement will remain in full force and effect and will in no way be affected, impaired or invalidated.

J. Prevailing Party. If either party institutes an action or proceeding against the other to enforce the terms of this Agreement, then the prevailing party in such action or proceeding will be entitled to recover from the other party the reasonable attorneys' fees and costs incurred therein.

K. Notices. All notices given hereunder shall be in writing and shall be deemed to have been duly given if delivered personally with receipt acknowledged or sent by registered or certified mail or equivalent, if available, return receipt requested, or by email (which shall be confirmed by a writing sent by registered or certified mail or equivalent on the same day that such email is sent), or by nationally recognized overnight courier for next day delivery, addressed or sent to the parties at the addresses set forth herein with a copy to Live Nation Worldwide, Inc., 7060 Hollywood Blvd., Hollywood, California 90028, Attn: Senior Counsel, Legal Operations, legalhob@livenation.com.

L. Counterparts. This Agreement may be executed by facsimile and PDF and in any number of counterparts, and each of such counterparts shall be deemed an original.

EXHIBIT B
SPECIAL EVENT AGREEMENT
CREDIT CARD AUTHORIZATION FORM

This form must be filled out completely

CLIENT: Quicken Loans Inc.
EVENT NAME: Demo Day
EVENT DATE: Friday, June 14, 2019
EVENT NUMBER: DT05757

The following states that _____ (name as it appears on the credit card) authorizes LN to charge the attached credit card.

Indicate the Type of Credit Card:

- AMEX
- Visa
- MasterCard
- Discover

Credit Card Number: _____

Expiration Date: _____ Security Code: _____

Amount to be charged: All charges for the Event on Friday, June 14, 2019 (Date)

Name of Card Holder: _____
(Please print clearly)

Signature of Card Holder: _____
(Signature must match name of card holder)

Card Holder's Phone Number: _____

Credit Card Billing Address: _____

City: _____ State: _____ Zip: _____

At time of execution of the Agreement, this credit card authorization must be on file with a valid credit card. If the estimated balance is not received when due as provided in the Agreement, LN may charge this credit card for the estimated balance. This credit card will also serve as a payment guarantee for all other outstanding amounts due per the Agreement, including liquidated damages and all additional charges incurred during and/or for the Event. Client's execution of the Agreement and this credit card authorization form authorizes LN to process charges set forth above against the credit card without further notice to Client.

EXHIBIT C INSURANCE REQUIREMENTS

CORPORATE CLIENT, WITH MORE THAN 250 GUESTS AND/OR PRODUCTION IN EXCESS OF HOUSE SOUND AND LIGHTS:

- A. Statutory Workers' Compensation including Employer's Liability Insurance, subject to a limit of not less than One Million Dollars (\$1,000,000.00), affording coverage under applicable worker's compensation laws. Client will cause, if allowed by law, its workers' compensation carrier to waive insurer's right of subrogation with respect to the LN Parties.
- B. Commercial General Liability insurance subject to limits of not less than Five Million Dollars (\$5,000,000.00) per occurrence (primary and umbrella total) for any bodily injury and/ or property damage claims, personal and advertising injury or products and completed operations liability.
- C. If Client will bring one or more vehicles onto the Venue premise, Automobile Liability Insurance subject to a limit of not less than One Million Dollars (\$1,000,000.00), combined and covering all owned, non-owned and hired vehicles. Policies B and C above shall list Live Nation Worldwide, Inc. (and its landlords, if any), and their respective parents, members, partners, affiliates, divisions and subsidiaries, and their respective officers, directors, shareholders, employees, agents and representatives as "Additional Insureds" with respect to any and all claims arising from Client's operations.
- At least seven (7) days prior to the Event date, Client shall provide LN Certificate(s) of Insurance compliant with the aforementioned required endorsements. The certificate holder shall be Live Nation Worldwide, Inc. and the Additional Insured language shall be exactly as described above. Such coverage shall be primary and not contributory to any insurance maintained by LN and contain a waiver of subrogation in favor of LN. All required insurance will be placed with carriers licensed to do business in the applicable state, have a rating in the most current edition of A.M. Best's Property Casualty Key Rating Guide of A-VII or better and will provide thirty (30) days written notice of cancellation or non-renewal. Failure of Client to provide the requested certificates, or failure of LN to specifically request such certificates, shall not limit or release Client of its obligations or liabilities hereunder. Policy B above may not be written on a 1996 or earlier ISO General Liability coverage form. Please see the sample Description of Operations and Certificate Holder sections of a compliant Certificate of Insurance below for guidance.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 Live Nation Worldwide, Inc. and its landlord or licensor, if applicable, and each of their parents, partners, affiliates, subsidiaries, successors and assigns (collectively, the "LN Parties") and their respective officers, directors, shareholders, employees, agents and representatives are Primary and Non-contributory Additional Insureds as respects to the operations of the Named insured, its agents, employees, representatives and contractors but only with respect to liability that arises out of the acts or omissions of the named insured; and of any other person or organization for whose act or omissions the named insured is required to insure per written contract, but only to the extent of the liability assumed under such contract. Cross liability is included in General Liability. Waiver of subrogation applies to all coverages.

CERTIFICATE HOLDER

Live Nation Worldwide, Inc.
 c/o Live Nation Entertainment, Inc.
 9348 Civic Center Drive
 Beverly Hills, CA 90210

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

ACORD 25 (2010/05)

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In lieu of providing evidence of the policies listed above, Client may purchase a policy through the Venue's Tenant User Liability Insurance Program (TULIP). The insurance obligations stated in this section are independent of, and shall not be affected by the scope or validity of, any other indemnity or insurance provisions in other sections of this Agreement. Client will ensure that all of its contractors (including, without limitation, sponsors, Booth Vendors and Outside Caterers arranged by Client) who will be entering the Venue to engage in any business activity (including, without limitation, sampling, distributing, vending or other commercial activity) will maintain the following insurance coverages: (i) Statutory Workers Compensation, including employer's liability, to the extent required by applicable law; (ii) Commercial General Liability with a combined single limit of not less than One Million Dollars (\$1,000,000.00) per occurrence; and (iii) if contractor will bring one or more vehicles onto the Venue premise, Business Automobile Liability for all owned, hired or non-owned vehicles to be driven onto the Venue, with a combined single limit of not less than One Million Dollars (\$1,000,000.00). Satisfactory evidence of coverage must be provided to LN upon request. LN reserves the right to require higher insurance limits and require that the contractor name LN as an Additional Insured depending on the nature of services being provided by the contractor.

RECORDING ADDENDUM

This Recording Addendum (this "Addendum") supplements the Special Event Agreement (the "Agreement") dated Wednesday, March 20, 2019 by and between Quicken Loans Inc. ("Client") and Live Nation Worldwide, Inc. ("LN").

1. All capitalized terms used but not defined in this Addendum shall have the same meanings set forth in the Agreement.
2. License. LN hereby grants Client the right to enter into the Venue on the Event date to film, photograph, record, broadcast and/or transmit the Event (collectively, "Record" or "Recording"). Client may Record solely in locations approved by Venue staff. Client may not use additional lighting without the approval of Venue staff. Client may not digitally manipulate or otherwise alter the image of the Venue without the prior written consent of LN. Client must work with a Venue coordinator in preparing and undertaking the planning, logistics and execution of Recording and to abide by all reasonable recommendations and requirements of the coordinator.
3. Clearances and Equipment.
 - A. Client will be responsible for obtaining and paying all required rights and clearances that may be necessary in connection with Recording the Event, including without limitation releases from the artists and musicians, and licenses from applicable publishers, record labels, public performance organizations and any other third party rights holders.
 - B. Client will be responsible for all costs associated with Recording, including without limitation equipment, set-up/load-in, security, office space and equipment, catering and supplemental labor. LN may require payment in advance of Recording at its discretion and will provide Client with an estimate of such costs when possible.
4. Ownership. Subject to the following, Client and its assigns will own all rights in and to the footage and other material resulting from Recording the Event ("Material").
 - A. Client may use the Material for non-commercial archival and editorial purposes. Client will have no right to use the Material in whole or in part for any commercial purpose without the written consent of LN and the performing artist(s), where applicable. A commercial purpose includes without limitation the license or sale of the Material in any media now known or hereafter created, and the use of the Material for advertising or promoting the Event or Client and its assigns.
 - B. Upon payment of the Origination Fee and any union fees described below, Client may use the Material for a commercial purpose throughout the universe, in perpetuity, in any manner and in any media, whether now known or later created.
5. Union Fees. Client will be responsible for any and all fees due to Venue staff as may be required under Venue's collective bargaining agreements for Recording the Event. LN may require payment of such fees in advance of the Recording at its discretion and will provide Client with an estimate of the fees when possible. If Client and its assignees subsequently choose to exploit the Material for a commercial purpose as described above, Client must pay additional fees to LN to cover required fees due to Venue staff.
6. LN Properties. Client will not use any LN or Venue names, marks or other properties owned by LN or its affiliated companies or sponsors (collectively "Properties") in connection with the Material without the express written consent by LN. Notwithstanding the foregoing, Client may include Properties in the Material solely as they may appear on signs on display at the Venue at the time of Recording; provided that to the extent any signs display third party trademarks, Client will either (1) obtain the necessary consent from the third party to include its trademarks in the Material, or (2) blur the trademarks within the Material so that they are not distinguishable. LN and Venue will be credited in any broadcast or other publication of the Recording as follows: "Recorded at Fillmore Detroit by permission of Live Nation Worldwide, Inc."
7. No Disparaging Remarks. Client represents, warrants and covenants that the Material and the exploitation of the Material will not include any disparaging remarks, comments or actions about or toward the Venue or the LN Parties.
8. Insurance. If the Recording is being used for non-editorial commercial purposes, in addition to any other insurance requirements set forth herein, Client shall maintain appropriate Errors and Omissions coverage ("E & O Coverage") applicable to the Recording with limits of not less than One Million Dollars (\$1,000,000.00). Such E & O Coverage shall have standard coverage, including, but not limited to, defamation, infringement of copyright, infringement of rights in material to be broadcast or in the manner of presentation thereof, invasion of privacy rights and unauthorized use of material.
9. Grant of License. Client grants to LN a worldwide, unlimited, irrevocable, royalty-free and perpetual license to reproduce, display, transmit and copy only those Recordings which have been previously broadcasted, transmitted or otherwise made available to the general public by Client or its designee(s) (in whatever manner, format or media), solely for the purpose of LN Marketing. LN shall not edit or modify any Recording except that LN may "crop" or use only a selected portion of a Recording as may be necessary to integrate a Recording into LN or its affiliates' applicable promotional or marketing materials solely as contemplated herein. The rights granted to LN under this Agreement shall not otherwise affect Client's exclusive ownership of the Recordings. Solely for the purposes contemplated in this paragraph, Client agrees to make a copy of the Recordings available to LN, at LN's expense, in order to permit LN to use the Recordings as authorized herein.

ACCEPTED AND AGREED

Janelle Hamood representing Quicken Loans Inc.

Date: _____

LIVE NATION WORLDWIDE, INC.

Alix Heinz representing LN

Date: _____

DEPARTMENTAL REFERENCE COMMUNICATION

Wednesday, April 24, 2019

To: *The Department or Commission Listed Below*

From: *Janice M. Winfrey, Detroit City Clerk*

The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

MAYOR'S OFFICE BUSINESS LICENSE CENTER
POLICE DEPARTMENT FIRE DEPARTMENT
DPW - CITY ENGINEERING DIVISION BUILDINGS SAFETY ENGINEERING
TRANSPORTATION DEPARTMENT MUNICIPAL PARKING DEPARTMENT

818 *Quicken Loans Community Fund, request permission to hold "Demo Day" at The Filmore on 6/14/19 from 5PM - 11PM, Set-up on 6/12/19 - 6/14/19 at 9AM to 5PM, Year down on 6/14/19 after event, Street closure on Elizabeth Street, from Woodward to Park Ave.*

City of Detroit Special Events Application

Successful events are the result of advance planning, effective communication and teamwork. The City of Detroit will be strictly adhering to the Special Events Guidelines; please print them out for reference. Petitioners are required to complete the information below so that the City of Detroit may gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the Special Events and Film Handling Office at least **60 days** prior to the first date of the event. If submitted later than 60 days prior, application is subject to denial. Please type or print clearly and attach additional sheets and maps as needed.

Section 1- GENERAL EVENT INFORMATION

Event Name: Demo Day

Event Location: The Fillmore

Is this going to be an annual event? Yes No

Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: Quicken Loans Community Fund

Organization Mailing Address: 1050 Woodward - Detroit, MI 48226

Business Phone: (313) 782-9554 Business Website: www.quickenloans.org

Applicant Name: Lauren Bigelow

Business Phone: (734) 678-5161 Cell Phone: (734) 678-5161 Email: laurenbigelow@rockventures.com

Event On-Site Contact Person:

Name: Lynsey Moore

Business Phone: (313) 782-8339 Cell Phone: (517) 719-9700 Email: lynseymoore@quickenloans.com

Event Elements (check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> Walkathon | <input type="checkbox"/> Carnival/Circus | <input checked="" type="checkbox"/> Concert/Performance |
| <input type="checkbox"/> Run/Marathon | <input type="checkbox"/> Bike Race | <input type="checkbox"/> Religious Ceremony |
| <input type="checkbox"/> Political Event | <input type="checkbox"/> Festival | <input type="checkbox"/> Filming |
| <input type="checkbox"/> Parade | <input type="checkbox"/> Sports/Recreation | <input type="checkbox"/> Rally/Demonstration |
| <input checked="" type="checkbox"/> Convention/Conference | <input type="checkbox"/> Fireworks | <input type="checkbox"/> Other: _____ |

Projected Number of Attendees: 2000

Please provide a brief description of your event:

From hundreds of applicants, 15 entrepreneurs will be selected to pitch their company live at Quicken Loans Detroit Demo Day.

The finalist companies include new startups, existing small businesses, and nationally expanding ventures.

What are the projected set-up, event and tear down dates and times (must be completed)?

Begin Set-up Date 06/12/2019 Time:9:00am Complete Set-up Date:06/14/2019 Time:5:00pm

Event Start Date:06/14/2019 Time5:00pm Event End Date:06/14/2019 Time:11:00pm

Begin Tearing Down Date:06/14/2019 Complete Tear Down Date:06/14/2019

Event Times (If more than one day, give times for each day):
5:00pm-11:00pm

Section 3- LOCATION/SITE INFORMATION

Location of Event: The Fillmore

Facilities to be used (Check) Street Sidewalk Park _____ City _____

Please attach a copy of Port-a-John, Sanitation, and Emergency Medical Agreements as well as a site plan which illustrates the anticipated layout of your event including the following:

- Public entrance and exit
- Location of merchandising booths
- Location of food booths
- Location of garbage receptacles
- Location of beverage booths
- Location of sound stages
- Location of hand washing sinks
- Location of portable restrooms
- Location of First Aid
- Location of fire lane
- Proposed route for walk/run
- Location of tents and canopies
- Sketch of street closure
- Location of bleachers
- Location of press area
- Sketch of proposed light pole banners

You will be prompted to upload these attachments upon submitting this form

Section 4- ENTERTAINMENT

Describe the entertainment for this year's event:

The night concludes with a live musical performance from a top national artist.

Will a sound system be used? Yes No

If yes, what type of sound system? The Fillmore - House Sound

Describe specific power needs for entertainment and/or music:

The Fillmore will provide all power for entertainment. Food trucks will not need to use generator power.

How many generators will be used? N/A

How will the generators be fueled?
N/A

Name of vendor providing generators:

Contact Person: N/A

Address: _____

Phone: _____

City/State/Zip _____

Section 5- SALES INFORMATION

Will there be advanced ticket sales? Yes No

If yes, please describe: _____

Will there be on-site ticket sales? Yes No

If yes, list price(s): _____

Will there be vending or sales? Yes No

If yes, check all that apply:

Food Merchandise Non-Alcoholic Beverages Alcoholic Beverages

Indicate type of items to be sold:

Food and beverage.

Section 6- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company: Tricon Security Group

Contact Person: Michael Whittaker

Address: 6800 Roosevelt Ave #726

Phone: (c)734-323-1679 (o)248-356-

City/State/Zip: _____

Allen, MI 48101

Number of Private Security Personnel Hired Per Shift:

20

Are the private security personnel (check all that apply):

Licensed

Armed

Bonded

How will you advise attendees of parking options?

We are not providing parking to attendees.

Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)?
N/A

Have local neighborhood groups/businesses approved your event?

Yes No

Indicate what steps you have or will take to notify them of your event:
We have a signed contract with The Fillmore - See attached.

Section 8- EVENT SET-UP

Complete the appropriate categories that apply to the event **Structure**

	How Many?	Size/Height
Booth	0	
Tents (enclosed on 3 sides)	0	
Canopy (open on all sides)	0	
Staging/Scaffolding	0	
Bleachers	0	

Section 9- COMPLETE ALL THAT APPLY

Emergency medical services?

Contact Person: Josh Alger

Address: 220 Bagley Ste 912

City/State/Zip: Detroit, MI 48226

Name of company providing port-a-johns: N/A

Contact Person:

Address:

Phone:

City/State/Zip:

Name of private catering company: N/A

Contact Person:

Address:

Phone:

City/State/Zip:

SPECIAL USE REQUESTS

List any streets or possible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopening. Neighborhood Signatures must be submitted with application for approval. **Barricades are not available from the City of Detroit.**

Attach a map or sketch of the proposed area for closure.

STREET NAME: Elizabeth Street
FROM: Woodward **TO:** Park Ave

CLOSURE DATES: _____ **BEG TIME:** _____ **END TIME:** _____
REOPEN DATE: _____ **TIME:** _____

STREET NAME: _____
FROM: _____ **TO:** _____

CLOSURE DATES: _____ **BEG TIME:** _____ **END TIME:** _____
REOPEN DATE: _____ **TIME:** _____

STREET NAME: _____
FROM: _____ **TO:** _____

CLOSURE DATES: _____ **BEG TIME:** _____ **END TIME:** _____
REOPEN DATE: _____ **TIME:** _____

STREET NAME: _____
FROM: _____ **TO:** _____

CLOSURE DATES: _____ **BEG TIME:** _____ **END TIME:** _____
REOPEN DATE: _____ **TIME:** _____

STREET NAME: _____
FROM: _____ **TO:** _____

CLOSURE DATES: _____ **BEG TIME:** _____ **END TIME:** _____
REOPEN DATE: _____ **TIME:** _____

PLEASE ADD IMPORTANT INFORMATION BELOW AND ATTACH A COPY OF THE FOLLOWING:

- 1) **CERTIFICATE OF INSURANCE**
- 2) **EMERGENCY MEDICAL AGREEMENT**
- 3) **SANITATION AGREEMENT**
- 4) **PORT-A-JOHN AGREEMENT**
- 5) **COMMUNITY COMMUNICATION**

We are looking to get approval to close the sidewalk on Elizabeth Street. We will be placing 5-6 food trucks in the metered spots on the street.

We are waiting for confirmation from the following food trucks:

- Chick A Dee
- Delectabowl
- Mac Shack
- The Mean Weenie
- Dinky Donut

Please see the following attachments:

- Contract with The Fillmore
- Map of Food Truck Location
- EMS Proof of Service

AUTHORIZATION & AFFIDAVIT OF APPLICANT

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understood and agreed to abide by the rules and regulations governing the proposed Special Event, and I understand that this application is made subject to the rules and regulations established by the Mayor or the Mayor’s designee. Applicant agrees to comply with all other requirements of the City, County, State, and Federal Government and any other applicable entity, which may pertain to Special Events. I further agree to abide by these rules, and further certify that I, on behalf of the Event agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event, to the City of Detroit.

© Signed with DocuSign
Lauren Bigelow
Key: 433ae1802b9d9f9ee7d94e2323235

04/12/2019

Signature of Applicant

Date

NOTE: Completion of this form does not constitute approval of your event. Pending review by the Special Events Management Team, you will be notified of any requirements, fees, and/or restrictions pertaining to your event.

HOLD HARMLESS AND INDEMNIFICATION

The Applicant agrees to indemnify and hold the City of Detroit (which includes its agencies, officers, elected officials, appointed officials and employees) harmless from and against injury, loss, damage or liability (or any claims in respect of the foregoing including claims for personal injury and death, damage to property, and reasonable outside attorney’s fees) arising from activities associated with this permit, except to the extent attributable to the gross negligence or intentional act or omission of the City.

Applicant affirms that Applicant has read and understands the Hold Harmless and Indemnification provision and agrees to the terms expressed therein.

Event Name: Demo Day **Event**
Date: 06/14/2019

Event Organizer:
Quicken Community Fund

© Signed with DocuSign
Lauren Bigelow
Key: 433ae1802b9d9f9ee7d94e2323235

Applicant Signature:
Date: 04/12/2019

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MAYOR'S OFFICE COORDINATORS REPORT

OVERALL STATUS (please circle): **APPROVED** **DENIED** **N/A** **CANCELED**

Petition #: 661 Event Name: Baroudeur

Event Date : August 17, 2019

Street Closure: None

Organization Name: Wayne State University

Street Address: 5700 Cass Avenue Detroit, MI 48202

Receipt date of the COMPLETED Special Events Application:	
Date of City Clerk's Departmental Reference Communication:	
Due date for City Departments reports:	
Due date for the Coordinators Report to City Clerk:	

Event Elements (check all that apply):

- Walkathon Carnival/Circus Concert/Performance Run/Marathon
- Bike Race Religious Ceremony Political Ceremony Festival
- Filming Parade Sports/Recreation Rally/Demonstration
- Fireworks Convention/Conference Other: Post Ride Lunch on WSU Campus
- 24-Hour Liquor License**

Petition Communications (include date/time)

Non - competitive cycling event from 7:00am - 6:00pm starting/ending at Wayne State University - Gullen Mall with four separate routes throughout Detroit and Grosse Pointe; with after race party at Gullen Mall.

**** ALL permits and license requirements must be fulfilled for an approval status ****

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	DPD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DPD Assisted Events; Contracted with WSUPD to Provide Private Security Services
	DFD/EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Contracted with Hart Medical to Provide Private EMS Services
	DPW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DPD Assisted Event; No Permits Required
	Health Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DPD Assisted Event; No Barricades Required
	Recreation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Application Received & Approved as Presented
	Bldg & Safety	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	Bus. License	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	Mayor's Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.
	Municipal Parking	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Parking Signs Required
	DDOT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Low Impact on Buses

MAYOR'S OFFICE

Signature: Bethanie Justice

Date: May 8, 2019

DEPARTMENTAL REFERENCE COMMUNICATION

Thursday, February 07, 2019

To: The Department or Commission Listed Below

From: Janice M. Winfrey, Detroit City Clerk

The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

MAYOR'S OFFICE DPW - CITY ENGINEERING DIVISION
FIRE DEPARTMENT
POLICE DEPARTMENT BUILDINGS SAFETY ENGINEERING
BUSINESS LICENSE CENTER

661 *Wayne State University, request to hold "Baroudeur" at the City of Detroit (along various public rights of way) on 8/17/19 from 7am - 5pm, Set-up on 8/16 at 9 am til 8/17 at 7am, Tear on 8-17-19*

#661

City of Detroit Special Events Application

Successful events are the result of advance planning, effective communication and teamwork. The City of Detroit will be strictly adhering to the Special Events Guidelines; please print them out for reference. Petitioners are required to complete the information below so that the City of Detroit may gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the Special Events and Film Handling Office at least 60 days prior to the first date of the event. If submitted later than 60 days prior, application is subject to denial. Please type or print clearly and attach additional sheets and maps as needed.

Section 1- GENERAL EVENT INFORMATION

Event Name: The Baroudeur

Event Location: City of Detroit (along various public rights of way)

Is this going to be an annual event? Yes No

Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: Wayne State University

Organization Mailing Address: 5700 Cass Ave., Suite 3100, Detroit, MI 48202

Business Phone: _____ Business Website: wayne.edu

Applicant Name: Matt Lockwood

Business Phone: 313-577-9098 Cell Phone: 248-622-8060 Email: mlockwood@wayne.edu

Event On-Site Contact Person:

Name: Matt Lockwood

Business Phone: 313-577-9098 Cell Phone: 248-622-8060 Email: mlockwood@wayne.edu

Event Elements (check all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Walkathon | <input type="checkbox"/> Carnival/Circus | <input type="checkbox"/> Concert/Performance |
| <input type="checkbox"/> Run/Marathon | <input checked="" type="checkbox"/> Bike Race | <input type="checkbox"/> Religious Ceremony |
| <input type="checkbox"/> Political Event | <input type="checkbox"/> Festival | <input type="checkbox"/> Filming |
| <input type="checkbox"/> Parade | <input type="checkbox"/> Sports/Recreation | <input type="checkbox"/> Rally/Demonstration |
| <input type="checkbox"/> Convention/Conference | <input type="checkbox"/> Fireworks | <input checked="" type="checkbox"/> Other: <u>Post-ride lunch on WSU campus</u> |

Projected Number of Attendees: 800-1000

Please provide a brief description of your event:

The Baroudeur is a noncompetitive cycling event that gives riders of varying abilities the opportunity to explore Detroit and its surrounding areas. The event raises money for students in need.

What are the projected set-up, event and tear down dates and times (must be completed)?

Begin Set-up Date : August 16, 2019	Time: 9 a.m.	Complete Set-up Date: August 17, 2019	Time: 7 a.m.
Event Start Date: August 17, 2019	Time: 7 a.m.	Event End Date: August 17, 2019	Time: 5 p.m.
Begin Tearing Down Date: August 17, 2019		Complete Tear Down Date: August 17, 2019	

Event Times (If more than one day, give times for each day):

Section 3- LOCATION/SITE INFORMATION

Location of Event:

Facilities to be used (circle): Street Sidewalk Park City

Please attach a copy of Port-a-John, Sanitation, and Emergency Medical Agreements as well as a site plan which illustrates the anticipated layout of your event including the following:

- Public entrance and exit
- Location of merchandising booths
- Location of food booths
- Location of garbage receptacles
- Location of beverage booths
- Location of sound stages
- Location of hand washing sinks
- Location of portable restrooms
- Location of First Aid
- Location of fire lane
- Proposed route for walk/run
- Location of tents and canopies
- Sketch of street closure
- Location of bleachers
- Location of press area
- Sketch of proposed light pole banners

Section 4- ENTERTAINMENT

Describe the entertainment for this year's event:
All entertainment to be presented on Wayne State's main campus.

Will a sound system be used? Yes No
If yes, what type of sound system? No sound system to be employed outside of Wayne State's campus.

Section 5- SALES INFORMATION

Will there be advanced ticket sales? Yes No
If yes, please describe: Registration available at baroudeur.wayne.edu Pricing: \$65 base price through June 19, \$75 June 20 - July 19, \$85 July 20 - Aug. 14.
Registration closes at 11:59 p.m. on Aug. 14

Will there be on-site ticket sales? Yes No
If yes, list price(s):

Will there be vending or sales? Yes No
If yes, check all that apply:
 Food Merchandise Non-Alcoholic Beverages Alcoholic Beverages

Indicate type of items to be sold:

Will there be food trucks? Yes No

If yes, please list how many:

Will there be a charge for parking? Yes No

If yes, please describe the amount:

How will you advise attendees of parking options? Attendees will use Wayne State parking structures, free of charge.

Section 6- PUBLIC SAFETY & PARKING INFORMATION

Police Department

Name of Private Security Company: Detroit Police Department (DPD), Wayne State University Police Department (WSUPD)

Contact Person: Anthony Holt, WSUPD

Address: 6050 Cass Avenue

Phone: 313-577-2062

City/State/Zip: Detroit, MI 48202

police personnel

Number of Private Security Personnel Hired Per Shift: Number of officers dispatched at the discretion of WSUPD Chief.

Are the private security personnel (check all that apply):

Licensed

Armed

Bonded

Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)?

Beyond use of streets, The Baroudeur will have little impact on pedestrian traffic, sound carryover, etc. as the event start/finish takes place on

Wayne State's main campus. Riders will be on the routes, with public safety escort, from 7 a.m. to roughly 2 p.m.

Have local neighborhood groups/businesses approved your event? Yes No

Indicate what steps you have or will take to notify them of your event: Various communities will be notified of our event via US Mail. We will

correspond with affected neighborhood groups and community organizations via phone and email prior to the event.

Section 8- EVENT SET-UP

Complete the appropriate categories that apply to the event Structure

Describe specific power needs for entertainment and/or music. If generators will be used, described how many and how they will be fueled:

No power needs for entertainment or music. No generators will be used.

Name of vendor providing generators: Contact Person: No generators needed.

Address:

Phone:

City/State/Zip

	How Many?	Size/Height
Booth	N/A	
Tents (enclosed on 3 sides)	N/A	
Canopy (open on all sides)	4 (Belle Isle, USCIS)	10x10; for rest stops snacks
Staging/Scaffolding	N/A	
Bleachers	N/A	

Section 9- COMPLETE ALL THAT APPLY

Emergency medical services? Hart Medical EMS

Contact Person: Adam Gottlieb, CEO, Hart Medical EMS

Address: 1836 W. Fort Street

City/State/Zip: Detroit, MI 48216

Name of company providing port-a-johns. Parkway Services

Contact Person: Sara Thomas

Address: 2876 Tyler Road

Phone: 734-482-7633

City/State/Zip: Ypsilanti, MI 48198

Name of private catering company? N/A; post-lunch ride will be through Wayne State campus dining

Contact Person:

Address:

Phone:

City/State/Zip:

SPECIAL USE REQUESTS

List any streets or possible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopening. Neighborhood Signatures must be submitted with application for approval. Barricades are not available from the City of Detroit.

Will there be street closures? Yes No

If yes, please complete the street closure information below and attach a map or sketch of the proposed area for closure.

STREET NAME: No street closures requested. Route maps attached.

FROM: _____ **TO:** _____

CLOSURE DATES: _____ **BEG TIME:** _____ **END TIME:** _____

REOPEN DATE: _____ **TIME:** _____

STREET NAME: _____

FROM: _____ **TO:** _____

CLOSURE DATES: _____ **BEG TIME:** _____ **END TIME:** _____

REOPEN DATE: _____ **TIME:** _____

STREET NAME: _____

FROM: _____ **TO:** _____

CLOSURE DATES: _____ **BEG TIME:** _____ **END TIME:** _____

REOPEN DATE: _____ **TIME:** _____

STREET NAME: _____

FROM: _____ **TO:** _____

CLOSURE DATES: _____ **BEG TIME:** _____ **END TIME:** _____

REOPEN DATE: _____ **TIME:** _____

STREET NAME: _____

FROM: _____ **TO:** _____

CLOSURE DATES: _____ **BEG TIME:** _____ **END TIME:** _____

REOPEN DATE: _____ **TIME:** _____

PLEASE ADD IMPORTANT INFORMATION BELOW AND ATTACH A COPY OF THE FOLLOWING:

- 1) CERTIFICATE OF INSURANCE**
- 2) EMERGENCY MEDICAL AGREEMENT**
- 3) SANITATION AGREEMENT**
- 4) PORT-A-JOHN AGREEMENT**
- 5) COMMUNITY COMMUNICATION**

Please see attached letter of explanation.

AUTHORIZATION & AFFADAVIT OF APPLICANT

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understood and agreed to abide by the rules and regulations governing the proposed Special Event, and I understand that this application is made subject to the rules and regulations established by the Mayor or the Mayor's designee. Applicant agrees to comply with all other requirements of the City, County, State, and Federal Government and any other applicable entity, which may pertain to Special Events. I further agree to abide by these rules, and further certify that I, on behalf of the Event agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event, to the City of Detroit.

Signature of Applicant

Date

NOTE: Completion of this form does not constitute approval of your event. Pending review by the Special Events Management Team, you will be notified of any requirements, fees, and/or restrictions pertaining to your event.

HOLD HARMLESS AND INDEMNIFICATION

The Applicant agrees to indemnify and hold the City of Detroit (which includes its agencies, officers, elected officials, appointed officials and employees) harmless from and against injury, loss, damage or liability (or any claims in respect of the foregoing including claims for personal injury and death, damage to property, and reasonable outside attorney's fees) arising from activities associated with this permit, except to the extent attributable to the gross negligence or intentional act or omission of the City.

Applicant affirms that Applicant has read and understands the Hold Harmless and Indemnification provision and agrees to the terms expressed therein.

(Please Print)

Event Name: The Baroudeur **Event**

Date: August 17, 2019

Event Organizer:

Wayne State University

Applicant Signature: _____

Date: _____

#661

January 14, 2019

Bethanie Fisher
Special Events Coordinator
City of Detroit – Media Services
2 Woodward Ave., Ste. 333
Detroit, MI 48226

Dear Ms. Fisher:

I am writing on behalf of **Wayne State University (WSU)** for approval for rider participants to access public rites of way throughout the **City of Detroit** for the fifth annual **Baroudeur**, Saturday, August 17, 2019. With this in mind, I have attached a completed "City of Detroit Special Events Application" on behalf of WSU.

The Baroudeur, an initiative of Wayne State University **President M. Roy Wilson**, is a non-competitive activity that gives riders of all abilities a chance to explore the Detroit and surrounding areas while cycling. More importantly, the event raises scholarship dollars to help students in financial need. The event also supports the League of Michigan Bicyclists by participating in their \$1 Per Rider Program, which helps promote cycling safety across the state. The Baroudeur, which showcases some of our area's most noteworthy locations, gives participants a firsthand-view of the striking transformation taking place in Detroit. In turn, we hope that our riders encourage others to explore Detroit's iconic treasures.

The 2019 Baroudeur follows overwhelmingly successful events in 2015, 2016, 2017 and 2018. Nearly 1,000 riders toured metro Detroit along four courses during the inaugural event in 2015. Thanks to help from roughly 20 organizations and sponsors and nearly 300 volunteers, the rides in 2016, 2017 and 2018 ended without major incident or injury. We look forward to another successful and impactful event that nets positive results.

About the ride

Riders can choose from 20, 37, 62 and 100-mile distances to ride. The routes begin and end on Wayne State's main campus and will carry riders through parts of Detroit and various other communities. Riders along each course will enjoy routes through Midtown, Downtown, Belle Isle, the iconic Woodward Avenue, Palmer Park and other historic neighborhoods, gaining appreciation for Detroit's remarkable past, exciting present and promising future.

Event impact

Armed with lessons from the past four years, we expect the Baroudeur's trek through Detroit will produce minimal disruption to traffic flow. Our experience with past events and our partnerships with law enforcement and regional governing bodies will aid us in reaching our goal of an incident-free ride for the 800-1000 riders we anticipate. As in past years, no street closures are required for the routes, which will be marked by temporary signage.

Rider responsibility

In making these plans, we emphasize to riders that they will share roads with other vehicles and that they are subject to all traffic laws governing public roads, including stop signs, stoplights and proper lane usage. For your reference, I have attached details of the four routes.

Public safety

Though our riders will assume the risks associated with bicycling, we are placing rider safety among our highest priorities. With this in mind, we will again work closely with the **Detroit Police Department (DPD)** and the **Wayne State University Police Department (WSUPD)** to develop and implement safety measures for each of the proposed routes. The safety plan for the **Baroudeur** is passed on DPD's and WSUPD's previous experiences with this and similar cycling events. Wayne State will enlist assistance from various other law enforcement agencies along the planned routes.

First aid and emergency medical support

Hart Medical EMS will coordinate first aid services, emergency medical response and medical transport. Hart will refine and implement a plan that follows closely the successful strategies used for the past four years. Our goal is to deliver a secure finish for every rider.

Hart Medical has extensive experience supporting large-scale and high-visibility special events in Southeast Michigan and is a leading provider of on-site medical care and ambulance services for social, sporting, and cultural events of all sizes. With over three decades of experience, Hart services venues and events including amphitheaters, concerts, convention centers, corporate events, fairs, festivals, movie shoots, parks, performing arts centers, sporting events, trade shows and other events. Hart is an authorized city of Detroit 911 provider.

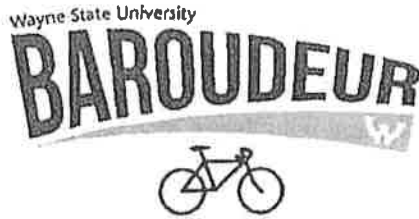
Other

We hope that this letter, the supporting documentation and your previous experience with our working group gives you and the Special Event Management Team the confidence you need to grant the Baroudeur your enthusiastic endorsement. On behalf of Wayne State, I want you to know that we look forward to collegial and productive efforts with each of our working partners, including the City of Detroit.

In closing, we invite you, your colleagues and your neighbors to participate in the event, which offers riders refreshments along the route, a limited edition Baroudeur t-shirt and admission to a festive post-ride lunch on Wayne State's campus. For details about event registration, please visit baroudeur.wayne.edu. If you need additional information, you can reach me by email at mlockwood@wayne.edu or directly by phone at 313-577-9098.

Sincerely,

Matt Lockwood
Ride Director
The Baroudeur



2019 RIDE SNAPSHOT

The Baroudeur is a fun, noncompetitive cycling event that gives riders of varying abilities an opportunity to explore Detroit and its surrounding areas on two wheels while helping economically disadvantaged students pursue higher education.

Event date

Saturday, August 17, 2019

Ridership

Roughly 1,000 riders expected for 2019.

Cost of participation

The base registration fee is \$65, through June 19; \$75, June 20 – July 19; \$85, July 20 – August 14. Registration closes at 11:59 p.m. on August 14.

Ride groups

Four ride choices will be offered for 2019: 20 miles, 37 miles, 62 miles (*Metric Century*), 100 miles (*Century*).

Ride schedule

Ride groups will depart Wayne State's main campus along the following schedule:

Ride start	Ride group	2019 projection*
7 a.m.	100-mile group	150
8:30 a.m.	62-mile group	165
8:30 a.m.	37-mile group	160
10 a.m.	20-mile group	325

*Projection based on 800 riders

Routes

With the exception of the second halves of the 62-mile and the 100-mile routes, the routes will remain largely unchanged from 2018, with the four routes passing through Midtown, Downtown, Belle Isle, four of the five Grosse Pointes and Palmer Park. Rather than routing through the Downriver communities and Grosse Ile as in the past, the updated 62- and 100-mile routes now stretch west and includes Hines Drive to Livonia.

Rest stations

Four official rest and refreshment stations will be established along the Baroudeur routes. The rest stations will offer an assortment of liquid refreshments and high-carbohydrate snacks. All food and drink items will be prepackaged or self-service.



Continued on reverse.

Rest stations also will be equipped with portable restrooms, 10' X 10' canopy tents, tables, chairs and sanitation supplies. Medical volunteers also will be at each rest station.

- Stop 1: Belle Isle, Riverbank Drive, 9.5 miles, Detroit
- Stop 2: USCIS Office, Jefferson at St. Jean, 30 miles, Detroit
- Stop 3: Twelfth Precinct, Detroit Police Department, 45 miles, Detroit
- Stop 4: Nankin Mills Recreation Area, Hines Drive, 66 and 82 miles, Westland

Traffic management

Working jointly, the Wayne State University Police Department (WSUPD) and Detroit Police Department (DPD) will develop and implement traffic control and safety measures that may include rolling enclosures and other rider safety tactics at traffic intersections and as otherwise needed.

Emergency medical support

Three emergency medical vehicles will be stationed along the course at strategic locations and designated for exclusive service to the Baroudeur. The dedicated vehicles will provide direct medical support to event participants; where necessary, the emergency medical service provider will coordinate additional emergency medical support as needed.

Rider support

Roving medical support will be assigned to the routes to help detect and remedy minor injuries and instances of rider distress.

A system of course signage, road markings and volunteer presence to give riders course directions, enhance rider safety and improve course visibility. In addition, a network of event volunteers and route marshals will be led by five volunteer-captains. Among various other duties, the volunteers and captains will play a prominent role in ensuring rider safety, with particular regard to injured or otherwise distressed riders, potentially hazard road and traffic conditions.

Affected communities

The Baroudeur is enjoyed along a unique urban course that originates on Wayne State's main campus and to features some of the Detroit area's most distinguished historic and scenic attractions in several area communities.

- Detroit
- Belle Isle
- Dearborn
- Dearborn Heights
- Grosse Pointe Park
- Grosse Pointe
- Grosse Pointe Farms
- Grosse Pointe Shores
- Highland Park
- Livonia
- Plymouth
- Westland

Communications

Event communications will include: email, website, social media and event flyers. All communications will be produced and distributed by Wayne State University. Event organizers will actively seek media placement opportunities with local television, radio and newspaper outlets.





2019 TRAFFIC MANAGEMENT AND RIDER SAFETY SUMMARY

A. Public safety

Overall Public Safety efforts are coordinated by the Wayne State University Police Department (WSUPD), with significant collaboration with the Detroit Police Department (DPD) to ensure that The Baroudeur is free of significant traffic and other incidents. WSUPD will mobilize a significant portion of its available manpower to support the event. DPD will activate manpower as needed, per the scale and scope of the event. Other agencies, such as the Wayne County Sheriff's Department and the Michigan State Police will provide ancillary services as requested by WSUPD.

Police and Public Safety departments in host communities outside the City of Detroit will dispatch manpower as deemed necessary by each individual law enforcement agency.

B. Traffic and safety

- 1. Assumption of risk:** The Baroudeur will be conducted over public roads and other facilities that are open to the public during the activity and upon which the hazards of travelling are to be expected. By signed, written waiver mandatory for participation in the event, riders agree to follow all applicable rules of the road for cyclists and acknowledge the inherent dangers and risks associated with bicycling. As such, each rider assumes responsibility for such dangers and risks.
- 2. Rolling traffic enclosures:** WSUPD and DPD will implement intermittent traffic controls along the route by way of rolling enclosure for riders in the 20, 37, 62 and 100-mile rides. The enclosures will allow the ride to move along the course while minimizing disruption to the traveling public. Where ride groups are diffused widely, WSUPD and DPD will make on-road adjustments to traffic control methods.
- 3. Enclosure elements:** Each of the four rolling enclosures will include at least two escort vehicles, traveling at an appropriate distance in front of and behind the pelotons. The lead escort vehicle shall stay in front of the lead rider in the race, while the follow escort vehicle shall remain behind the main peloton. Riders who travel ahead of the lead escort vehicle or drop behind the follow escort vehicle shall obey all applicable rules of the road for cyclists and assume all risks of participation. Rolling enclosures may integrate additional escort vehicles and stationed officers as made necessary by rider volume and anticipated traffic conditions.



4. **Additional elements:** WSUPD will assign officers from its Bicycle Patrol Unit (BPU) to the four ride distances. Generally, members of the BPU will be available to aid in heightening awareness of Michigan bicycle laws, contribute to the overall safety and security of event participants and to provide other police functions where appropriate and necessary. Final placement and function of said officers will be at the discretion of WSUPD, commensurate with ride conditions. In addition, WSUPD will assign to the ride members of its Motorcycle Patrol Unit, who may operate in support of rolling enclosures as needed.

C. Emergency medical support

1. **Provider:** Hart Medical EMS will coordinate first aid services, emergency medical response and medical transport along the route. Hart Medical has extensive experience supporting large-scale and high-visibility special events in Southeast Michigan and is a leading provider of on-site medical care and ambulance services for social, sporting, and cultural events of all sizes in our region. With over three decades of experience, Hart services venues and events including amphitheaters, concerts, convention centers, corporate events, fairs, festivals, movie shoots, parks, parties, performing arts centers, sporting events, trade shows, and weddings. Hart provides ambulance service on a regular basis, and is an authorized city of Detroit 911 provider.
2. Through a network of partnerships and alliances, the vendor of choice will provide direct emergency medical support and coordinate additional emergency medical services. As appropriate, the vendor also will manage and coordinate rider transportation to medical care facilities, either directly or through its partnerships. The vendor will dedicate three emergency vehicles for exclusive service to The Baroudeur:
 - **Ambulance #1**
 - Stationed at Start/Finish line on WSU main campus
 - Coverage area: south to downtown area; northern portion of route Palmer Park; Southwest Detroit if needed.
 - **Ambulance #2**
 - Stationed along Jefferson Ave. near Burns St.
 - Coverage area: Belle Isle and northeast stretch of route into the Grosse Pointes.
 - **Ambulance #3**
 - Stationed along W. Outer Drive. near River Rouge Park. (Livonia)
 - Coverage area: from Southwest Detroit portion of route to Plymouth.



D. First-aid

1. **Nature of support:** Roughly 20 medical volunteers will be recruited and mobilized for the event. First-aid volunteers will be stationed at the Start/Finish lines, and at each of the five designated rest areas.
2. **Roles and responsibilities:** Medical volunteers will provide first aid services for such ailments as minor cuts, scrapes and bruises. Medical volunteers also will monitor riders for signs of physical distress, evaluate participants' needs for escalating care, and contact the UCP to mobilize available resources.
3. **Qualifications:** First-aid volunteers shall be qualified as licensed practitioners in a recognized medical field or be actively receiving for such medial training. Where volunteers are medical or nursing students, their activities shall be supervised by a licensed practitioner.

E. Command and control (Communications)

1. **Safety Command Center (SCC):** Overall command and control will be under the purview of WSUPD and stationed in WSUPD headquarters at 6050 Cass Ave, Detroit, MI 48202 on WSU's main campus. SCC's internal, event-related communications will take place via 800 MHz radio frequency arranged through the Michigan Public Safety Communication System (MPSCS). WSUPD will coordinate communications with other providers of public safety services, including EMS services and police departments and the on-campus Event Communications Post (ECP).
 - a. The SCC will receive reports of incidents directly from riders, event officials or event volunteers via the WSUPD emergency phone number, (313) 577-2222.
 - b. The SCC will review the facts of any reported incidents or situations to determine if additional response or actions are appropriate.
 - c. The SCC will mobilize emergency response resources as appropriate, and monitor the status of response activities.
 - d. The SCC may also receive and route requests for disabled bicycles and other support and gear issues.
2. **Event Communications Post:** The ECP will serve as the communication hub for various non-emergency event functions.
 - a. Volunteer management
 - b. Support and gear
 - c. Rest station usage and supplies
 - d. Rider progress
 - e. First-aid response
 - f. Various other special event operations



3. Other ECP functions: In addition, the ECP will transmit information to the SCC and emergency medical dispatch as appropriate. The ECP will operate using digital two-way radio devices supported by the MOTOTRBO communications network. The network will provide communications capabilities between any two points along the four routes. Communications regarding varied functions will be performed on channels assigned specifically to each function.

F. Sanitation

The Wayne State University Grounds and Custodial Services will collect refuse and garbage.

G. Porta-Johns

Parkway Services, of Ypsilanti, will be contracted to provide porta-johns for rest stops as appropriate. Restrooms in campus buildings near the event will be accessible.



**2018 BAROUDEUR
20-MILE CUE SHEET**

DIRECTION	DISTANCE (miles)	NOTES
Start - Gullen Mall	0	
Right onto Kirby Mall	0	
Right onto Cass Avenue	0.1	
Proceed on Cass Avenue 2.3 miles	2.3	
Left onto Fort Street West	2.4	
Right onto Washington Boulevard	2.4	
Left onto Larned St W .5 miles	2.6	
Left onto Beaubien Street	3.1	
Right onto Lafayette Street East 2.6 miles	3.2	
Right onto East Grand Boulevard	5.8	
Continue on MacArthur Bridge	5.9	
Continue on Sunset Drive	6.3	
Continue on Casino Way	6.5	
Continue on Central Way 1.8 miles	6.6	
Left onto Lakeside Street	8.5	
Rest Station 1 (Riverbank Drive)	9.6	Belle Isle
Continue on MacArthur Bridge	10.7	
Continue on East Jefferson Avenue 2 miles	11.4	
Proceed onto East Jefferson Avenue	13.4	
Left onto St. Jean Ave.	13.4	
Left onto Kercheval Street	13.6	
Proceed on Kercheval Street 2.1 miles	14	
Right onto Mount Elliott Street	16.1	
Proceed on Mount Elliott Street .9 miles	16.1	
Left onto E. Warren Avenue	17.5	
Continue on East Warren Avenue 1.8 miles	17.5	
Right on Saint Antoine	19.1	
Left onto East Palmer Avenue	19.5	
Left onto Cass Avenue	20.1	
Right onto Kirby Mall	20.2	
Left onto Gullen Mall	20.3	
Arrive at Finish	20.4	

**2018 Baroudeur
37-MILE CUE SHEET**

DISTANCE (miles)

0

DIRECTION	DISTANCE (miles)	NOTES
Start - Gullen Mall	0	
Right onto Kirby Mall	0	
Right onto Cass Avenue 2.3 miles	0.1	
Left onto Fort Street West	2.4	
Right onto Washington Boulevard	2.4	
Left onto Larned St W .5 miles	2.6	
Left onto Beaubien Street	3.1	
Right onto Lafayette Street East 2.6 miles	3.2	
Right onto East Grand Boulevard	5.8	
Continue on MacArthur Bridge	5.9	
Continue on The Strand around the perimeter of the island 6 miles	6	
Rest Station 1 (Riverbank Drive)	9.5	Belle Isle - Optional
Continue on MacArthur Bridge	11.8	
Veer right onto East Jefferson Ave.	11.8	
Left onto St. Jean (Connor Creek Gateway)	14.5	
Rest Station 2 (11411 E Jefferson Ave, Detroit, MI 48214)	14.5	US Citizenship and Immigration
Continue on St. Jean (Connor Creek Gateway)	14.5	
Left onto Kercheval Street	14.7	
Proceed onto Kercheval Street 1.8 miles	16.5	
Right onto Mount Elliott Street	17.2	
Left onto East Warren Avenue	18.6	
Right onto Saint Antoine Street	20.2	
Left onto East Palmer Avenue	20.6	
Right onto Brush Street	20.8	
Left onto Holbrook Street	22.3	
Veer left onto Hazelwood Street	22.5	
Right onto 2nd Avenue	22.7	
Left onto West Chicago Boulevard	23.1	
Right onto Hamilton Avenue	23.4	
Proceed onto Hamilton Avenue. Name changes to Pontchartrain.	25.6	
Right onto West 7 Mile Road	27.2	
Rest Station 3 (1441 W 7 Mile Rd, Detroit, MI 48203)	27.6	Detroit Police Dept., 12th Precinct
Right onto Woodward Avenue	27.8	
Right onto West Boston Boulevard	31.2	
Right onto Hamilton Avenue	31.7	
Left onto Calvert Street	31.9	
Proceed onto Calvert Street	32.0	
Left onto 14th Street for 2.7 miles	32.5	
Left onto West Forest Avenue	35.2	
Left onto Anthony Wayne Drive (Third Ave.) for 0.5 miles.	36.1	
Right onto Ferry Mall (W. Ferry Ave.)	36.6	
Right onto Gullen Mall	36.7	
Arrive at Finish	36.8	

**2019 BAROUDEUR
62-MILE CUE SHEET**

DIRECTION	DISTANCE <i>(miles)</i>	NOTES
Start - Gullen Mall	0	
Right onto Kirby Mall	0	
Right onto Cass Avenue 2.3 miles	0.1	
Left onto Fort Street West	2.4	
Right onto Washington Boulevard	2.4	
Left onto Larned St W 5 miles	2.6	
Left onto Beaubien Street	3.1	
Right onto Lafayette Street East 2.6 miles	3.2	
Right onto East Grand Boulevard	5.8	
Continue on MacArthur Bridge	5.9	
Continue on The Strand around the perimeter of the island 6 miles	6	
Rest Station 1 (Riverbank Drive)	9.5	Belle Isle - Optional for 62 mile
Continue on MacArthur Bridge	11.8	
Proceed on East Jefferson Avenue name changes to Lake Shore Road 8.6 miles	11.8	
Left: U-TURN onto Lake Shore Road	19.1	Turnaround in Grosse Pointe Farms. 4th turnaround after Newberry Pl, at St Paul entrance
Proceed on Lake Shore Road name changes back to Jefferson 4.8 miles	23.7	
Rest Station 2 (11411 E Jefferson Ave, Detroit, MI 48214)	23.9	US Citizenship and Immigration
Right onto Saint Jean Avenue	23.9	
Left onto Kercheval Street 3.1 miles	24.4	
Right onto Mount Elliott Street .9 miles	27.5	
Left onto E. Warren Avenue	29.4	
Continue on East Warren Avenue	29.4	
Right on Saint Antoine	29.8	
Left on East Palmer	30.0	
Right onto Brush Street	30.9	
Left onto Holbrook/Hazelwood across Woodward	31.7	
Right onto 2nd Avenue	31.9	
Left onto West Chicago Boulevard	32.6	
Right onto Hamilton Avenue which becomes Ponchartrain 4.3 miles	32.7	
Right onto West 7 Mile Road	37.0	
Rest Station 3 (1441 W 7 Mile Rd, Detroit, MI 48203)	37.2	Detroit Police Dept., 12th Precinct
Right onto Woodward Ave	37.4	
Right onto Calvert Street, left onto Woodrow Wilson Street 41.1	40.3	
Left onto Woodrow Wilson Street	41.1	
Right onto West Chicago Boulevard	41.3	
Left onto Linwood Avenue	42.0	
Right onto Joy Road	42	
Left onto Livernois Avenue	44.1	
Right onto Joy Road	44.1	
Right onto Northlawn Avenue	44.8	
Left onto Stawell Avenue	44.9	
Right onto Oakman Boulevard	45.2	
Left onto West Chicago Street	45.6	
Left onto Spinoza Drive	50.5	
Right onto Spinoza Drive	50.5	
Left on Tireman Avenue 7.1 miles	51.6	
Continue on West Grand Boulevard 58.7	58.7	
Right onto Linwood	58.7	
Right onto Linwood Street	59.3	
Left onto Grand Service Drive	59.3	
Right onto 14th Street	59.6	
Left onto West Forest Avenue	60.7	
Left onto Anthony Wayne Drive	61.6	
Right onto West Palmer Avenue	62	
Right onto Ferry Mall	62.1	
Arrive at Finish	62.2	

This endorsement modifies coverage provided under the following:

M.U.S.I.C. GENERAL LIABILITY COVERAGE CONTRACT

**COVERAGE FOR PERSON, ENTITY OR ORGANIZATION (COVERED PARTY)
UNDER A COVERED CONTRACT**

A. Coverage

SECTION II - WHO IS COVERED is amended to include any person, entity or organization (hereinafter referred to as a **Covered party**) for **Bodily Injury, Personal Injury, Advertising Injury or Property damage** covered under this **General Liability Coverage Contract** that occurs during the **Coverage Period** but only with respect to a **Covered contract** and only where you have agreed in writing to include the **Covered contract** and **Covered party** for such coverage. Coverage by this endorsement to the **Covered party** is limited to:

1. Liability arising out of a covered **Occurrence** that is caused, in whole or in part by you or on your behalf by your agents or subcontractors; and
2. The extent of coverage and **Limits of Liability** as stipulated in the **Covered contract**. However, such coverage and limits shall not increase our **Limits of Liability** as stated in **Section III - LIMITS OF LIABILITY** or alter any of the terms of coverage stated in this **General Liability Coverage Contract**. Further, our payment obligation shall not exceed the lesser of:
 - a. The **Limits of Liability** stated in **SECTION III - LIMITS OF LIABILITY** and as shown in the **Declarations**; or
 - b. The limits(s) of coverage stipulated in the **Covered contract** applicable to general liability coverage.

The **Covered contract** must be effective and executed prior to a covered **Occurrence**.

B. Exclusions

The following exclusions apply to this endorsement and are in addition to those exclusions stated in the **General Liability Coverage Contract** or as amended by endorsement:

1. This insurance does not apply to **Bodily Injury, Personal Injury, Advertising Injury or Property damage** arising out of, resulting from, caused by or contributed to by:
 - a. Sole negligence by the **Covered party** or anyone else acting on the **Covered party's** behalf.
 - b. An **Occurrence** which takes place after the cancellation date of the **General Liability Coverage Contract** or cancellation date of this endorsement, or by termination or ending by either party of the **Covered contract**, whichever occurs first.

C. Limits of Liability Application

Any payment obligation by us under this endorsement involving a Covered contract that is a result of a covered Occurrence taking place during the coverage period will be subject initially to the Annual Aggregate Loss Retentions shown in the Declarations and also subject to the applicable limits of liability set forth in paragraph A.2 (Coverage) of this endorsement. Nothing in this endorsement creates any additional, supplemental or separate limits of liability under this General Liability Coverage Contract.

D. Conditions

The following conditions apply to this endorsement and are in addition to those conditions stated in the General Liability Coverage Contract or as amended by endorsement.

1. If we cancel the General Liability Coverage Contract (including this endorsement) or only cancel this endorsement prior to the General Liability Coverage Contract's expiration date and where specifically stipulated in the approved Covered contract, we agree to provide the Covered party to the Covered contract advance written notice of such cancellation based on the number of days specified therein.
2. The coverage provided by this endorsement is primary to, and on a non-contributory basis with, any other available coverage to the Covered party.
3. The Covered party must give us prompt written notice of an Occurrence involving the Covered contract that may result in a claim or Suit. Any ensuing claim or Suit must include and be brought against both the Covered party and us. We will have the right and duty to conduct and control the legal defense for the Covered party named in the claim or Suit. Our defense of and any payment obligations for a claim or Suit will be subject to the terms and conditions set forth in General Liability Coverage Contract or as amended by endorsement.
4. The Covered party must cooperate with us during the handling of the potential claim, claim or Suit involving a Covered contract.
5. You must retain a written copy of the Covered contract.

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Wayne State University</p> <p>2 Business name/disregarded entity name, if different from above</p> <p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p> <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <small>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</small> </p> <p><input checked="" type="checkbox"/> Other (see instructions) ▶ Non-Profit / Public University 501(c)(3)</p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) <u>1</u></p> <p>Exemption from FATCA reporting code (if any) <u>A</u></p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
	<p>5 Address (number, street, and apt. or suite no.) See instructions. 5700 Cass Avenue, suite 4100 AAB</p> <p>6 City, state, and ZIP code Detroit, MI 48202</p> <p>7 List account number(s) here (optional)</p>	<p>Requestor's name and address (optional)</p>

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number										
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3	8	-	6	0	2	8	4	2	9	

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶ <i>Kenneth J. Jolenty</i>	Date ▶ 1-09-2018
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting*, later, for further information.

Note: If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China Income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Instructions for Part II for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code*, later, and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships*, earlier.

What is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Line 1

You must enter one of the following on this line; do not leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part 1 of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

a. Individual. Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note: ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. Sole proprietor or single-member LLC. Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. Partnership, LLC that is not a single-member LLC, C corporation, or S corporation. Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. Other entities. Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. Disregarded entity. For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

Line 3

Check the appropriate box on line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3.

IF the entity/person on line 1 is a(n) . . .	THEN check the box for . . .
• Corporation	Corporation
• Individual • Sole proprietorship, or • Single-member limited liability company (LLC) owned by an individual and disregarded for U.S. federal tax purposes.	Individual/sole proprietor or single-member LLC
• LLC treated as a partnership for U.S. federal tax purposes, • LLC that has filed Form 8832 or 2553 to be taxed as a corporation, or • LLC that is disregarded as an entity separate from its owner but the owner is another LLC that is not disregarded for U.S. federal tax purposes.	Limited liability company and enter the appropriate tax classification. (P= Partnership; C= C corporation; or S= S corporation)
• Partnership	Partnership
• Trust/estate	Trust/estate

Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 5 ²
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

Note: You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, write NEW at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

Line 6

Enter your city, state, and ZIP code.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note: See *What Name and Number To Give the Requester*, later, for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at www.SSA.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/Businesses and clicking on Employer Identification Number (EIN) under Starting a Business. Go to www.irs.gov/Forms to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to www.irs.gov/OrderForms to place an order and have Form W-7 and/or SS-4 mailed to you within 10 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note: Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code*, earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.
2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.
3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.
4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).
5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABL accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual ¹
2. Two or more individuals (joint account) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account
4. Custodial account of a minor (Uniform Gift to Minors Act)	The minor ²
5. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee ³ The actual owner ³
6. Sole proprietorship or disregarded entity owned by an individual	The owner ⁴
7. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(A))	The grantor ⁴

For this type of account:	Give name and EIN of:
8. Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity ⁴
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
11. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee

For this type of account:	Give name and EIN of:
14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
15. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(B))	The trust

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships*, earlier.

*Note: The grantor also must provide a Form W-9 to trustee of trust.

Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records From Identity Theft

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN.
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at spam@uce.gov or report them at www.ftc.gov/complaint. You can contact the FTC at www.ftc.gov/idtheft or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see www.IdentityTheft.gov and Pub. 5027.

Visit www.irs.gov/IdentityTheft to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you, mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

