



**APPLICATION FOR USE OF
PUBLIC RIGHT-OF-WAY FOR EVENT**

The following special event has been approved by the Special Events Committee.

Submitted by: Denise Miller

Event name: Making Strides Against Breast Cancer-Michiana

Event Date: October 24, 2026

Street Closure: Route is entirely on the sidewalk between Howard Park and
Veteran's Park via Northside Blvd

Closure Times: 11:30 am to 1:00 pm

Sidewalk Closure: Yes No

Comments: Annual walk to support breast cancer research.

**CITY OF SOUTH BEND, INDIANA
BOARD OF PUBLIC WORKS**

Elizabeth A. Maradik

Elizabeth A. Maradik, President

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Abigail E. Magas, Member

Joseph R. Molnar

Joseph R. Molnar, Vice President

Breana N. Micou

Breana N. Micou, Member

Hillary R. Horvath

Attest: Hillary R. Horvath, Clerk

Date: February 24, 2026



City of South Bend Special Event Application

City and Regional Event

\$50 application fee if filed 60 days or greater (up to 360 days) in advance of event \$100 expedited application fee if filed 30-59 days in advance of event

Please Bring Completed Application and Payment to:
Public Works Service Center, 731 S. Lafayette Blvd., South Bend, IN

Review the Instructions on the Special Events page before completing the application. City and Regional Special Event applications must be submitted more than 30 days in advance of the event date or the application will not be accepted.

Section A – Applicant Information

Date of Application: January 29, 2026 Organization Name: American Cancer Society
Applicant (Contact) Name: Charlotte Williams
Applicant (Contact) Phone: 574-386-3638 Contact Email: cwilliams@stjoepros.org
Address: 19266 Staffordshire Dr. City/State/ZIP: South Bend IN 46637

List any professional event organizer, event service provider or commercial fundraiser that is authorized to work on your behalf to plan, produce and/or manage your event.

Organization Name: N/A Contact Name: N/A
Contact Phone: _____ Contact Email: _____
Address: _____ City/State/ZIP: _____

Section B – Event Information

Event Name: Making Strides Against Breast Cancer - Michiana Event Type: (Festival, Race, Parade, Other): WALK
Event Classification: Non-Profit* For-Profit
 City (Civic) Sponsored Other (If Other, please describe): American Cancer Society

*The Special Events Committee may request proof of non-profit status.

Provide a brief description and timeline of event (Note: A detailed map plan is required in Section H of this application. The description should be a summary overview.) HOWARD PARK

10 am Registration Opens
11 am Opening Ceremony
11:30 am WALK Starts

Date of Event Setup [mm/dd/yy]: Oct 23, 2026 Time: 1-5pm Howard Park

Begin Date of Event [mm/dd/yy]: Oct 24, 2026 Time: _____
8:00am

End Date of Event [mm/dd/yy]: Oct 24, 2026 Time: 1:00 pm

Event Cleanup Completion [mm/dd/yy]: Oct 24, 2026 Time: 3:00 pm

Total anticipated attendance: 800

The proposed event will require the closing of: Streets Sidewalks WALK Expected to Begin @ 11:30am

Is the event ticketed or include fees?

Yes

No

If yes, list fees and fee groups below:

Does the event have any partnered sponsorships?

Yes

No

If yes, list the number of sponsors at each level of partnered sponsorship:

Presenting Sponsor (1)

Silver (3)

Flagship Sponsor (1)

Bronze (2)

Platinum (1)

Pink (8)

Gold (1)

Is this a returning special event or part of a series of special events?

Yes

No

If yes, provide the date, location, and attendance of past special events and/or future planned events in the series:

2025 - Howard Park

2019-2024 Central Park, Mishawaka

If your event is a parade, race, or other processional-type event, please complete Section C. Otherwise, continue to Section D.

Section C - Parades, Races, and other Processional Events

What is the estimated number of parade/race spectators on the proposed route? NONE TO BE EXPECTED

Describe any sound equipment that will be used in the parade/race: NONE ON WALK ROUTE

Does the event have participant categories? For example, a run that has different race divisions or a parade with separate walking/marching groups.

Yes

No

If yes, list categories and anticipated participants per category.

BECAUSE CANCER SURVIVORS & ALL OTHER PARTICIPANTS

If your event is a parade, what is the approximate number and type(s) of animals, vehicles, and floats participating in the parade? (Note: If using animals in a parade, event organizers are responsible for cleaning up animal waste left on the parade route.) Describe parade participants below: **NONE**

Section D – Equipment, Set-up, and Logistics

Are you hiring a company to provide entertainment, games or inflatables? Yes No

- o If yes, you must submit proof of insurance for all stage and entertainment companies three (3) weeks before the event.

Describe any hired entertainment: **DJ @ Howard Park**

Will you be staking any tents, inflatables, portable restrooms or any other anchorings? Yes No

- o **Howard Park Only**
If yes, you must provide proof of locates (locate number) two (2) weeks prior to your event. Locates can be found by calling 811.

Does your event include the use of fireworks, rockets, lasers, or other pyrotechnics? Yes No

- o Depending on the potential fire risk, applicants may need to receive approval of the South Bend Fire Department (process facilitated by event coordinator). o Describe the event's proposed fire-related entertainment:

Will there be any musical entertainment features at the event? Yes No

- o If yes, describe the type of music, schedule of sound check/performance, and the names of any artists performing: **DJ Kerry Wilson @ Howard Park**

For stage inspections, contact the Department of Homeland Security at 317-232-2222.

If your route crosses over a state road or a bridge please contact the following for permission:

State, INDOT:
Michael Hurt
219-235-7528, Mhurt1@indot.in.gov

County bridges:
Andy Hayes
574-235-9626, ahayes@co.st-joseph.in.us

Section E – Food

Are you having food at your event (food vendors, caterers, food trucks, etc.)? Yes No

- If yes, the event coordinator must apply for and receive a St Joseph County Health Department Temporary Event Permit.
- Vendor(s) must also apply for and receive a St. Joseph County Health permit. Health Permits must be filed with the county 30 days prior to the proposed event. Each vendor must obtain necessary permits to serve on-site and display these permits at the event.
- All applications and guidelines can be found at the St. Joseph County Health Department Food Service website: sichd.org/food-service.

Please select food sales types: Food Vendor Caterer Food Truck Other: _____

If a Food Truck, please list company name: TBA - Still in the process of securing.

Describe how food will be cooked and served: Food Truck w/ license

Section F – Alcohol

Will alcohol be served or sold? Yes No

If no, please continue to Section G – Contingency and Strategic Planning

If yes:

- The applicant must apply for and receive a temporary liquor license from the Alcohol & Tobacco Commission. Indiana ATC forms are located at in.gov/atc/2409.htm. (Temporary Permits are near the bottom of the form list.) Forms must be filed with the district ATC office five (5) days prior to the requested event date.
- Application cannot be processed without a copy of this license. ○ A refundable \$400.00 deposit paid by card or check (made to City of South Bend) must be submitted with application.
- Application cannot be processed without deposit. Deposit will be returned upon inspection of event area by the Board of Public Works.
- Events with have alcohol sales must provide security. If your event will be hiring a security company, please provide its contact information in sub-section (a) below. Otherwise, please list the names, phone numbers, and qualifications (e.g. off-duty police officer, professional security guard, or event applicant) of three (3) security guards in the fields provided in sub-section (b).

(a)

Company Name: _____ Contact Name: _____

Contact Phone: _____ Email: _____

Address: _____ City/State/ZIP: _____

(b)

Name: _____ Contact Phone: _____
Qualifications: _____

Name: _____ Contact Phone: _____

Qualifications: _____

Name: _____

Contact Phone: _____

Qualifications: _____

Section G – Contingency and Strategic Planning

For each of the following, please provide detailed descriptions. If you run out of space, attach a response to this application submission.

- Emergency Safety Plan – This plan should include, but is not limited to:
 - The number of Indiana Law Enforcement Academy certified officers, fire, and emergency medical personnel, and the need to use any of the City's public safety or emergency response services.
 - If hiring a security service, provide contact information and the number of hired event personnel.
 - Proposed internal communications systems and public address systems.
 - SEE ATTACHED EMERGENCY PLAN AND COMMUNICATIONS NETWORK
 - SEE Lt BRAD ROHRSCHEIB HAS/WILL BE CONSULTED. SOUTH BEND POLICE WILL PROVIDE SUPERVISION FOR ROAD CLOSURE W/ 10 FREE OFFICERS. AMERICAN CANCER SOCIETY WILL PAY FOR ADDITIONAL OFFICERS IF NEEDED.

- Proposed Cleanup Plan – This plan should include, but is not limited to: ○ Measures in place to collect and remove trash, litter and recyclables. HOWARD PARK AS WELL AS THE WALK ROUTE WILL BE CANVASSED FOR TRASH AND PICKED UP.
- Inclement Weather Plan – This plan should include, but is not limited to: ○ Safety measures that will be taken in the event of a tornado warning, tornado watch, thunderstorm, and extreme temperatures.
 - INDOOR SPACE @ HOWARD PARK HAS BEEN RESERVED
 - ZION CHURCH ACROSS FROM HOWARD PARK IS A PARTNER FOR SPACE.

- Proposed Lost and Found Plan – This plan should include, but is not limited to: ○ A description of the use of signage, announcements on public address systems or pre-event handouts.
 - PUBLIC ANNOUNCEMENT FROM THE DJ @ HOWARD PARK

Section H – Site Plan / Route Map

For parades, races and other processional events:

Are you selecting one of South Bend Police Department's (SBPD) pre-approved race routes? Yes No

You must select from SBPD's pre-approved race routes (see links on application site) or provide sufficient evidence of event participation if the applicant is proposing a different route through South Bend.

If your event will not be using a pre-approved race route, the proposed event map should include a route plan clearly identifying the timing and locations of proposed street closures, and the direction of parade movement.

If your event will not be using a pre-approved race route, please explain: *Lt Rohrscheib approve route Howard Park - East on Northside Blvd. Walking on "closed" Northside Blvd*
Site Plan / Route Map - For All Events: *Loop back @ Veterans Men Park - Returning on Pedestrian sidewalk end @ Howard Park*
See Attached

Provide an attached map with the geographic locations of all event items listed below.

- Outline of entire event venue including the names of all affected streets and areas.
- Clear markings for street closures and a schedule for each.
- Location of fencing, barriers, and/or barricades. Indicate any removable fencing and exit locations for emergency purposes.
- Location of all stages, platforms, bleachers, grandstands, tents, booths, cooking areas, vehicles, trailers, and other temporary structures. Applicants should also clearly mark locations of food and alcohol serving or sales, if applicable.
- The location(s) and number of all portable toilets and wash stations.
- The location(s) and number of all trash and recycling containers, including dumpsters.
- The location of generators or any source of electricity.
- Traffic plan and map, including proposed loading/drop off areas, barricades, secured areas, vehicle and bicycle parking areas, and considerations for TRANSP0 bus route changes.

Section I - Mitigation of Impact

If you are using and/or closing public sidewalks or streets, you are required to notify area business owners and residents. You must:

- o Present your event concept to the surrounding stakeholders (residents, businesses, and neighborhood groups) that represent the venue area.

Attach a copy of the brochure or door hanger distributed to all affected residents/businesses/neighborhood groups describing the event purpose, date and time. *See Attached*

Section J - Insurance

A Certificate of Insurance (copy) confirming the existence of a liability policy (General Liability and Automobile Liability) of not less than \$700,000 per occurrence and \$1,000,000 aggregate, which specifically names the City of South Bend, IN as an additionally insured for the event must be submitted. Copy of Certificate of Insurance must be submitted two (2) weeks prior to the date of the event. *See Attached*

Section K - Indemnity & Hold Harmless Agreement

City of South Bend Special Events Committee

Indemnity & Hold Harmless Agreement

Date: 1-29-2026 Event Date: 10-24-2026

Event Name: Cancer - Mxman Organization: American Cancer Society

Applicant (Contact) Name: Charlotte Williams

Applicant (Contact) Phone: 574-386-3638 Alt. Phone: 574-220-8935

making

Email: cwilliams@stjoepros.org

Address: 19266 Staffordshire Drive City/State/ZIP: South Bend, IN 46637

Event Location (Please describe): Howard Park South Bend

Registration - Opening Ceremony Post WALK Gathering

Length of Event (Dates/Times): Saturday, October 24 2026 8am - 3pm

Insurance Amount: This event is insured for no less than \$700,000 per occurrence and \$1,000,000 in aggregate, and the certificate of insurance includes a rider naming City of South Bend, Special Events Committee, and Board of Public Works as additionally insured for the event.

Organization Name: American Cancer Society agrees to indemnify, defend and hold harmless the Civil City of South Bend, Indiana, from any liability, loss, costs, damages or expenses, including attorney fees, which the Civil City of South Bend, Indiana, may suffer or incur as a result of any claims or actions which may be made against the City, its agents, employees, or subdivisions by any person, including a participant in the activity, arising out of the approval of this request by the Civil City of South Bend, Indiana, through the Board of Public Works, to close a portion of the public right-of-way for the event described above, or for any harm or damage alleged to have occurred because of the holding of the special event. The undersigned certifies that he/she is authorized to bind the APPLICANT to these terms.

Signed on this Date: _____

*Will need to be submitted to
American Cancer Society Legal Dept.*

Authorized Organizer Signature

Printed Name and Title

Section L - Permit & Agreement

1. Pursuant to Local Ordinance No. 10628-18, there is a \$50.00 non-refundable fee for Tier II and III event applications filed 60 or greater days in advance of the event, or a \$100 non-refundable expedited fee for applications filed between 30 and 59 days in advance of the event.
2. The APPLICANT must comply with all terms and conditions of this Permit and Agreement.
3. The APPLICANT must obtain signatures from and/or make an attempt to notify all residents that reside on the block. A copy of a brochure or door hanger distributed to all affected residents/businesses describing the event purpose, date, time and contact information must be included with the attachments to this application. The applicant is responsible for providing affected residents and business owners with transportation to their property.
4. The APPLICANT shall reimburse the Board for the actual cost to the City for the event, if deemed necessary.
5. Notification of approval/denial of this request will be issued by return of this form, upon signed authorization by the Special Events Committee.

6. The APPLICANT shall provide to the Board a Certificate of Insurance showing a liability policy in full force and effect with limits of \$700,000.00 per occurrence and \$1,000,000.00 aggregate and the City of South Bend, Special Events Committee, and Board of Public Works listed as an additional named insured for this event.
7. The APPLICANT assumes full responsibility for providing ample disposal containers for refuse/recycling and assures the area will be cleaned up upon the conclusion of the event.
8. Barricades will be delivered and picked up at the event location. The APPLICANT is responsible for seeing that all cones are maintained and returned undamaged.
9. The APPLICANT will follow the City of South Bend Noise Ordinance, which is in effect at all hours. Between the hours of 11:00 p.m. and 7:00 a.m. certain noises are particularly prohibited. These include operating radio receiving sets, musical instruments, phonographs and other sound reproduction devices if audible fifty (50) feet away, as well as shouting, yelling, hooting, whistling, or singing in the streets in a manner to disturb the peace (Municipal Code 13-57).
10. The APPLICANT assures the City that the area will be closed during the times indicated on the application only. Event end times are pursuant to the recommendations of the South Bend Police Department.

I have read the Application and the Permit and Agreement for this Special Event and I affirm the truth of the information provided by me to the best of my knowledge. I understand and agree to the above rules and regulations, and any applicable state and federal laws. I also understand that this application may be denied based on any false or incomplete information.

Date: 1-29-2026

Applicant Signature: *Charlotte Williams*

Printed Name: Charlotte Williams, Lead Event Planner & Volunteer Coordinator

SPECIAL EVENTS COMMITTEE APPROVAL

[Signature]

President

[Signature]

Member

[Signature]

Member

2/11/26

[Signature]

[Signature]

Member

Member

Date

Emergency Contact Information



Event Name: MSABC Michiana
Date: Saturday, October 24, 2026
Venue: Howard Park
Address: 219 South St. Louis, South Bend

Volunteer Lead:	Char Williams	574.386-3638
ACS Local Staff Lead:	Jamie Miller	574.340-3828
Associate Director:	Michael Smith	812.781-0435
State Director:	Brad Burk	317.513-0451
Media/PR/Crisis	Ashley Noonan	317.989-9303
ACS Staff SB	Jessica McCrea	317.679-8414

Facility / Venue Contact: Demetrius Kennedy 309.205-8096 South Bend Parks
Non-emergency Police: South Bend Police 574.235-9201

Nearest Urgent Care: South Bend Clinic Immediate Care
211 North Eddy Street, South Bend, 46617
North on South St. Louis Blvd to East LaSalle Avenue
Right on East LaSalle Avenue to South Bend Clinic Entrance on right

Nearest Hospital: Beacon Memorial Hospital
Directions to Hospital: North on South St. Louis Blvd to Colfax Ave.
West on Colfax Avenue to Martin Luther King Dr. (SR 933)
North on Martin Luther King Drive to Memorial Hospital
Left into Emergency Entrance

EVENT LEADERSHIP TEAM

Name	Contact Number
<u>Char Williams</u>	<u>574.386-3828</u>
<u>Leslie McGhee</u>	<u>574.386-7571</u>
<u>Courtney Jorgenson</u>	<u>574.607-2063</u>
<u>Margaret Jordan</u>	<u>574.210-9788</u>
<u>Raven Degraphenreed</u>	<u>574.318-1215</u>
<u>Teri Harman</u>	<u>574.261-6892</u>

Emergency Group Meeting Place on Site: Old Lodge at Howard Park facing South St. Louis Blvd
Emergency Group Meeting Place off Site: Parking Lot behind Primary Care partners across street

Crisis Plan

1. Remain Calm
2. Ensure personal safety (and safety of family, if applicable).
3. Account for presence and safety of all Participants, Volunteers, ACS Employees and other constituents.
4. Contact local police (call "911") and other public responders and, if necessary, ambulance and local hospital(s).
5. Evacuate all Participants, Volunteers, other Constituents, ACS employees and all others from affected areas and relocate to safe/appropriate location(s) as applicable. Century Center
6. Communicate as necessary and appropriate with the event's crisis management team, ACS employees, and volunteers.
7. *Only designated communications employees should speak with the media.*
8. Follow guidance in ACS' Enterprise Crisis & Issues Management Communications Plan regarding externals communications about the event. Determine what will be required in order to resume normal event operations, if applicable.
9. Ensure safety of ACS physical property, equipment and records to the extent possible without jeopardizing personal safety (Note: almost all records maintained on site are non-essential "records of convenience").
10. Continue to monitor the situation and respond as necessary and appropriate.

Event Crisis Management Team:

Char Williams	574.386-3638
Jamie Miller	574.340-3828
Michael Smith	812.781-0435
Ashley Noonan	317.989-9303

ACS employees and Event Volunteers should be reminded to remain aware and vigilant throughout the event and to report any suspicious persons or items to those responsible for event security. Suspicious persons and/or items, or anything else that might reasonably be considered to present a risk to those attending the event, should—under the *"if you see something, say something"*—be reported

AMERICAN CANCER SOCIETY, INC. LISTS/MATERIALS INCLUDED IN EVENT CRISIS KIT

1. Telephone/email contact list for all members of the event crisis management team (to include for reporting suspicious persons or items).
2. Risk management/safety checklist for event (known safety risks that will require ongoing management during the event). See: <http://www.dhs.gov/if-you-see-something-say-something>
3. Severe weather/earthquake/natural disaster safety and evacuation plan.
4. Gun/bomb threat or occurrence safety and evacuation plan.
5. Claims Reporting Form for accidents/injury reporting form.
6. Robbery/theft reporting form.



CERTIFICATE OF LIABILITY INSURANCE

AMERICAN

DATE (MMDDYYYY)
9/2/2025

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 Commercial Lines - (404) 923-3700 USI Insurance Services LLC 1 Concourse Parkway NE, Suite 700 Atlanta, GA 30328 INSURED American Cancer Society, Inc. 270 Peachtree Street NW, Ste 1300 Atlanta, GA 30303	CONTACT NAME: Jennifer Shiptet PHONE (A/C, No, Ext): 470-875-0358 FAX (A/C, No): 610-537-1929 E-MAIL ADDRESS: jennifer.shiptet@usi.com													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Zurich American Insurance Co</td> <td>16535</td> </tr> <tr> <td>INSURER B: Steadfast Insurance Company</td> <td>26387</td> </tr> <tr> <td>INSURER C: Lloyd's</td> <td></td> </tr> <tr> <td>INSURER D: American Zurich Insurance Company</td> <td>40142</td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Zurich American Insurance Co	16535	INSURER B: Steadfast Insurance Company	26387	INSURER C: Lloyd's		INSURER D: American Zurich Insurance Company	40142	INSURER E:		INSURER F:
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INSURER E:														
INSURER F:														

COVERAGES **CERTIFICATE NUMBER: 15991500** **REVISION NUMBER: See below**

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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MMDDYYYY)	POLICY EXP (MMDDYYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER POLICY <input checked="" type="checkbox"/> PRO JECT <input checked="" type="checkbox"/> LOC OTHER		GLO 5658190 00	09/01/2025	09/01/2026	EACH OCCURRENCE 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 - COMPROP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> AUTOS ONLY <input checked="" type="checkbox"/> AUTOS ONLY		BAP 5658189 00	09/01/2025	09/01/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB CLAIMS-MADE		SXS643770000 B1976S151199	09/01/2025	09/01/2026	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y I N <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A	WC 5658191.00 (AOS) WC 5658192.00 (FL-MA-NE-OR-SC-TX-WI)	09/01/2025	09/01/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER EL EACH ACCIDENT \$ 1,000,000 EL DISEASE - EA EMPLOYEE \$ 1,000,000 EL DISEASE - POLICY LIMIT \$ 1,000,000

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

Evidence of Insurance

CERTIFICATE HOLDER

American Cancer Society, Inc.
 270 Peachtree Street NW
 Ste 1300
 Atlanta, GA 30303

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

Paul B. B.

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The 20th Annual Making Strides Against Breast Cancer of Michiana Walk will take place on Saturday morning, October 25, 2025.

The walk will begin at 9:30 AM from Howard Park and proceed east on Northside Boulevard. (road closed) Walkers will turn back at Veteran's Memorial Park and return on the pedestrian walkway along the river.

We apologize for the inconvenience that the road closure will cause. We expect it to be somewhat brief. (approximately 90 minutes—from 9:15 to 10:45 AM)

This walk brings our Michiana community together to celebrate breast cancer fighters, support caregivers, remember breast cancer patients and raise critical funds for local patient support programs and breakthrough research which is saving lives.

Thank you for your patience and understanding. You are certainly invited to participate by walking or cheering our expected 750 participants.

Jamie Miller
Senior Development Manager
American Cancer Society
www.makingstrideswalk.org/southbendelkhartin

6749401
CITY OF SB SPECIAL EVE
731 S LAFAYETTE BLVD
SOUTH BEND, IN 46601

02/04/2026 12:03:18
MID: XXXXXXXXXXXX401 TID: XXXXX371

CREDIT CARD

VISA SALE

Card #	XXXXXXXXXXXX4347
Chip Card:	VISA CREDIT
AID:	A0000000031010
SEQ #:	1
Batch #:	54
INVOICE	3
Approval Code:	042088
Entry Method:	Contactless
Mode:	Issuer - PIN Verified
Tax Amount:	\$0.00
Cust Code:	591

SALE AMOUNT \$50.00

Signature Not Required

MERCHANT COPY