

Updated December 1, 2015



Town of Freeport
30 Main Street
FREEPORT, ME 04032
(207) 865-4743 FAX 865-0929

Request for Use of Town Property

Please note: All requests for groups/individuals to use town property* need to be approved by the Town Council at a regularly scheduled Town Council meeting. Requests must be submitted two weeks prior to the Town Council Meeting in order to be placed on the Agenda (Please contact the Town Manager's office at 865-4743 x121 or check the Town's Website at www.freeportmaine.com for Town Council meeting schedule).

Day/Date(s) of Activity	<u>10/4/18 - 10/7/18</u>	Location	<u>Memorial Park</u>
Arrival Time	<u>All Day</u>	Time of Activity	<u>11am - 4pm</u>
		End Time	<u>All Day</u>
Name of Activity	<u>Visit Freeport's - Freeport Fall Festival</u>		
Description of Activity	<u>Artists with table(s) tents, children's activities, acoustic music for</u>		
Description of Town Equipment or Personnel requested	<u>_____</u>		
<p>If event is anticipated to affect traffic in any way (e.g. road race) or number of participants is expected to exceed 250, a Special Event Permit from the Freeport Police Department is required.</p>			

Organization/Individual making request	<u>Visit Freeport / Heather Guglielmo</u>		
Non-Profit	<input checked="" type="checkbox"/>	Profit	<input type="checkbox"/>
Contact/Title	<u>Heather Guglielmo / Community Relations Manager</u>		
Address	<u>P.O. Box 452, 23 Depot St, Freeport</u>		
Day Phone	<u>207-865-1212</u>	Evening/Cell Phone	<u>_____</u>
Email	<u>Heather@visitfreeport.com</u>		

- * Requests for Winslow Memorial Park Group Shelters are approved by the Winslow Park Manager. Contact Neil Lyman, Park Manager, at 865-9052 or 865-4198 for more information.
- * Bow Street Park Requests must be pre-approved by the Town Clerk prior to submission of this form (Christine Wolfe, 865-4743 x123).

RULES & REQUIREMENTS

Groups/individuals are required to provide proof of liability insurance - \$400,000 Bodily Injury & Property Damage naming the town as additional insured*.

If alcohol is to be served, a caterer is required and the caterer is also required to show proof of insurance with both General Liability and liquor liability and naming the town as additional insured.

For events where alcohol is to be served, an off duty Freeport police officer is required to be present for the duration of the event, to be hired at the expense of the applicant.

The Town shall indemnify and hold harmless the USER from claims, suits or liabilities resulting from the negligence of the Town, its officers, agents and employees. The USER shall indemnify and hold harmless the Town its officers, agents and employees from claims, suits or liabilities resulting from the negligence of the USER.

The USER shall hold harmless, indemnify and defend the Town against liabilities, expenses and losses imposed upon them as a result of the negligent actions or inaction of the USER related to its use or operation of the premises. The Town shall hold harmless, indemnify and defend the USER against liabilities, expenses and losses imposed upon them as a result of the actions or inaction of the Town's employees, officers or agents related to its ownership of the Premises. This obligation to indemnify shall not waive any defense immunity or limitation of liability, which may be available to the USER, under the Maine Tort Claims Act pursuant to the provisions of 14 MRSA Section 8101 et seq. or any other privileges or immunities as may be provided by law.

****If the group does not currently have insurance they may check with their personal agent or purchase it through the TULIP program at www.ebi-ins.com/tulip.
The Town's TULIP ID number is 0419-005**

I hereby acknowledge and agree that the event sponsor and the participants will comply with all applicable laws of the State of Maine and the Town of Freeport, and adhere to the conditions granted by this application.

Signature of authorized representative: 

Printed name: Heather Guglielmo Date: 5/1/18

*** RETURN COMPLETED FORM & CERTIFICATE OF INSURANCE TO THE FREEPORT TOWN MANAGER'S OFFICE AT LEAST TWO WEEKS PRIOR TO THE TOWN COUNCIL MEETING AGENDA YOU WANT YOUR REQUEST TO BE CONSIDERED.**

Authorizing Authority Use Only

Date received: _____

By: _____

Denied Approved Approved with conditions Date notified: _____

Conditions: _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/2/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Cross Insurance-Portland 2331 Congress Street Portland ME 04102	CONTACT NAME: Agency Accounts PHONE (A/C No. Ext.): (207) 780-1677 FAX (A/C No.): (207) 780-4377 E-MAIL: ADDRESS:													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Hanover Ins Co.</td> <td>22292</td> </tr> <tr> <td>INSURER B: Allmarica Financial Benefit</td> <td>41840</td> </tr> <tr> <td>INSURER C: Travelers Casualty & Surety Co of</td> <td>31194</td> </tr> <tr> <td>INSURER D:</td> <td></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: Hanover Ins Co.	22292	INSURER B: Allmarica Financial Benefit	41840	INSURER C: Travelers Casualty & Surety Co of	31194	INSURER D:		INSURER E:		INSURER F:
INSURER(S) AFFORDING COVERAGE	NAIC #													
INSURER A: Hanover Ins Co.	22292													
INSURER B: Allmarica Financial Benefit	41840													
INSURER C: Travelers Casualty & Surety Co of	31194													
INSURER D:														
INSURER E:														
INSURER F:														
INSURED Freeport Merchants Association, DBA: FreeportUSA PO Box 452 23 Depot St. Freeport ME 04032														

COVERAGES **CERTIFICATE NUMBER:** 18/19 Master **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

USER LTR	TYPE OF INSURANCE	ADDITIONAL INSURED	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXP. DATE (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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO. SECT <input type="checkbox"/> LOC OTHER:	X	ESP0023731	5/4/2018	5/4/2019	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> RETENTIONS	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE				EACH OCCURRENCE \$ AGGREGATE \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	ESP031645	10/4/2017	10/4/2018	<input checked="" type="checkbox"/> PER STATE/ <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	Directors & Officers Employment Practices Liab		105576932	3/5/2017	3/5/2020	\$1,000 Deductible 1,000,000 \$2,500 Deductible 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
RE: Freeport Fall Festival October 5-7, 2018. L.L. Bean is named as Additional Insured with respect to general liability as per written contract.

CERTIFICATE HOLDER Town of Freeport 30 Main Street Freeport, ME 04032	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 Pat Palmer/BD7 <i>Patricia Palmer</i>
---	---

© 1988-2014 ACORD CORPORATION. All rights reserved.

