

Updated September 5, 2019



**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](http://www.freeportmaine.com) for Town Council meeting schedule).***

Day/Date(s) of Event <u>7/4/22</u>	Location - <u>Freeport Memorial Park</u>
Arrival Time <u>6:30 a.m.</u>	Time of Activity <u>7:20 a.m.</u> End Time <u>11:30 a.m.</u>
Name of Event <u>L.L.Bean 4th of July Running Race and Kids Fun Run</u>	
Description of Event <u>10K run followed by a family event (walk run) to benefit Casco Bay YMCA</u>	
List all activities & equipment/materials to be used on town property (food/retail sales, portable potties, etc.) <u>Free fruit and water, Porta Potties by Toriano Waste, PA system, 2 tables, water station</u>	
<i>Please note that Food Carts are NOT allowed on public property.</i>	
A Detailed Plan/Diagram of all event activities must be included with your request.	
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. -permit requested	

Organization/Individual making request <u>Non-Profit</u> <u>Profit</u> <u>X</u>
Contact/Title <u>Bill Yeo - L.L.Bean Community Engagement Coordinator</u>
Address <u>15 Casco St. Freeport, Maine 04033</u>
Day Phone <u>-207-552-7899</u> Cell Phone <u>-207-353-9169</u>
Email <u>wyeo@llbean.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](http://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: Bill Yeo

Printed name: Bill Yeo Date: 4/27/22

**\* 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: \_\_\_\_\_

March 25, 2022

Peter Joseph  
Freeport Town Manager  
Main Street  
Freeport, ME 04032

Dear Peter:

On behalf of L.L.Bean and the Casco Bay YMCA, I'm requesting permission to use the Freeport Town Park for the L.L.Bean 4th of July 10K and Family Fun Run that benefits the Casco Bay YMCA. The park will serve as "race central" for registration, results and race services.

The Hilton Garden Inn has agreed to set up the old Town Hall for registration, and they also plan to offer refreshments prior to the race for the runners in the park. As in the past, the volunteers will begin setting up the evening before, and we will ensure that the park and race route are picked up and looking better than ever by 10:30 a.m.

The insurance documents from our Liability and Risk Management department will be following shortly, and I'm also including the Request for Use of Town Property form.

Let me know if you have any questions, and we look forward to a great day in July. Please join us as a runner or a volunteer!

Sincerely,

Bill Yeo  
Community Engagement Coordinator

**ACORD**<sup>TM</sup>**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

04/27/2022

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

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

<b>PRODUCER</b> <b>USI Insurance Services, LLC</b> <b>50 Cabot Street</b> <b>Needham MA 02494</b>	<b>CONTACT NAME:</b> Cheryl Cotter <b>PHONE (A/C, No, Ext):</b> 781-972-0260 <b>FAX (A/C, No):</b> 610-537-4191 <b>E-MAIL ADDRESS:</b> cheryl.cotter@usi.com														
<b>INSURED</b> <b>L.L. Bean, Inc.</b> <b>15 Casco Street</b> <b>Freeport, ME 04033</b>	<table border="1"> <thead> <tr> <th data-bbox="816 426 1437 451">INSURER(S) AFFORDING COVERAGE</th> <th data-bbox="1437 426 1572 451">NAIC #</th> </tr> </thead> <tbody> <tr> <td data-bbox="816 451 1437 478"><b>INSURER A : Massachusetts Bay Insurance Company</b></td> <td data-bbox="1437 451 1572 478"><b>22306</b></td> </tr> <tr> <td data-bbox="816 478 1437 506"><b>INSURER B : National Fire and Casualty Company</b></td> <td data-bbox="1437 478 1572 506"><b>41068</b></td> </tr> <tr> <td data-bbox="816 506 1437 533"><b>INSURER C :</b></td> <td data-bbox="1437 506 1572 533"></td> </tr> <tr> <td data-bbox="816 533 1437 560"><b>INSURER D :</b></td> <td data-bbox="1437 533 1572 560"></td> </tr> <tr> <td data-bbox="816 560 1437 588"><b>INSURER E :</b></td> <td data-bbox="1437 560 1572 588"></td> </tr> <tr> <td data-bbox="816 588 1437 615"><b>INSURER F :</b></td> <td data-bbox="1437 588 1572 615"></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	<b>INSURER A : Massachusetts Bay Insurance Company</b>	<b>22306</b>	<b>INSURER B : National Fire and Casualty Company</b>	<b>41068</b>	<b>INSURER C :</b>		<b>INSURER D :</b>		<b>INSURER E :</b>		<b>INSURER F :</b>	
INSURER(S) AFFORDING COVERAGE	NAIC #														
<b>INSURER A : Massachusetts Bay Insurance Company</b>	<b>22306</b>														
<b>INSURER B : National Fire and Casualty Company</b>	<b>41068</b>														
<b>INSURER C :</b>															
<b>INSURER D :</b>															
<b>INSURER E :</b>															
<b>INSURER F :</b>															

**COVERAGES****CERTIFICATE NUMBER: 35749431****REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<b>A</b>	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <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 OTHER:			<b>LBNA28025008</b>	<b>04/01/2022</b>	<b>04/01/2023</b>	EACH OCCURRENCE <b>\$2,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) <b>\$100,000</b> MED EXP (Any one person) <b>\$10,000</b> PERSONAL & ADV INJURY <b>\$2,000,000</b> GENERAL AGGREGATE <b>\$4,000,000</b> PRODUCTS - COMP/OP AGG <b>\$4,000,000</b> \$
<b>A</b>	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			<b>ADNA28013708</b>  <b>COLL DED</b> <b>COMP DED</b>	<b>04/01/2022</b>  <b>\$1,000 Max</b> <b>\$1,000 Max</b>	<b>04/01/2023</b>	COMBINED SINGLE LIMIT (Ea accident) <b>\$2,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
<b>B</b>	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			<b>42UMO31460202</b>	<b>04/01/2022</b>	<b>04/01/2023</b>	EACH OCCURRENCE <b>\$10,000,000</b> AGGREGATE <b>\$10,000,000</b> \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		<b>N / A</b>				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> 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)

**Job Type: Town of Freeport July 4th Road Race****Description of Operations: Town of Freeport is added as additional insured per written agreement****CERTIFICATE HOLDER****CANCELLATION**

**Town of Freeport**  
**30 Main St**  
**Freeport, ME 04032**

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



FREEPORT, MAINE

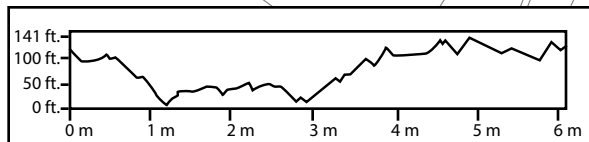
LL.Bean

# 4TH OF JULY 10K

And 1-Mile Family Fun Run / Walk

SUPPORTING THE YMCA OF SOUTHERN MAINE CASCO BAY BRANCH

## Course Map



### Legend

- W1** Water Stop Location
- Course**
- Split Time Available**

Finish Line

Starting Line

W5

6M

1/2M

1M

W1

2M

4M

3M

W4

W3

W2

0 0.125 0.25 0.5 Miles