

Updated October 2, 2018



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

Request for Use of Town Property

Day/Date(s) of Event Friday, September 30, Saturday, October 1 and Sunday, October 2, 2022

Location 30 Main St (Town Hall)

Arrival Time 8 am – 11 am set-up on Fri, 4 – 6 pm clean-up on Sunday

Time of Activity FRI 12 – 6, SAT 10 – 6, Sun 10 – 4

Name of Event Freeport Fall Festival

Description of Event Now in its 23rd year, the Freeport Fall Festival is one of the most important weekends in the year for local merchants, lodging operators and restaurants. As the Festival continues to grow, Visit Freeport is requesting use of the Town Hall lawn and front parking lot for additional artisan and makers booths.

List all activities & equipment/materials to be used on town property (food/retail sales, portable potties, etc.) Maker's 10 x 10 booths (jewelers, fine artists, other crafts). Also attaching the site plan for West & Main to show how the two sites work together to form an anchor to draw visitors to the southside of the village proper. Note: One accessible parking place will be displaced. It will be replaced using the loading zone immediately in front of the main walkway to the town hall side entrance and PLUS two additional handicap parking spaces will be created in the upper lot. One of the port-a-potties provided at the adjacent vacant lot site is an accessible unit. See site plan.

Please note that Food Carts are NOT allowed on public property.

Description of Town Equipment or Personnel requested None

A Detailed Plan/Diagram of all event activities must be included with your request. Attached

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. Submitted on 7/28/2022

Organization/Individual making request Visit Freeport

Non-Profit X

Contact/Title Margaret Hoffman, Community Relations Manager

Address 115 Main Street, PO Box 452, Freeport ME 04032

Day Phone 207-865-1212 x3 Cell Phone 207-350-9639 Email Margaret@VisitFreeport.com

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: **Margaret Hoffman** Date: **7/28/22**

*** 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: _____

Visit Freeport – Freeport Fall Festival – Town Hall 2022





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/01/2021

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 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) 780-6377 E-MAIL ADDRESS: <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> <tr> <td>INSURER A: Hanover Ins Co.</td> <td style="text-align: center;">22292</td> </tr> <tr> <td>INSURER B: Hanover American Insurance Co.</td> <td style="text-align: center;">36064</td> </tr> <tr> <td>INSURER C: Travelers Cas. & Surety Co of America</td> <td style="text-align: center;">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> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Hanover Ins Co.	22292	INSURER B: Hanover American Insurance Co.	36064	INSURER C: Travelers Cas. & Surety Co of America	31194	INSURER D:		INSURER E:		INSURER F:	
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INSURED Visit Freeport PO Box 452 Freeport ME 04032															

COVERAGES **CERTIFICATE NUMBER:** 21/22 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.

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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			ZHP0023731	05/04/2021	05/04/2022	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 - COM/OP AGG \$ 4,000,000 \$
	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"/>						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"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WZPD331665	10/04/2020	10/04/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	D&O Liab-Non-Profit Organization Employment Practices Liability			105576832	03/05/2020	03/05/2023	\$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 1 - 3, 2021.
 Activity Locations:
 Town Hall Lawn, 30 Main Street, Freeport, ME 04032
 Memorial Park, 31 Park Street, Freeport, ME 04032

CERTIFICATE HOLDER Town of Freeport 30 Main Street Portland ME 04101	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
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