

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, October 1, Saturday, October 2 and Sunday, October 3, 2021**

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 22<sup>nd</sup> 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.**

*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. **Also filed on 7/17/2021**

Organization/Individual making request **Visit Freeport** Non-Profit  Profit

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](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:  \_\_\_\_\_

Printed name: **Margaret Hoffman**      Date: **7/17/2021**

**\* 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)  
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).

<b>PRODUCER</b> Cross Insurance-Portland 2331 Congress Street  Portland ME 04102		<b>CONTACT NAME:</b> Agency Accounts <b>PHONE (A/C, No, Ext):</b> (207) 780-1677 <b>FAX (A/C, No):</b> (207) 780-6377 <b>E-MAIL ADDRESS:</b>	
<b>INSURED</b> Visit Freeport PO Box 452  Freeport ME 04032		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> Hanover Ins Co.	<b>NAIC #</b> 22292
		<b>INSURER B:</b> Hanover American Insurance Co.	36064
		<b>INSURER C:</b> Travelers Cas. & Surety Co of America	31194
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	

**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.

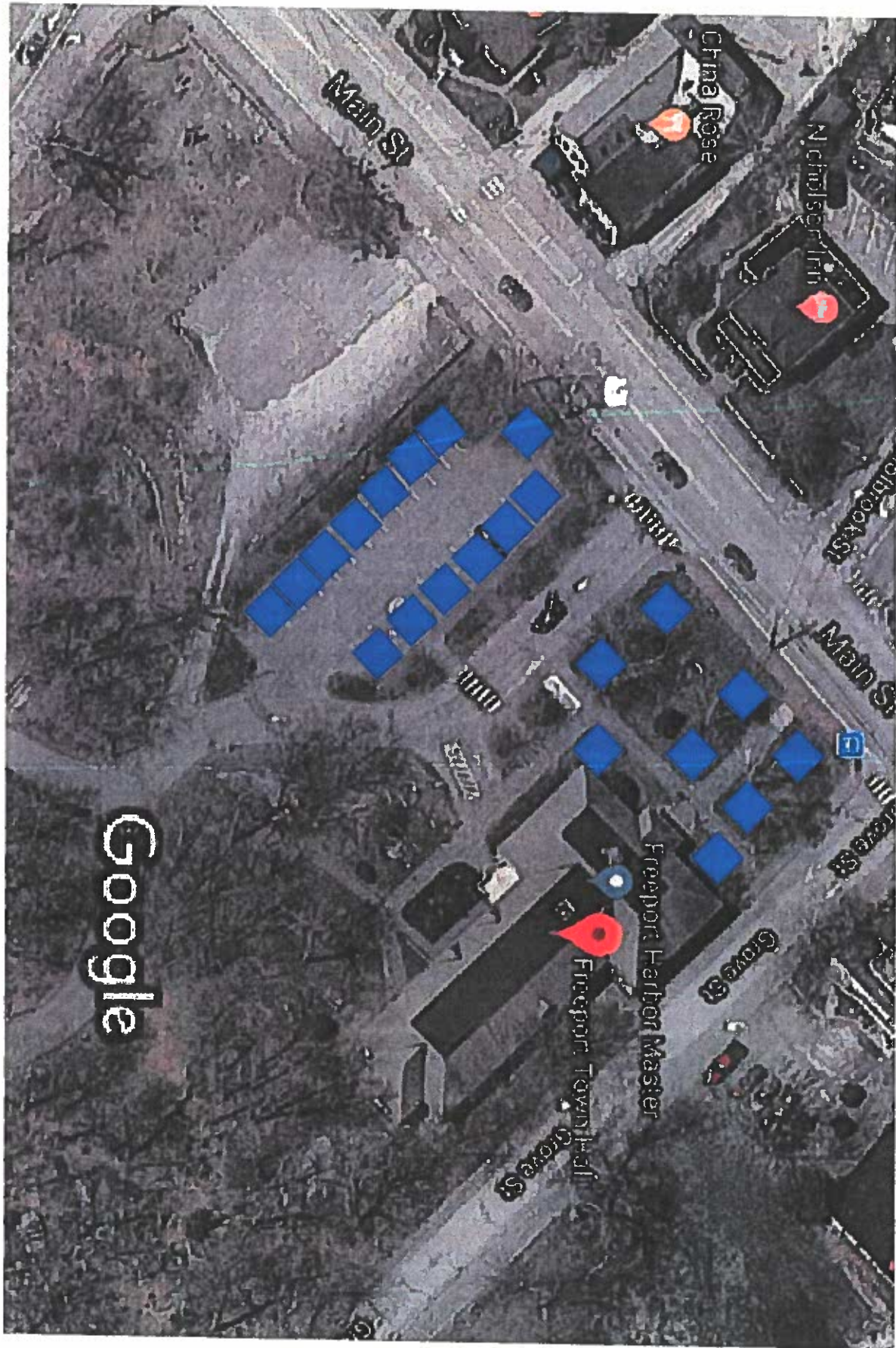
INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input 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 - COMP/OP AGG \$ 4,000,000
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED: RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) if yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WZPD331865	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	<b>D&amp;O Liab-Non-Profit Organization Employment Practices Liability</b>			105578832	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****CANCELLATION**

Town of Freeport 30 Main Street  Portland ME 04101	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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Visit Freeport – Freeport Fall Festival – Town Hall





Visit Freeport – Freeport Fall Festival – Thos. Moser West & Main

