



ITEM # 21-21 BOW STREET
PARK ANNUAL AGREEMENT

TOWN OF FREEPORT, MAINE
Municipal Offices
30 Main Street
Freeport, ME 04032
(207) 865-4743 Fax (207) 865-0929

Bow Street Park Usage Agreement

This agreement is between the Town of Freeport and the Hilton Garden located at 5 Park Street, Freeport, Maine for use of Memorial Park located at the corner of Bow and Park Streets for events catered by the Hilton Garden Inn Freeport.

TERM OF AGREEMENT

The agreement is valid from January 1, 2021 through December 31, 2021. This agreement may be terminated by either party with thirty (30) days written notice.

RESERVATIONS

Reservations will be made by a representative of the Hilton Garden Inn only, not by clients making arrangements with the hotel. The reservations should be directed via e-mail to Christine Wolfe, Town Clerk, at cwolfe@freeportmaine.com. Ms. Wolfe will confirm the reservation by return e-mail. Reservations will be accepted on a first-come, first-served basis and will not be limited to use by the Hotel exclusively. Each event will consist of a four hour block of time.

RESERVATION FEE

The non-refundable fee for use of the park will be \$200.00 per day or event should there be more than one event in a single day. The fee will be due three (3) business days in advance of the event. Please make checks payable to the Town of Freeport.

TOWN PROVIDED SERVICES

The Town will ensure that the lawn is mowed, grounds maintained and free of debris 2 to 5 days prior to the event, weather permitting.

SERVICES PROVIDED BY THE HILTON GARDEN INN

The Hotel will be responsible for all event set-up, tear-down and clean-up after the event. The Town requests that no throwing of rice, birdseed, confetti, or the like, be allowed at the Park. At this time no alcoholic beverages may be served or consumed in the Park.

ADDITIONAL CONDITIONS

No damage should be done to the Park and the grounds should be returned to the condition found prior to the event.

INSURANCE

The Hotel shall maintain in full force and effect at all times a policy of comprehensive public liability insurance with limits of not less than \$1,000,000, naming the Town of Freeport as additional insured. A certificate of insurance must be provided to the Town of Freeport.

HOLD HARMLESS

The Hilton Garden Inn shall and hereby does indemnify and hold the Town of Freeport harmless from and against any and all claims, damages, demands, actions and causes of action for injury to persons or damage to property in or about the Park premises arising in any way from the Hotel's occupancy or use of the Park during the term of this agreement.

FORCE MAJEUR

Both the Hotel and Town of Freeport shall not be liable for non-performance of this contract when such non-performance is attributable to strikes, accidents, government (State, Federal and Municipal) regulations of, or restriction upon, travel or transportation, non-availability of food, beverage, or supplies, riots, national emergencies, acts of God, and other causes whether enumerated herein or not, which are beyond the reasonable control of the Hotel or Town of Freeport.

Peter Joseph, Freeport Town Manager



General Manager
Hilton Garden Inn Freeport

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/15/2021

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 any rights to the certificate holder in lieu of such endorsement(s).

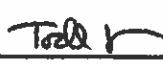
PRODUCER USI Insurance Services LLC 12 Gill Street Suite 5500 Woburn, MA 01801 855 874-0123	CONTACT NAME: Lynne Richmond		
	PHONE (A/C, No, Ext): 855 874-0123	FAX (A/C, No): 781-376-5035	
E-MAIL ADDRESS: Lynne.Richmond@usi.com			
INSURED AAM Freeport Hotel LLC C/O AAM 15 Management LLC 78 Blanchard Road Suite 100 Burlington, MA 01803	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : Citizens Insurance Co. of America		31534
	INSURER B : Federal Insurance Company		20281
	INSURER C : MEMIC Indemnity Co		11030
	INSURER D : Allmerica Financial Benefit		41840
	INSURER E :		
INSURER F :			

COVERAGES **CERTIFICATE NUMBER:** **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 INSR (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 GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		ZBN625309111	07/23/2020	07/23/2021	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMPOP AGG \$2,000,000 \$
D	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/>		AWN6252836	07/23/2020	07/23/2021	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$5,000 \$
B	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$0		78187203	07/23/2020	07/23/2021	EACH OCCURRENCE \$15,000,000 AGGREGATE \$15,000,000 \$
C	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 N N/A	3102806493	06/21/2020	06/21/2021	<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
A	Liquor Liability		ZBN625309111	07/23/20	07/23/21	\$1,000,000/\$2,000,000

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

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 
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