



ITEM # 223-22
BOW ST PARK

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. Sponsored events not deemed as Weddings must receive prior approval of the Town Council.

TERM OF AGREEMENT

The agreement is valid from January 1, 2023 through December 31, 2023. 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 \$2,000,000, naming the Town of Freeport as additional insured. A certificate of insurance must be provided to the Town of Freeport.

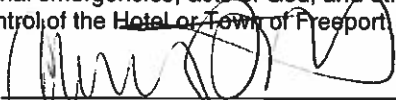
HOLD HARMLESS

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

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: Lindsay Ducharme	PHONE (A/C, No, Ext): 855 874-0123	FAX (A/C, No): 781-376-5035
	E-MAIL ADDRESS: Lindsay.Ducharme@usi.com		
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED 100 Domain Drive DD LLC PO Box 880 Siasconset, MA 02564	INSURER A : Phoenix Insurance Company	25623	
	INSURER B : Travelers Property Cas. Co. of America	25674	
	INSURER C : Charter Oak Fire Insurance Company	25615	
	INSURER D :		
	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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY			P6301W647713TIA22	11/17/2022	11/17/2023	EACH OCCURRENCE \$1,000,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person) \$5,000	
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC						PERSONAL & ADV INJURY \$1,000,000	
	OTHER:						GENERAL AGGREGATE \$2,000,000	
C	AUTOMOBILE LIABILITY			BA1W6603782243G	11/17/2022	11/17/2023	PRODUCTS - COMP/OP AGG \$2,000,000	
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$1,000,000
								BODILY INJURY (Per person) \$
								BODILY INJURY (Per accident) \$
								PROPERTY DAMAGE (Per accident) \$
B	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE	<input checked="" type="checkbox"/>	EX1W660422243	11/17/2022	11/17/2023	EACH OCCURRENCE \$10,000,000	
	DED	RETENTION \$					AGGREGATE \$10,000,000	
								PER STATUTE
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						E.L. EACH ACCIDENT \$	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A			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)
 Certificate holder is included as Additional Insured as respects General Liability if required as such in a written contract with the Named Insured which has been executed prior to a loss/claim.

CERTIFICATE HOLDER

CANCELLATION

Town of Freeport, ME
 30 Main Street
 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

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