



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

*Updated October 2, 2018*

ITEM # 67-19 USE OF  
TOWN PROPERTY

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** Friday, October 4, Saturday, October 5 and Sunday, October 6, 2019

**Location** Town Office Parking Lots

**Arrival Time** early am for set-up **Time of Activity** Open to public 11 - 4 Friday and Sunday, 10 - 5 Saturday **End Time** area will be vacant by dark on Sunday night

**Name of Event** 21<sup>st</sup> Annual Freeport Fall Festival

**Description of Event** The Freeport Fall Festival, now in its 21<sup>st</sup> year, draws more than 65,000 visitors to our town over just a three day weekend and provides enormous economic benefit to retail, restaurants and lodging businesses. In order to spread the benefit to businesses located on the south side of Main Street and to accommodate the growing popularity of our event with artists, Visit Freeport is planning to expand the Freeport Fall Festival to the vacant lot owned by Thos. Moser adjacent to the parking lots at the Town Office. Because this lot is for sale, we are requesting to reserve the use of the parking lots at the Town Office in the event that the land is sold before October 6, 2019. In that case, fine artists & makers booths would be relocated. If not, the Town Office parking lots would provide additional parking for visitors to the Festival and Downtown during one of the busiest weekends of the year.

**List all activities & equipment/materials to be used on town property (food/retail sales, portable potties, etc.)** Scenario 1: Parking only; Scenario 2 approximately 30 retailers of fine art, craft & Maine-made food products plus portable restrooms. Pop-up tents only, no food carts or trucks. Children's activities, Craft demonstrations. Both site plans attached.

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

**Description of Town Equipment or Personnel requested** We have in the past borrowed some cones from Public Works.

**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.**

Organization/Individual making request Visit Freeport Non-Profit X Profit \_\_\_\_\_

Contact/Title Margaret Hoffman, Community Relations Manager

Address PO Box 452, Freeport 04032

Day Phone 207-865-1212 Cell Phone \_\_\_\_\_ Email margaret@visitfreeport.com

- \* Requests for Winslow Memorial Park Group Shelters are approved by the Winslow Park Manager. Contact Nell 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

Updated October 2, 2018

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: April 1, 2019

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

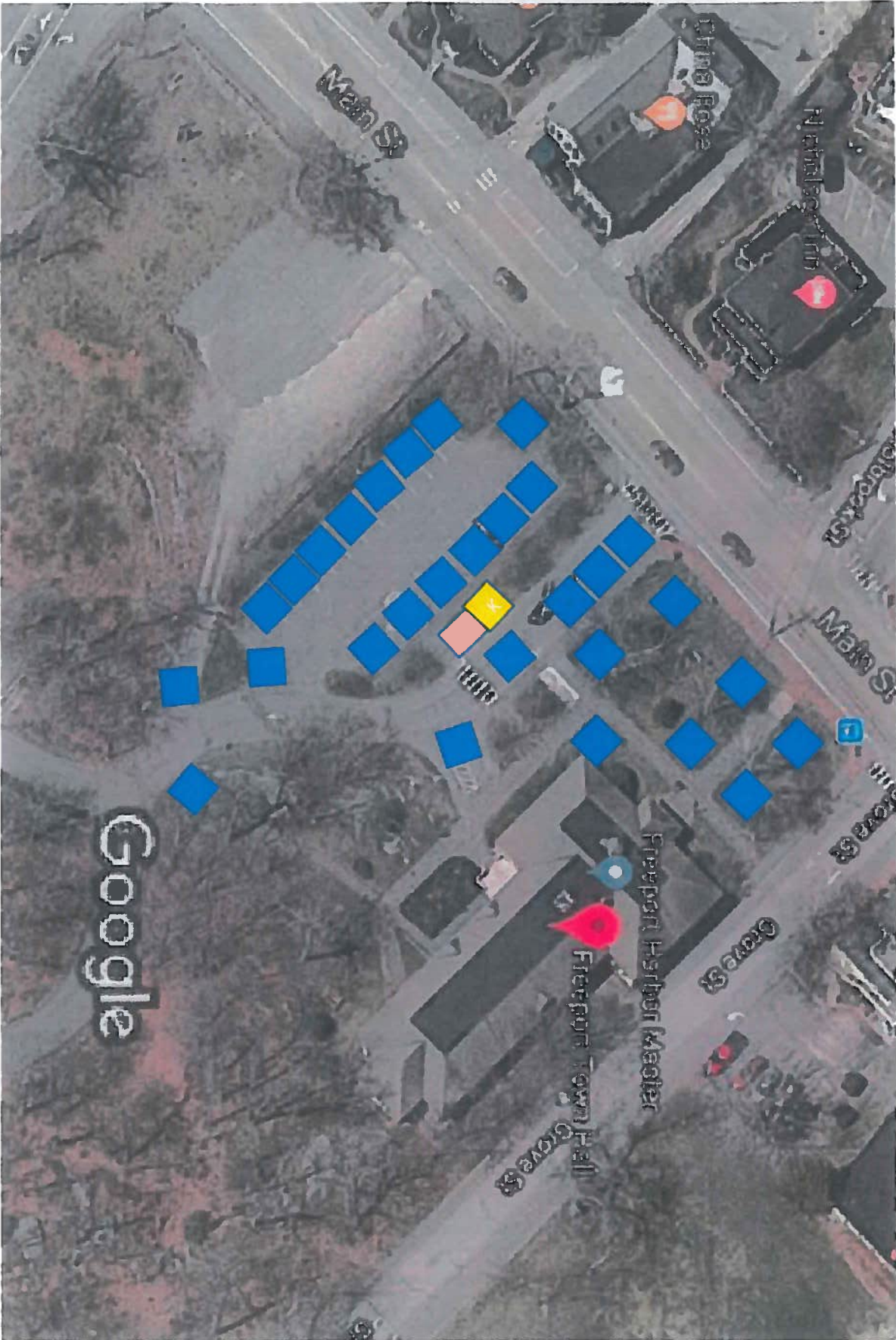


Visit Freeport – Freeport Fall Festival – Thos. Moser West & Maine





Visit Freeport – Freeport Fall Festival – Town Hall Plan B





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/4/2019

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 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><br>Cross Insurance-Portland<br>2331 Congress Street<br><br>Portland ME 04102 | <b>CONTACT NAME:</b> Agency Accounts<br><b>PHONE (A/C No. Ext):</b> (207)780-1677<br><b>E-MAIL ADDRESS:</b> | <b>FAX (A/C No):</b> (207)780-6377 |
|  | <b>INSURER(S) AFFORDING COVERAGE</b>  |                                    |
|  | <b>INSURER A:</b> Hanover Ins Co.   | <b>NAIC #</b><br>22292             |
| <b>INSURED</b><br>Visit Freeport<br>PO Box 452<br>23 Depot St.<br>Freeport ME 04032          | <b>INSURER B:</b> Allmerica Financial Benefit 41840   |                                    |
|  | <b>INSURER C:</b> Travelers Casualty & Surety Co of Ameri 31194   |                                    |
|  | <b>INSURER D:</b>   |                                    |
|  | <b>INSURER E:</b>   |                                    |
| <b>INSURER F:</b>  |   |                                    |

**COVERAGES**

CERTIFICATE NUMBER: CL1883061518

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<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: | X         |          | ZHP0023731    | 5/4/2018                | 5/4/2019                | 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><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS  |           |          |               |                         |                         | COMBINED SINGLE LIMIT (Ea accident)             | \$                              |
|          |   |           |          |               |                         |                         | BODILY INJURY (Per person)                      | \$                              |
|          |   |           |          |               |                         |                         | BODILY INJURY (Per accident)                    | \$                              |
|          |   |           |          |               |                         |                         | PROPERTY DAMAGE (Per accident)                  | \$                              |
|          |   |           |          |               |                         |                         |   | \$                              |
|          | <b>UMBRELLA LIAB</b><br><input type="checkbox"/> EXCESS LIAB<br><input type="checkbox"/> OCCUR<br><input type="checkbox"/> CLAIMS-MADE<br><input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$  |           |          |               |                         |                         | EACH OCCURRENCE                                 | \$                              |
|          |   |           |          |               |                         |                         | AGGREGATE                                       | \$                              |
|          |   |           |          |               |                         |                         |   | \$                              |
| B        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   | N/A       |          | W2PD331665    | 10/4/2018               | 10/4/2019               | <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 Organizatic</b><br><b>Employment Practices Liab</b>  |           |          | 105576832     | 3/5/2017                | 3/5/2020                | \$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: Fall Festival on October 4-6, 2019. Town of Freeport is named as Additional Insured with respect to General Liability when required by written contract.

**CERTIFICATE HOLDER****CANCELLATION**

|  |  |
|--|--|
| Town of Freeport<br>30 Main Street<br>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.<br><br>AUTHORIZED REPRESENTATIVE<br><br>Paula DiMillo/BD7 |
|  |   |

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