

Town of Simsbury

933 HOPMEADOW STREET

SIMSBURY, CONNECTICUT 06070

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SIMSBURY BOARD OF SELECTMEN Special Meeting – June 11, 2021 – 9:00 a.m.

PLEDGE OF ALLEGIANCE

SELECTMEN ACTION

- a) Public Gathering Permit: A Promise to Jordan/Lion's Club Walk/Bike Charity Event

ADJOURN



Town of Simsbury

933 HOPMEADOW STREET

SIMSBURY, CONNECTICUT 06070

BOARD OF SELECTMEN MEETING AGENDA SUBMISSION FORM

1. **Title of Submission:** Proposed Public Gathering Permit –
Simsbury Lions Charities & A Promise to
Jordan – Walk/Bike Charity Event

2. **Date of Board Meeting:** June 11, 2021

3. **Individual or Entity Making the Submission:**
Maria E. Capriola, Town Manager; Mike Glidden, Director of Planning and
Community Development; Tom Hazel, Assistant Town Planner

4. **Action Requested of the Board of Selectmen:** *Maria E. Capriola*
If the Board of Selectmen supports approving the public gathering permit
application as presented, the following motion is in order:

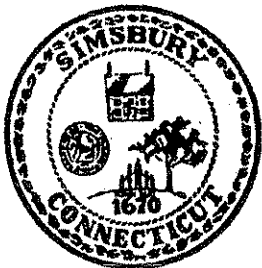
*Move, effective June 11, 2021, to approve the public gathering application on
behalf of the Simsbury Lions Charities and a Promise to Jordan to authorize the
issuance of the public gathering permit for a gathering at the Simsbury Meadows
site and along the Farmington Canal Heritage Trail.*

5. **Summary of Submission:**
The Public Gathering Committee has approved the application for Simsbury
Lions Charities and a Promise to Jordan. The event will be held on June 12, 2021
at the Simsbury Meadows site and along the Farmington Canal Heritage Trail.
The event is scheduled to start at 6:00 AM and end at 2:30 PM.

While this event is being held on a portion of the Simsbury Meadows site, it is not
affiliated with the Performing Arts Center.

6. **Financial Impact:**
None

7. **Description of Documents Included with Submission:**
a) Application, Map and Summary of Event



Town of Simsbury

933 HOPMEADOW STREET

SIMSBURY, CONNECTICUT 06070

PUBLIC GATHERING PERMIT APPLICATION

A Public Gathering Permit (PGP) is required when a proposal is made for a gathering of a number of people on Town property which may cause questions or raise concerns regarding traffic circulation and access issues involving local or state roadways, public safety, or issues regarding a required Special Exception permit from the Zoning Commission.

Application should be completed in full, **including original signatures**, before submitting to the Zoning Enforcement Officer at the Simsbury Town Offices, Planning & Zoning Department, 933 Hopmeadow Street, Simsbury, Connecticut 06070. **Please include 6 copies of your completed application IN ADDITION TO the original when you submit it.** Applications must be received in office at least **6 WEEKS** prior to the date of the proposed event. The Board of Selectmen has the final authority to approve or deny public gathering permit applications. The Town reserves the right to cancel an event that does not obtain complete approval, as specified herein.

Organization's Name: Simsbury Lions Charities, Inc. & A Promise to Jordan, Inc.

Applicant's Name: Marianne Bannan

Mailing Address: 3325 Phelps Rd., West Suffield, CT 06093

Phone: 860-670-5657 Email: pdgmbannan@gmail.com

Event Location: Rotary Rotunda at SMPAC and along Farmington Canal Heritage Trail

Exact Date(s) of proposed Public Gathering: (MUST include all required "set up" and "tear down" time, as well as the actual dates of the Public Gathering.)

Exact Time(s)/Date Begin: 6:00 a.m. 6/12/2021 End: 2:30 p.m. 6/12/2021

Number of people expected to be present for the event (incl. staff, volunteers, attendees): 500

- The Town of Simsbury reserves the right to limit the number of attendees. The maximum number of permitted attendees will be determined after consultation with the Town of Simsbury.*

A Certificate of Insurance made out to the Applicant AND Town of Simsbury, evidencing coverage of \$1,000,000 in force for the duration of the event, must be submitted with this application. This Certificate of Insurance must include a hold harmless agreement for the Town.

TOWN OF SIMSBURY USE ONLY:

Fee Received:

YES ☐

NO ☐

N/A ☒

Insurance Received:

YES ☒

NO ☐

N/A ☐

Request Approved:

YES ☐

NO ☐

MORE INFO: _____

Signature: _____

Date: _____

EVENT INFO

Description of Event: A 5k and 10k walk and 15k bike ride along the Farmington Canal Heritage Trail.

Participants will park at SMPAC (approval has been obtained) or in public parking areas along Iron Horse Blvd. Participants will sign in at the existing Rotary Rotunda. Start times will be staggered from 9 a.m.

Bikers start at 9 a.m. following a designated South route and walkers starting at either 9:30 a.m.

or 10 a.m. on North route. All participants will sign out at the Rotunda upon completion of the walk or ride.

Pledges raised and net profits will benefit charitable activities of the Lions Club and A Promise to Jordan.

Please indicate whether you will be bringing:

Additional trash and recycling receptacles: YES ☒ NO ☐ NUMBER: 12
• You are responsible for proper collection and removal of all waste generated by your event. 2 off-site
6 on-site
8 total

Portable toilets: YES ☒ NO ☐ NUMBER: 6
• If yes, please show locations on attached site plan. 8 total

Tent: YES ☒ NO ☐ SIZE: 10' x 10'
OPEN SIDES ☒ ENCLOSED ☐
• Tents must be in compliance with State of Connecticut tent regulations. The Town of Simsbury's Building Official or Fire Marshal can advise on tent requirements.

Lighting and/or sound equipment: YES ☐ NO ☒
• If yes, please attach a list of the equipment you plan to use along with a stage plot with locations for the equipment.
• Lighting must meet the requirements of the Town of Simsbury Fire Marshal.

Does your event require electrical access? YES ☐ NO ☒
• If so, a plan for electrical access will need to be reviewed with the Town of Simsbury Building Official or Fire Marshal.

Will food be sold or given away at your event? YES ☒ NO ☐
• If food is to be served, whether prepared on- or off-site, you must obtain a Temporary Food Permit from the Farmington Valley Health District (www.fvhd.org).

Will alcohol be served at your event? YES ☐ NO ☒
• If alcohol is to be served, you must obtain all pertinent State permits and abide by all Town and State laws and regulations. An additional list of policies applies if alcohol is to be served.

Will road closure(s) be necessary? YES ☐ NO ☒
• Details of proposed traffic circulation and closings must be presented to the Chief of Police prior to his signing of the PGP application. If State roads are proposed for closing, a permit from the CT DOT may be necessary.

PLANNING & ZONING DEPARTMENT**933 HOPMEADOW STREET, SIMSBURY, CT 06070****860-658-3245****Alcohol**

- Does your event require a Special Exception? YES ☐ NO ☒
- Has the Zoning Commission approved a S.E.? YES ☐ NO ☒
- Have you obtained a State of CT liquor license? YES ☐ NO ☒

Signage

- Will your event require temporary signs? YES ☒ NO ☐
 - No signage may be erected without written permission granted from the Zoning Enforcement Officer
- Has your organization secured permits for such? YES ☐ NO ☒

Attachments:**☒ Site Map**

- The site plan/map of the proposed Public Gathering should be to-scale and show exactly:
 - ☒ Layout of the Event (tents, booths/vendors, rides, aisles, etc.)
 - ☐ Location of Lighting
 - ☒ Parking Layout

FARMINGTON VALLEY HEALTH DISTRICT**95 RIVER ROAD, CANTON, CT 06019****www.fvhd.org****860-352-2333**

If food will be prepared or dispensed at your event, you must obtain a Temporary Food Permit from Farmington Valley Health District.

Has a Temporary Food Permit been secured? YES ☐ NO ☒

<http://www.fvhd.org/food-protection1.html>

BUILDING DEPARTMENT**933 HOPMEADOW STREET, SIMSBURY, CT 06070****860-658-3234****Tent:**

YES ☒ NO ☐ CAPACITY: 10
OPEN SIDES ☒ ENCLOSED ☐
SQUARE FOOTAGE: 100.00

- Tents may require a Building Permit, depending on square footage, capacity, enclosure (or not), and if there will be heat and/or electrical. You should contact the Building Official to determine if a permit will be necessary.

Does your event require electrical access?

YES ☐ NO ☒
YES ☐ NO ☒

- Will you be utilizing portable generators?

FIRE MARSHAL**871 HOPMEADOW STREET, SIMSBURY, CT 06070****860-658-1973**

DEPARTMENT OF PUBLIC WORKS (DPW)
66 TOWN FOREST ROAD, SIMSBURY, CT 06070

860-658-3222

Will barricades/signage be required:

- For the day of the event?
- In advance?

YES ☐ NO ☒

DATES: _____

Are DPW trucks required for use as barricades?

YES ☐ NO ☒

QUANTITY: 0

- The fee schedule below is for one (1) Truck and one (1) staff member.
- All fees will begin when Public Works Trucks leave the DPW Campus.
- Each Truck will be filled with sand and operated by a single staff member.
- The number and positioning of the Trucks shall be determined by the Simsbury Police Department.
- The fees for using DPW trucks as barricades are as follows:
 - \$250 for first four (4) hours
 - \$50/ hour for each additional hour during regular hours
 - \$75/ hour for each additional hour on Federal holidays and Sundays

TOTAL FEE DUE: \$250 + (0 hours x \$50/\$75) = \$ 0

Fee is payable by check made out to the Town of Simsbury

Please note:

- No markings on the roadways or custom signage is allowed.
- Traffic cones shall not be provided by DPW.

POLICE DEPARTMENT

933 HOPMEADOW STREET, SIMSBURY, CT 06070

860-658-3100

Is this event a concert and/or festival?

YES ☐ NO ☒

If yes, please list recent prior venues that have hosted this concert/festival:

Will on-site private security be provided?

YES ☐ NO ☒

NUMBER: _____

Will on-site emergency medical services be provided?

YES ☐ NO ☒

NUMBER: _____

- Where will they be located? _____

SIMSBURY VOLUNTEER AMBULANCE ASSOCIATION
64 WEST STREET, SIMSBURY, CT 06070

860-658-7213

Will there be any athletic competitions or other activity/activities that could increase the likelihood of injury or illness? YES ☒ NO ☐

Will the attendance be equal to or greater than 5000? YES ☐ NO ☒ NUMBER: 500

Attendance will be:
STAGGERED OVER COURSE OF EVENT ☒ AT A SPECIFIC TIME ☐ TIME: _____

CULTURE, PARKS & RECREATION
100 OLD FARMS ROAD, SIMSBURY, CT 06070

860-658-3836

Are you serving food? YES ☒ NO ☐

• If so, trash recycling barrels are required at Permittee's expense

Will you require any special field lining or set up? YES ☐ NO ☒

Do you intend to use "staked" tents on athletic fields? YES ☐ NO ☒

Will athletic field lighting be necessary? YES ☐ NO ☒

Have you provided a parking plan on your site map? YES ☒ NO ☐

Portable toilets must be provided at the rate of 1 toilet per 50 patrons, at the Permittee's expense.

• ATTENDANCE: 500 / 50 = 10 PORTABLE TOILETS REQUIRED

**Public Gathering Permit
Required Declaration**

I declare that the information provided on this application is true and correct to the best of my knowledge and belief. I understand that if the information I have provided is a misrepresentation of the actual event, or that the actual event digresses in a manner from the approved permit, that the permit will be revoked.

Applicant's Name (Printed): Marianne D. Bannan

Applicant's Signature: Marianne D. Bannan

Date Signed: 3/21/2021

REQUIRED SIGN OFFS
(in order required)

	<u>Received Date:</u>	<u>Received By:</u>	<u>Approved By:</u>	<u>Action Date:</u>
Culture Parks And Rec. Director	6/7/21	T. Tyborski	T. Tyborski email	6/7/21
Zoning Commission (As may be required by ZEO)	/	/	/	/
Building Official	/	/	/	/
Police Chief	6/7/21	G. Samalski	G. Samalski email	6/7/21
Dir of Public Works	6/7/21	T. Roy	T. Roy email	6/9/21
Dir of Health FVHD	6/7/21	J. Brown	J. Brown email	6/7/21
Fire Marshal	6/7/21	P. Barville	P. Barville email	6/7/21
Zoning Enforcement Officer	6/7/21	T. Harzel	[Signature]	6/9/21
Board of Selectmen 6/14/21				

Hazel Thomas

From: Tom Roy
Sent: Tuesday, June 8, 2021 2:55 PM
To: Hazel Thomas
Subject: RE: Promise for Jordan Event

Approved PW

From: Hazel Thomas
Sent: Monday, June 7, 2021 11:14 AM
To: Tyburski Tom; 'Patrick T. Tourville, CFI I'; Tom Roy; Samselski Gregory; Boulter Nicholas (SPD); 'Jason Brown'
Subject: Promise for Jordan Event
Importance: High

This PGP is a very last minute issue due to organizers misstep on filing. The TMO is working with the BOS to get this rectified for them. If you could please take a look and email me ASAP it would be greatly appreciated. Jason Brown, in their email I believe they have talked to you and you are okay. Others please call if you have any questions or email me if you approve. Thanks!

Thomas Hazel, CZEO
Assistant Town Planner
Town of Simsbury
(860) 658-3240
thazel@simsbury-ct.gov

Hazel Thomas

From: Patrick T. Tourville, CFI I <PTourville@simsburyfd.org>
Sent: Monday, June 7, 2021 4:28 PM
To: Hazel Thomas
Subject: RE: The PGP attachment Soory
Attachments: FM_Approved_PGP_Simsbury Lions Charities 6_12_2021.pdf

I approve with the 100 number, if the number of attendees goes up the group will look to have a stand-by medical personnel.

Dear Mr. Tourville,
Regarding our planned event, we will have a PA system for announcements and directions to participants in the event of an emergency at Simsbury PAC. We also have a volunteer member of our committee leading each event group leaving from PAC at staggered start times. We will be able to communicate with those group leaders by cellphone if an emergency occurs and to give instructions/advice. In addition, there are 6 water stations along the course manned by event volunteers to serve as our eyes and ears along the course and check on the welfare of participants. They will be in contact with our base at Simsbury PAC throughout the event for coordination in the event of an emergency.

Our registered participants are not expected to exceed 100 for Saturday due to this being a first time event. Our utmost goal is for all participants to have a safe and enjoyable time on the FV Greenway helping two worthy organizations. We would welcome suggestions as to how we might enhance our safety protocols in the future as this event hopefully grows.

Patrick Tourville, CFI-I
Fire Marshal
Simsbury Fire District
871 Hopmeadow Street
Simsbury, CT 06070
(P) 860-658-1973
(C) 860-818-0479

From: Patrick T. Tourville, CFI I
Sent: Monday, June 7, 2021 2:46 PM
To: Hazel Thomas <thazel@simsbury-ct.gov>
Subject: RE: The PGP attachment Soory

I will await their answer, thank you

Patrick Tourville, CFI-I
Fire Marshal
Simsbury Fire District
871 Hopmeadow Street
Simsbury, CT 06070
(P) 860-658-1973
(C) 860-818-0479

From: Hazel Thomas <thazel@simsbury-ct.gov>
Sent: Monday, June 7, 2021 2:44 PM
To: Patrick T. Tourville, CFI I <PTourville@simsburyfd.org>
Subject: RE: The PGP attachment Soory

Patrick

I passed this comment along to the organizer and told them they need to address this comment.

From: Patrick T. Tourville, CFI I [<mailto:PTourville@simsburyfd.org>]
Sent: Monday, June 7, 2021 2:35 PM
To: Hazel Thomas; Tyburski Tom; Tom Roy; Samselski Gregory; Boulter Nicholas (SPD); 'Jason Brown'
Subject: RE: The PGP attachment Soory

Does this group have a safety plan of any type in the event of an emergency during the event. This event covers a large area and should have planning in place.

Patrick Tourville, CFI-I
Fire Marshal
Simsbury Fire District
871 Hopmeadow Street
Simsbury, CT 06070
(P) 860-658-1973
(C) 860-818-0479

From: Hazel Thomas <thazel@simsbury-ct.gov>
Sent: Monday, June 7, 2021 11:16 AM
To: Tyburski Tom <ttyburski@simsbury-ct.gov>; Patrick T. Tourville, CFI I <PTourville@simsburyfd.org>; troy@simsbury-ct.gov; gsamselski@pd.simsbury-ct.gov; nboulter@pd.simsbury-ct.gov; 'Jason Brown' <jbrown@fvhd.org>
Subject: The PGP attachment Soory

Thomas Hazel, CZEO
Assistant Town Planner
Town of Simsbury
(860) 658-3240
thazel@simsbury-ct.gov

Hazel Thomas

From: Jason Brown <jbrown@fvhd.org>
Sent: Monday, June 7, 2021 2:07 PM
To: Hazel Thomas; Tyburski Tom; 'Patrick T. Tourville, CFI I'; Tom Roy; Samselski Gregory; Boulter Nicholas (SPD)
Subject: RE: The PGP attachment Soory

Both venders have permits. All set with us.

From: Hazel Thomas <thazel@simsbury-ct.gov>
Sent: Monday, June 7, 2021 11:16 AM
To: Tyburski Tom <ttyburski@simsbury-ct.gov>; 'Patrick T. Tourville, CFI I' <PTourville@simsburyfd.org>; Tom Roy <troy@simsbury-ct.gov>; Samselski Gregory <gsamselski@pd.simsbury-ct.gov>; Boulter Nicholas (SPD) <nboulter@pd.simsbury-ct.gov>; Jason Brown <jbrown@fvhd.org>
Subject: The PGP attachment Soory

Thomas Hazel, CZEO
Assistant Town Planner
Town of Simsbury
(860) 658-3240
thazel@simsbury-ct.gov

Hazel Thomas

From: Samselski, Gregory <GSamselski@pd.simsbury-ct.gov>
Sent: Monday, June 7, 2021 1:26 PM
To: Hazel Thomas
Subject: RE: The PGP attachment Soory

Good for the PD

Greg

From: Hazel Thomas [<mailto:thazel@simsbury-ct.gov>]
Sent: Monday, June 07, 2021 11:16 AM
To: Tyburski Tom; 'Patrick T. Tourville, CFI I'; Roy, Thomas; Samselski, Gregory; Boulter, Nicholas; 'Jason Brown'
Subject: The PGP attachment Soory

Thomas Hazel, CZEO
Assistant Town Planner
Town of Simsbury
(860) 658-3240
thazel@simsbury-ct.gov

Hazel Thomas

From: Tyburski Tom
Sent: Monday, June 7, 2021 11:20 AM
To: Hazel Thomas
Subject: RE: The PGP attachment Soory

Tom, approved by Parks and Rec.

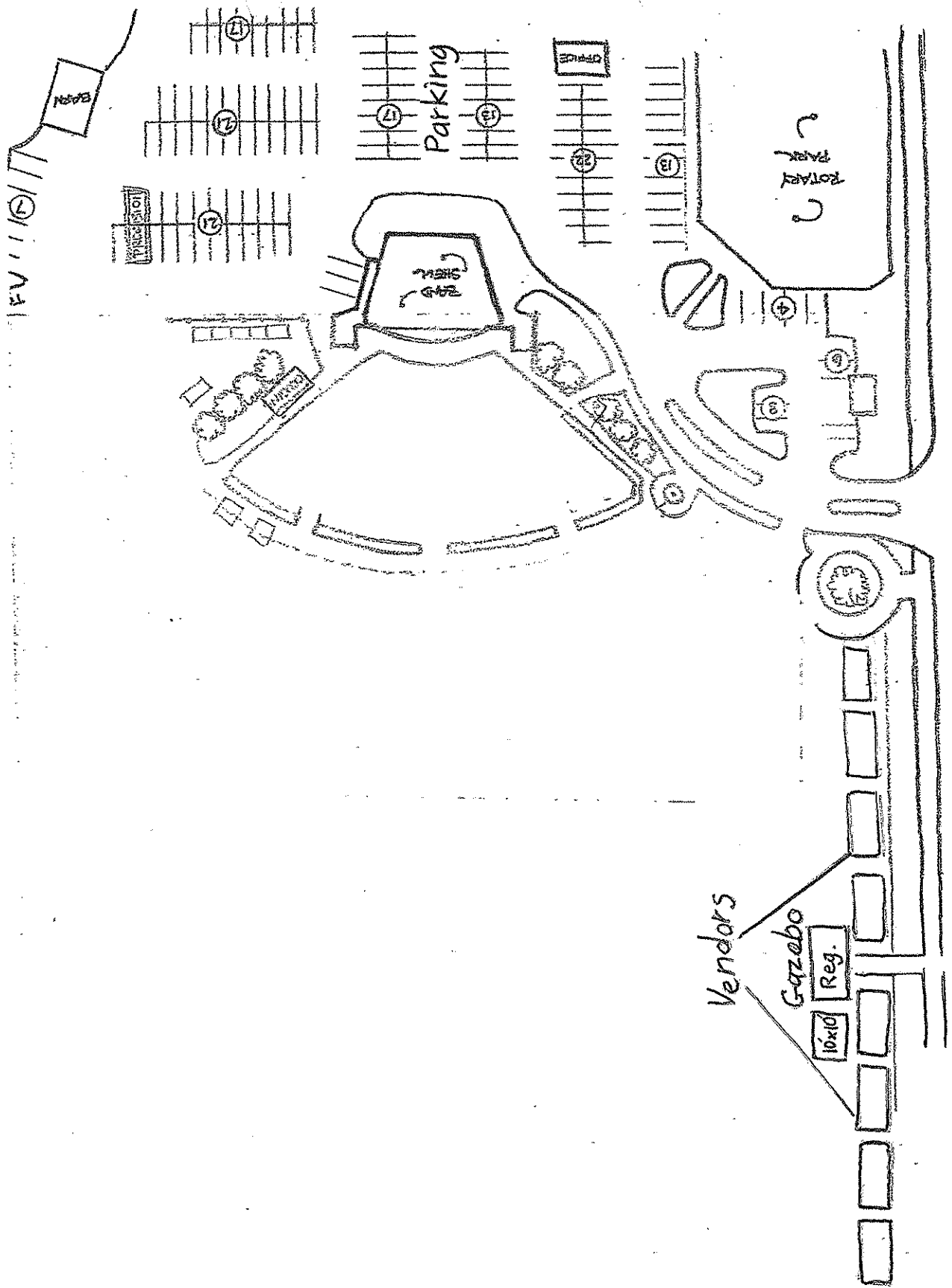
Have a good day,

Tom

Thomas Tyburski
Director
Simsbury Culture, Parks and Recreation Dept.
Town of Simsbury, CT
www.SimsburyRec.com
860-408-4682

From: Hazel Thomas
Sent: Monday, June 7, 2021 11:16 AM
To: Tyburski Tom; 'Patrick T. Tourville, CFI I'; Tom Roy; Samselski Gregory; Boulter Nicholas (SPD); 'Jason Brown'
Subject: The PGP attachment Soory

Thomas Hazel, CZEO
Assistant Town Planner
Town of Simsbury
(860) 658-3240
thazel@simsbury-ct.gov





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/07/2021

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 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 DSP Insurance 1900 E. Golf Road, Suite 650 Schaumburg, IL 60173	CONTACT NAME: John Adams	
	PHONE (A/C, No, Ext): 1-800-316-6705	FAX (A/C, No): 847-934-6186
INSURED Simsbury Lions Charities, Inc. Simsbury Connecticut	E-MAIL ADDRESS: lionsclubs@dspins.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: ACE American Insurance Company	
	INSURER B:	
	INSURER C:	
	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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY		HDOG71445999	09/01/2020	09/01/2021	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person) \$ 5,000
	<input checked="" type="checkbox"/> Agg. Per Named Insured is \$2,000,000					PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$ 10,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					PRODUCTS - COMPI/OP AGG \$ 2,000,000
						\$
A	AUTOMOBILE LIABILITY		ISAH25314141	09/01/2020	09/01/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident) \$
						\$
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR				EACH OCCURRENCE \$
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$
	DED	RETENTION \$				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC STATU-TORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N	N/A			OTH-ER
	If yes, describe under DESCRIPTION OF OPERATIONS below:					E.L. EACH ACCIDENT \$
						E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Provisions of the policy apply to the named insureds participation in the following activity during the policy period shown above: Ks to Kick Addiction and Blindness - June 12, 2021

*** Town of Simsbury, Simsbury Performing Arts Center and State of Connecticut ***

is included as an Additional Insured(s), but only with respect to General Liability arising out of the issuance of permit(s) to the Insured shown above and not out of the sole negligence of said additional insured.

PROVISIONS OF THE POLICY DO NOT APPLY TO THE SALE OR SERVING OF ALCOHOLIC BEVERAGES

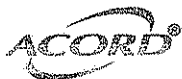
CERTIFICATE HOLDER**CANCELLATION**

Town of Simsbury
933 Hopmeadow St
Simsbury Connecticut 06070

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/25/2020

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 Tracy-Driscoll Insurance & Financial Services P.O. Box 2060 Bristol CT 06011-2060	CONTACT PERSON: Lynn Pernal PHONE (A/C, No, Ext): 860-589-3434 FAX (A/C, No): 860-589-6406 E-MAIL ADDRESS: Lpernal@tracy-driscoll.com												
INSURED A Promise To Jordan 120 Old Canal Way Weatogue CT 06089	INSURER(S) AFFORDING COVERAGE <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">INSURER A: United States Liability Insurance Group</td> <td style="width: 20%;">NAIC #</td> </tr> <tr> <td>INSURER B: Wellfleet New York Insurance Company</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></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 A: United States Liability Insurance Group	NAIC #	INSURER B: Wellfleet New York Insurance Company		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER A: United States Liability Insurance Group	NAIC #												
INSURER B: Wellfleet New York Insurance Company													
INSURER C:													
INSURER D:													
INSURER E:													
INSURER F:													

COVERAGES: CERTIFICATE NUMBER: 1905397868 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	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS																
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Event: Saturday, June 12, 2021. The Town of Simsbury and the State of Connecticut are additional insureds per written contract.

CERTIFICATE HOLDER

CANCELLATION 30

Town of Simsbury 933 Hopmeadow St Simsbury CT 06070	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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/25/2020

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 Tracy-Driscoll Insurance & Financial Services P.O. Box 2060 Bristol CT 06011-2060		CONTACT NAME: Lynn Pernal PHONE (A/C No. Ext): 860-589-3434 E-MAIL ADDRESS: Lpernal@tracy-driscoll.com FAX (A/C No.): 860-589-6406		
INSURED A Promise To Jordan 120 Old Canal Way Weatogue CT 06089		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A : United States Liability Insurance Group		
		INSURER B : Wellfleet New York Insurance Company		
		INSURER C :		
		INSURER D :		
		INSURER E :		
		INSURER F :		

COVERAGES

CERTIFICATE NUMBER: 1905397668

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.

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	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						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
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B	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 Y	N/A	ARX10226900	4/22/2020	4/22/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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933 Hopmeadow St
Simsbury CT 06070

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AUTHORIZED REPRESENTATIVE

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