

March 19, 2019

TO: Town of North Hampton

FROM: Richard Mason, 3 Suzanne Drive, Portsmouth, NH 03801 (cell: 603-396-8604)

For Easter Seals of NH – Veterans Count

REF: Large Gathering Permit application

Good day:

Attached are the forms required for the Large Gathering requested for June 22, 2019 at the Runnymede Farm located at 68 Atlantic Avenue in North Hampton.

We have conducted 2 such events over the last 2 years: 2017 at the Kane property on Rte 1-A and last year at the Runnymede Farm (this year will mirror that of the one in 2018).

Attachments:

- Gathering permit form
- Temporary Structure Application and payment
- Not to scale site map
- Portable Restroom specifications
- Certificate of Insurance from Easter Seals with North Hampton as the holder.

Thanks, my contact information is above and for the purposes of these documents I am the point of contact.

A handwritten signature in black ink, appearing to read 'Richard Mason', written in a cursive style.

Richard Mason

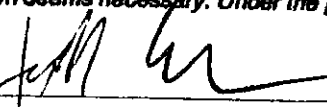
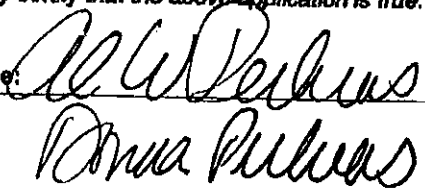
PERMIT APPLICATION

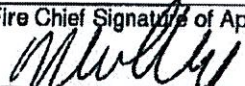


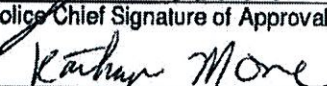

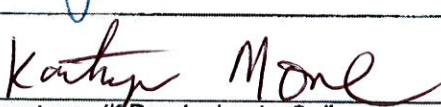
Name of Applicant: Veterans Count		Organization (if applicable): Easter Seals of NH	
Mailing Address 555 Auburn Street, Manchester, NH 03103			
Contact Person: Joseph Emmons		Contact Person who will be present at Event ¹ : A) Eddie Edwards B) Richard Mason	
Contact Person Phone Number: 603 621-3570		Contact Person will be present at Event Phone Number:	
Contact Person Cell Number: 603 493-2520		Contact Person will be present at Event Cell Number: A) 603 923-7655 B) 603 396-8604	
Description of Event (Please Attach Additional Sheets of Paper if description cannot fit in the space provided: Banquet under a tent for approximately 500 people to build awareness of Veterans Count and Honor Veterans. Mostly raising funds to assist any Veteran who needs help or the family of a deployed soldier.			
Location of Event: 68 Atlantic Avenue, North Hampton, NH 03862			
Date(s) of Event: June 22, 2019		Hours:	
		From: 5:00 PM	End: 10:00 PM
Estimated Attendance: 500 + staff		Minimum No.:	Maximum No.:
Types of Alcohol to be served: Cash bar by Caterer			

¹ Applicant must be reachable during the entire event at a moment's notice.

The following facilities will be available for the event:

Sanitation: Rented Bathroom trailer	No. of Units: 1 Trailer/8 positions (see attached)	Male: 3 urinal/1 toilet	Female: 4 toilets
Water supply from: owner for both sanitation and restroom			
Food will be served from and/or by: Fosters Clambake and Catering			
Beverages will be served from and/or by: Caterer			
Illumination after dark will be provided by Tent globe lighting and external light towers			
Medical and First Aid Provided by: North Hampton Firefighter/Paramedic at event contracted by Veterans Count			
Traffic Control Provided by: Will contract with North Hampton Police		No. of officers: as required by Police Chief	
Parking for <u>300 cars</u> is planned. <input checked="" type="checkbox"/> Attach plan of exact parking location and exact route to be kept open for emergency vehicles <input type="checkbox"/> Not applicable. Explain:			

Name of Promoter or Applicant: EASTERSEALS - NH ATTN JOSEPH EMMONS	
Mailing Address: 555 AUBURN ST. MAKETTA NH 03103	Phone: 603-621-3570
Email: jtemmons@eastersealsnh.org	Cellular Phone: 603-493-2520
<p><u>JOSEPH EMMONS</u>, do here by accept all responsibility for the above-described event. I agree to adhere to all laws and regulations of the Town of North Hampton and the State of New Hampshire. I do hereby consent to the entry, at any time, in the course of his/her duties, any official of the Town in the performance of their official duties, including but not limited to inspection. I also agree to provide surety that the Town deems necessary. Under the penalty of perjury, I do here by certify that the above is true.</p>	
Signature: 	Date: 3/15/19
<p>✓ Name of Property Owner (The following MUST BE completed by the owner of the property involved): HISTORIC RUDDYHEAD FARM, LLC</p>	
Mailing Address: 68 Atlantic Ave	Phone Number:
Email: jcperk117@gmail.com	Cell Phone Number: 781 929 0001
<p>✓ I, _____, have thoroughly discussed the above event with the Promoter and am in agreement with him/her in all areas. I do hereby give my consent to use my property for this even. I do hereby consent to the entry, at any time, in the course of his/her duties, any town officer in the performance of his/her duties, including but not limited to inspection. I agree to adhere to all laws and regulations of the Town of North Hampton and the State of New Hampshire. Under the penalty of perjury I do hereby certify that the above application is true.</p>	
Signature:  Donna Perkins	Date: 3/13/19

DO NOT WRITE BELOW THIS SPACE. FOR TOWN USE ONLY	
Departmental Approvals: Please attach any comments or special requirements to this application	
Fire Chief Signature of Approval: 	Date: 4/13/19
Building Inspector/Code Enforcement Officer Signature of Approval: 	Date: 3/27/19
Director of Public Works Signature of Approval: 	Date: 4/8/19
Police Chief Signature of Approval: 	Date: 4/10/19
Department comments or additional conditions: PLANNING AND BUILDING DEPARTMENT SUGGEST APPLICANT SCHEDULE INSPECTIONS FOR TENTS IN A TIMELY MANNER AFTER INSTALLATION AND PRIOR TO THE EVENT. ALSO, SEE ATTACHED MEMO REGARDING LIGHTING. * Please See attached FD. MEMO * See Attached From Police Dept. Applicant: I do hereby agree to the additional requirements:	
Applicant's Signature: 	Date: 4/11/19
PERMIT <input type="checkbox"/> Denied Reason:	
<input checked="" type="checkbox"/> Approved 	
Select Board Signatures: (If Required under Ordinance amended 3/11/2014)	Date: 4/12/19



TOWN OF NORTH HAMPTON
Temporary Structure Application
Zoning Ordinance Article V, Section 505

TSR-19-5152

006-002-001

Name: Easter Seals of NH, Veterans Count (Joe T. Emmons)

Address: 555 Auburn Street, Manchester, NH 03103

Email/Phone Number: jtemmons@eastersealsnh.org - 603-621-3570 cell: 603-493-2520

Location of Proposed Temporary Structure: Historic Runnymede Farm, 68 Atlantic Ave, North Hampton

Period of Time for Temporary Structure: 3 days (event- 1 night)

Proposed Use of Temporary Structure: Banquet under a tent for approximately 500 people to build awareness of Veterans Count and to Honor Veterans. Mostly raising funds to assist any Veteran who

needs help or the family of a deployed soldier.

Applicant Signature [Signature] Richard Mason, Logistics Chair, 3 Suzanne Drive, Portsmouth, NH
603-396-8604 Date 3/19/2019

Property Owner Signature see large gathering permit form attached Date 3/19/2019

Please attach the following information with this application:

- Temporary structure details including:
 - a. type of temporary structure
 - b. size of temporary structure with length, width, and height measurements
 - c. manner of attachment to fixed location
 - d. if applicable, construction plans
- Site sketch showing lot dimensions and proximity of temporary structure to boundary lines using precise measurements
- Letter of authorization from property owner if property owner signature not on application (including permission to use bathroom facilities, if applicable)
- If applicable, copy of approved State of NH inspections and licenses and/or Town of North Hampton Hawkers & Peddler's license
- Copy of insurance policy

Application Fee: \$50.00

Date Received 3/27/19 Check # or Cash 1337 Initials RM

All temporary structures must receive Fire Department and Building Department approvals prior to occupancy or commencement of activities.

Fire Department Signature _____ Date _____

Building Inspector Signature [Signature] Date 3/28/19

April 10, 2019

RE: Large Gathering Permit Application – **Veterans Count – 2019**

June 22, 2019 – 5:00 PM to 10:00 PM – 68 Atlantic Ave., North Hampton

This is the third year for this event. The event includes a catered dinner and cash bar. Attendance is estimated at 500 plus (including staff).

The following conditions are required for final approval:

Any tents used for the event shall receive a place of assembly inspection. It is the responsibility of the organizer to call the Fire Department after the tents are erected to schedule the inspection.

A minimum of one (1) certified Emergency Medical Technician (EMT) must be on-site. Any detail EMT must be either a North Hampton Fire Recue EMT or a privately hired EMT if no North Hampton Personnel are available. It is the responsibility of the organizer to call the Fire Department in advance to schedule the detail.

The organizer must make sure that the light towers proposed are positioned in such a way as to shine light directly downward on the event area. They should not be positioned in such a way where light may spill onto neighboring properties or possibly hinder safe driving along the roadway.

All vehicle parking must be on-site. No vehicle parking will be allowed on any public right-of-way. Volunteers will not be allowed to perform any traffic control functions within the Town or State Right-of-Way. On-site parking should be controlled by volunteers of the event to allow ease of access from the public way to the private property.

There is a minimum of two detail officers required. The officers must be from North Hampton Police Department or officers from Mutual Aid communities approved by the North Hampton Police Department. If in the judgement of the senior officer working the detail additional officers are required, they will be assigned. Initially, one of the detail officers will be assigned, with cruiser, to traffic duties on Atlantic Ave. It is the responsibility of the organizer to call the police department, a minimum of two weeks in advance, to schedule the detail.

Event coordinator will supply proof of a valid liquor license issued by the New Hampshire Liquor Commission for the event. A one day license for the event or an approved Caterers license will suffice.

The Certificate of Insurance must name the Town of North Hampton as an additional insured. The Insurance Certificate must be on file with the Town prior to the event.

Kathryn Mone
Chief of Police



NORTH HAMPTON FIRE & RESCUE

235 Atlantic Avenue
North Hampton, New Hampshire 03862
Business Phone: 603.964.5500 Fax: 603.964.7249
www.northhampton-nh.gov



To: Kathryn Mone – Chief of Police
John Hubbard - Director of Public Works
Glen Bosworth - Code Enforcement and Building Inspector
Rick Milner – Planning and Zoning Administrator

From: Michael Tully – Chief of Fire Rescue

Date: April 3, 2019

Re: Large Assembly Application

Veterans Count – 2019 Veterans Count Gala (Easter Seals of NH) – June 22, 2019 (Saturday)

- Any tents used for the event shall receive a place of assembly inspection. It is the responsibility of the organizer to call the Fire Department after tents are erected to schedule the inspection.
- There is a condition of a minimum requirement of one (1) certified EMT on site. Any Detail EMT must be either a North Hampton Fire Rescue EMT or a privately hired EMT if no North Hampton Personnel are available. It is the responsibility of the organizer to call the Fire Department in advance to schedule the detail.

A handwritten signature in black ink, appearing to read "Michael J. Tully".

Michael J. Tully
Chief of Department



Planning and Zoning Department
Town of North Hampton, NH
233 Atlantic Avenue
North Hampton, NH 03862


April 2, 2019

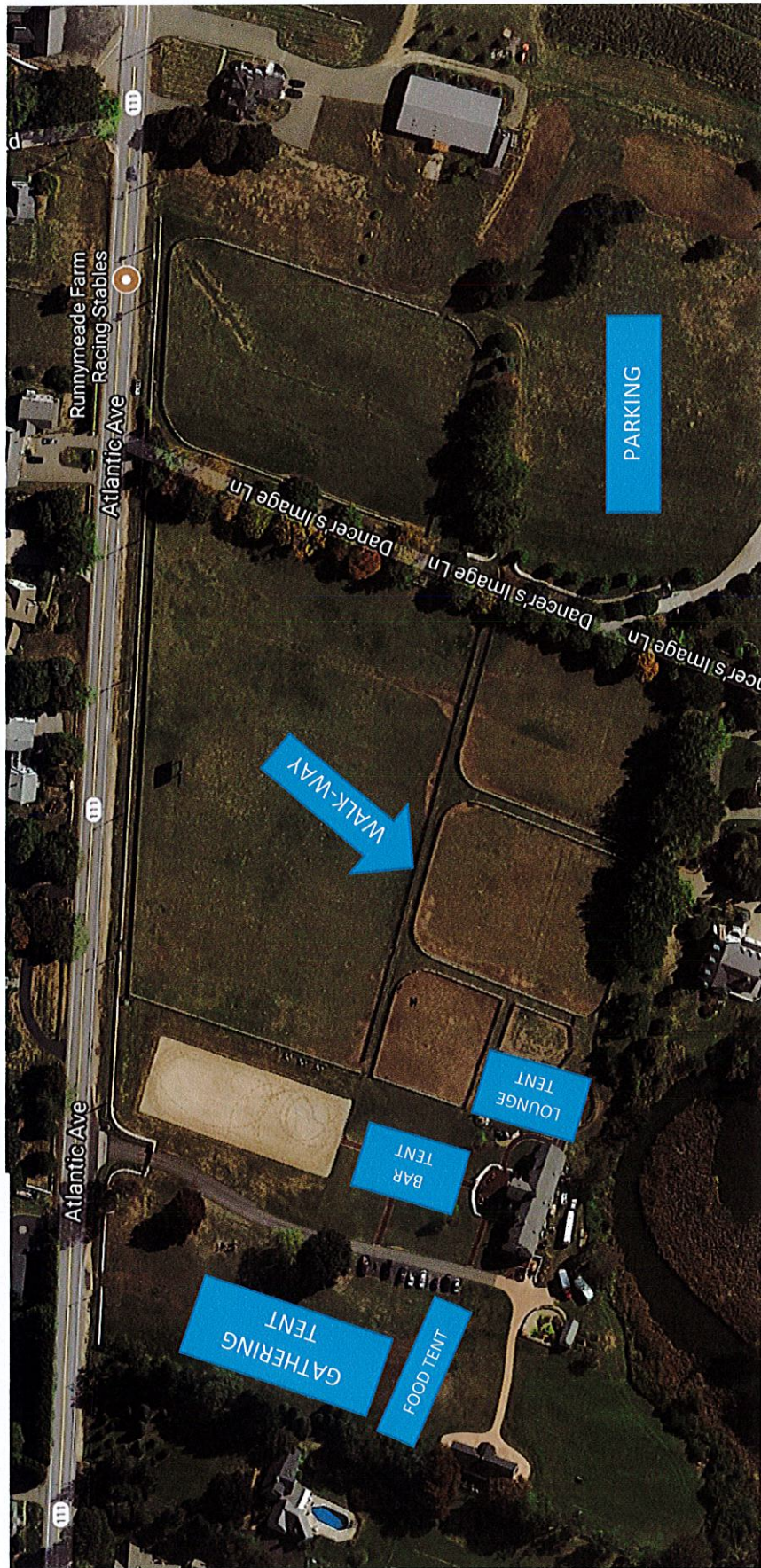
Good Day,

The Planning and Building Departments have received a Large Gathering Permit application associated with the Veterans Count event at Runnymede Farm scheduled for June 22, 2019. The Planning and Building Departments would like to make the applicant and relevant Town of North Hampton Departments aware of the following items:

1. The applicant should have temporary structures inspected and approved by the Building and Fire Departments prior to the event.
2. The applicant should ensure that the light towers proposed to be installed on the site are positioned in such a way as to shine light directly downward onto the event area. The light towers should not be positioned in such a way where light may spill onto neighboring properties or possibly hinder safe driving.

Sincerely,
Rick Milner
Planning and Zoning Administrator





Gathering Tent: 66' X 126' for dinner and program (height 25')

Bar Tent and Lounge Tent: Each 46' X 46' (height 22')

Food Tent: 32' X 90' for the caterer to finish food preparation, all cooked off site (height 22')

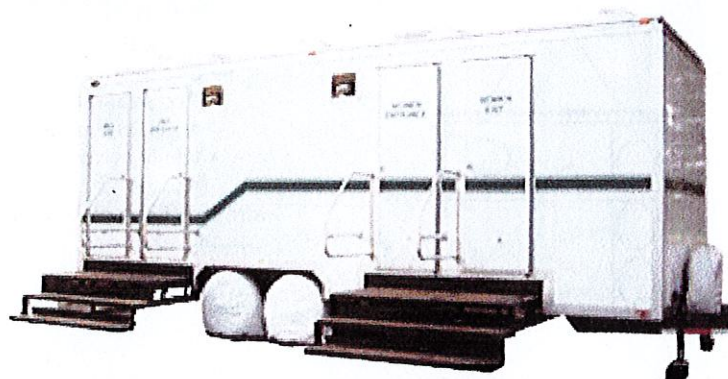
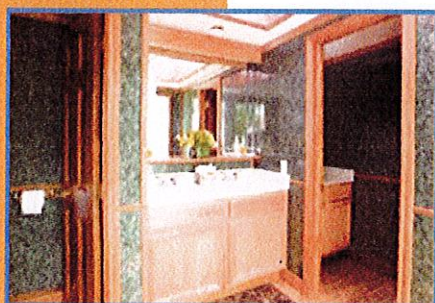
All will be installed utilizing large stakes (same as the 2018 dinner)

All are being rented from Sperry Tents - Seacoast

800-672-3402

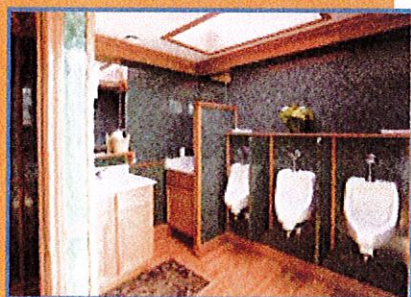
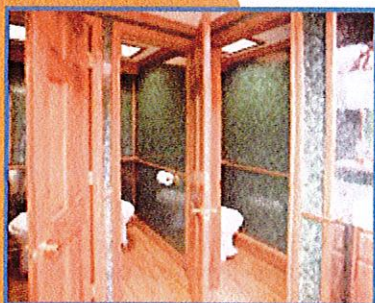
Dave's
CROWD MANAGEMENT

The Luxury Restroom Trailer Choice Since 1982



24 Foot Wide-Body Presidential Series Luxury Mobile Restroom Trailer

For the ultimate refinement, comfort and style, choose the 24 Ft. Presidential Series Luxury Mobile Restroom Trailer - designed for your special event in NH, MA, ME, RI, VT, CT, NY and beyond. If you require luxury restroom trailer facilities that rival four star hotel restrooms, with all the amenities associated with ultimate luxury, choose Dave's Crowd Managements Services 24 Ft. Presidential Series Luxury Mobile Restroom Trailer.



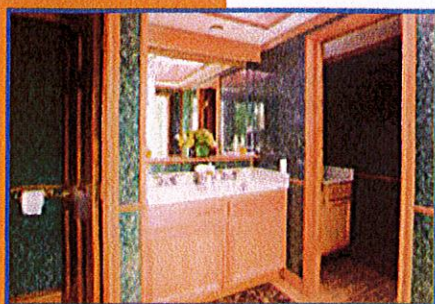
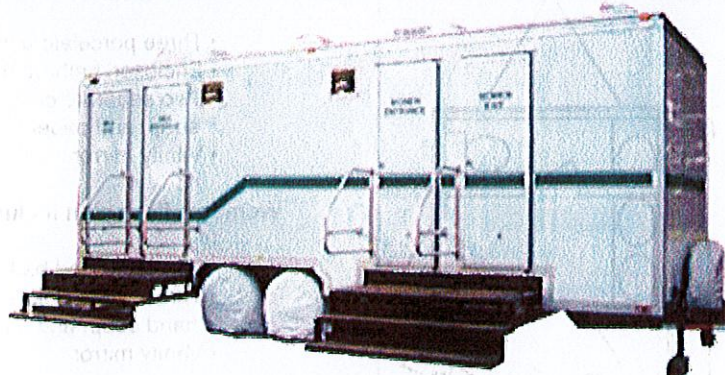
Both the women's and men's suites are spacious and climate-controlled, with generous china sinks, private locking bathrooms, immaculate full-size porcelain flush toilets, faux marble wall finish with stained wood trim and other unique amenities listed below. Our courteous on-site attendant ensures the 24 Ft. Presidential Series Luxury Mobile Restroom remains clean and maintained throughout your event. Our Event Restroom Trailers are available for weekend, short-term and long-term rentals. Find out why the most respected caterers and event coordinators have chosen Dave's Crowd Management Services as the trusted provider of 24 Ft. Presidential Series Luxury Mobile Restroom Trailers in NH, MA, VT, CT, RI, ME, NY, serving all of the Northeast.

Call us at 800-672-3402 or book your order online www.davesseptic.com

800-672-3402

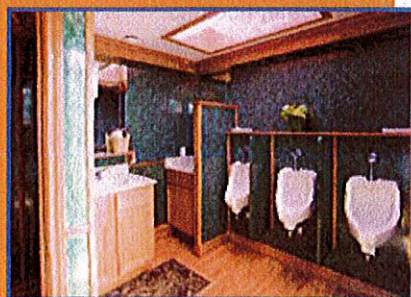
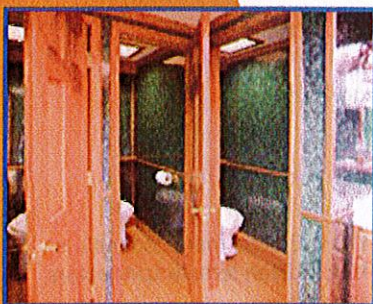
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Call us at 800-672-3402 or book your order online www.davesseptic.com

The trailer layout includes a men's restroom and a women's restroom.

Men's floor plan includes:

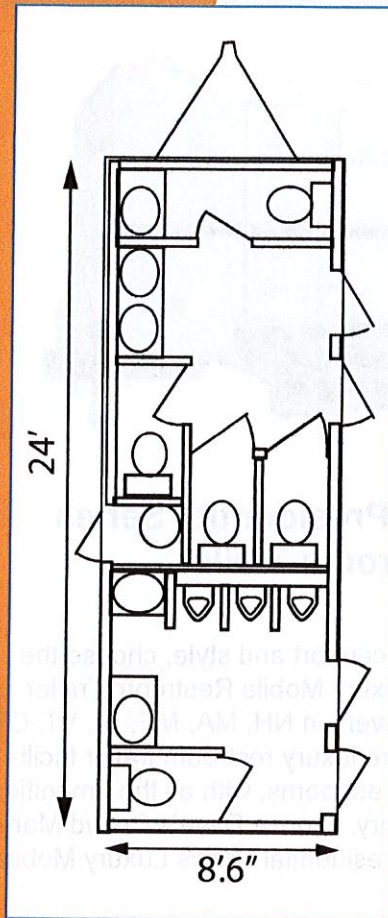
- Three porcelain urinals
- Enclosed bathroom with porcelain toilet
- Two separate china sinks with hot and cold running water, hand soap, and paper towels
- Vanity mirror

Women's floor plan includes:

- Four enclosed bathrooms with porcelain toilets
- Three china sinks with hot and cold water, hand soap, and paper towels.
- Vanity mirror

Other amenities include:

- Heating and cooling systems
- Faux marble wall finish with stained wood trim
- Roomy interiors with large double pane skylights
- Indirect lighting
- Comfortable private toilet bathrooms with elongated toilets, brass paper holders, shelves, and wood doors with brass hardware
- Stereo sound system
- Stained wood valances
- Wide steps and deep landings
- Folding steps and handrails
- Full length hinged side exterior doors



Dimensions:

24 feet long x 8'6" wide

Clearance Requirements:

8'6" wide x 28' long x 12' high

(please note extra space may be required depending on set up conditions)

Power Requirements

- The Trailer has 3 20amp 110 v. Edison male connectors
- You will need 3 20 amp 110 v. Edison female connectors
- We supply 100' of electrical cord.

Water Requirements

- All trailers require 20lbs of water pressure and a 3/4" garden hose.
- We supply 100' of garden hose for water hook-up.

(These requirements are "per trailer". All restroom facilities used MUST be placed on level ground.)

**RENTING THIS UNIT
AND 2 HANDICAPPED
UNITS.**

ACORD**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

3/11/2019

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 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 3 Executive Park Drive, Suite 300 Bedford, NH 03110 855 874-0123	CONTACT NAME: PHONE (A/C, No, Ext): 855 874-0123		FAX (A/C, No):
	E-MAIL ADDRESS:		
INSURED Easter Seals NH, Inc. 555 Auburn Street Manchester, NH 03103	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : Philadelphia Indemnity Insurance Co.		18058
	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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Professional Liab GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:	X	X	PHPK1866633	09/01/2018	09/01/2019	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS - COM/OP AGG \$3,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY	X	X	PHPK1866629	09/01/2018	09/01/2019	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$10K	X	X	PHUB643260	09/01/2018	09/01/2019	EACH OCCURRENCE \$15,000,000 AGGREGATE \$15,000,000 \$ PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						
A	EDP			PHPK1866633	09/01/2018	09/01/2019	\$1,619,050 \$500 Deductible Special Form Incl Theft

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

Supplemental Names: Easter Seals ME, Inc., Manchester Alcohol Rehabilitation Center, Inc., dba The Farnum Center, Easter Seals VT, Inc., & The Homemakers Health Services. The General Liability policy includes a Blanket Automatic Additional Insured Endorsement that provides Additional Insured and a Blanket Waiver of Subrogation status to the Certificate Holder, only when there is a written contract or written agreement between the named insured and the certificate holder that requires such status, and only with regard to the (See Attached Descriptions)

CERTIFICATE HOLDER**CANCELLATION**

Town of North Hampton
 233 Atlantic Avenue
 North Hampton, NH 03862

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

See Note

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DESCRIPTIONS (Continued from Page 1)

above referenced on behalf of the named insured. The General Liability policy contains a special endorsement with "Primary and Non-Contributory" wording.

Event to be held June 22, 2019. The Town of North Hampton is named as Additional Insured with respect to the General Liability.

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/11/2019

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.

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PRODUCER USI Insurance Services LLC 3 Executive Park Drive, Suite 300 Bedford, NH 03110 855 874-0123		CONTACT NAME: PHONE (A/C, No, Ext): 855 874-0123 FAX (A/C, No): E-MAIL ADDRESS:	
INSURED Easter Seals NH, Inc. 555 Auburn Street Manchester, NH 03103		INSURER(S) AFFORDING COVERAGE INSURER A : Philadelphia Indemnity Insurance Co. INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :	
		NAIC # 18058	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR 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 <input checked="" type="checkbox"/> Professional Liab GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:	X	X	PHPK1866633	09/01/2018	09/01/2019	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS - COMP/OP AGG \$3,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY	X	X	PHPK1866629	09/01/2018	09/01/2019	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$10K	X	X	PHUB643260	09/01/2018	09/01/2019	EACH OCCURRENCE \$15,000,000 AGGREGATE \$15,000,000 \$ PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				
A	EDP			PHPK1866633	09/01/2018	09/01/2019	\$1,619,050 \$500 Deductible Special Form Incl Theft

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

Supplemental Names: Easter Seals ME, Inc., Manchester Alcohol Rehabilitation Center, Inc., dba The Farnum Center, Easter Seals VT, Inc., & The Homemakers Health Services. The General Liability policy includes a Blanket Automatic Additional Insured Endorsement that provides Additional Insured and a Blanket Waiver of Subrogation status to the Certificate Holder, only when there is a written contract or written agreement between the named insured and the certificate holder that requires such status, and only with regard to the (See Attached Descriptions)

CERTIFICATE HOLDER

CANCELLATION

Town of North Hampton
 233 Atlantic Avenue
 North Hampton, NH 03862

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

Sam Hart

DESCRIPTIONS (Continued from Page 1)

above referenced on behalf of the named insured. The General Liability policy contains a special endorsement with "Primary and Non-Contributory" wording.

Event to be held June 22, 2019. The Town of North Hampton is named as Additional Insured with respect to the General Liability.

USI INSURANCE SERVICES
CERTIFICATE RETURN MAIL PROCESSING
PO BOX 629035
EL DORADO HILLS CA 95762-9035



TOWN OF NORTH HAMPTON
233 ATLANTIC AVE
NORTH HAMPTON NH 03862-2361