

July 2, 2018,

RE: Large Assembly Application for Smuttynose Rockfest Half Marathon
September 30, 2018

The Large Assembly Application for Smuttynose Rockfest Half Marathon,
September 30, 2018 is approved based on the following conditions:

1. The Race Course does not enter North Hampton. North and South vehicle traffic on Route 1A will be detoured at during the race. Residents living along 1A will be allowed access in North Hampton.
2. The Police Department requires two detail officers, with cruisers, from North Hampton Police Department or one of the approved Mutual Aid communities to be assigned to this outside detail. The location and scheduling will be determined by the Police Chief or designee. All traffic control will be conducted by law enforcement officers. Under no circumstances will any volunteer be permitted to conduct traffic control at any intersection or upon any roadway in North Hampton. It is the responsibility of the organizer to call the Police Department in advance to schedule the detail.
3. The Parade Permit is attached to the application.
4. Certificate of Insurance naming the Town of North Hampton as an additional insured is on file prior to the event.

A handwritten signature in black ink, appearing to read 'Michael T. French', is written over a horizontal line.

Interim Police Administrator

PERMIT APPLICATION		
Name of Applicant: Michael St. Laurent		Organization (if applicable): LOCO Sports, LLC
Mailing Address P. O. Box 423, Newmarket, NH 03857		
Contact Person: Michael St. Laurent	Contact Person who will be present at Event ¹ : Bob Kennedy	
Contact Person Phone Number: 603 659 2824	Contact Person will be present at Event Phone Number: 508 5774105	
Contact Person Cell Number: 603 767 1230	Contact Person will be present at Event Cell Number:	
Description of Event (Please Attach Additional Sheets of Paper if description cannot fit in the space provided: Detour in North Hampton for annual race in Hampton - (Smuttynose Rockfest Half Marathon. Detour is on Rt. 1A North and South No Detour on Woodland as previous years. Resident Traffic only allowed from No Hampton Border to Hampton Border on Ocean Blvd Hampton Map Course and detour attached		
Location of Event: Ocean Blvd and Atlantic		
Date(s) of Event: Sunday, Sept 30, 2018	Hours: 2 hours 30 minutes	
	From: 8:50 AM	End: 11:20 AM
Estimated Attendance : none expected	Minimum No.:	Maximum No.:
Types of Alcohol to be served: None in North Hampton		

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

The following facilities will be available for the event:

Sanitation: State Park Bathrooms No Hampton State Park	No. of Units: 12	Male: 6	Female: 6
Water supply from: No Water is supplied			
Food will be served from and/or by: No food is Served			
Beverages will be served from and/or by: Not Applicable			
Illumination after dark will be provided by Event is during daylight hours,			
Medical and First Aid Provided by: A full medical staff of 4 doctors and 6 emts are staffed at the finish line along with two ambulances			
Traffic Control Provided by: North Hampton PD		No. of officers: 2	
Parking for none 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: We do not expect any spectators from the race to be in North Hampton due to the revised course.			

Name of Promoter or Applicant: Michael St. Laurent	
Mailing Address : PO Box 423, Newmarket NH 03857	Phone: 603 659 2824
Email: Mike@locorunning.com	Cellular Phone: 603 767 1230
<p><i>I Michael St. Laurent 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.</i></p> <p>Signature: <i>Michael St. Laurent</i> Date: June 30, 2018</p>	
Name of Property Owner (The following MUST BE completed by the owner of the property involved) : N/A	
Mailing Address:	Phone Number:
Email:	Cell Phone Number:
<p><i>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.</i></p> <p>Signature: Date:</p>	

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:

Building Inspector/Code Enforcement/Health Officer Signature of Approval:

Date:

Administrator of Planning & Zoning Signature of Approval:

Date:

Director of Public Works Signature of Approval:

Date:

Police Chief Signature of Approval:

Date:

Department comments or additional conditions:

Detail Officers with Cruisers Required.

Applicant: I do hereby agree to the additional requirements:

Applicant's Signature:

Date:

PERMIT

D Denied Reason:

Michael E. Maddocks

Chief of Police

Date:

D Approved

Michael E. Maddocks

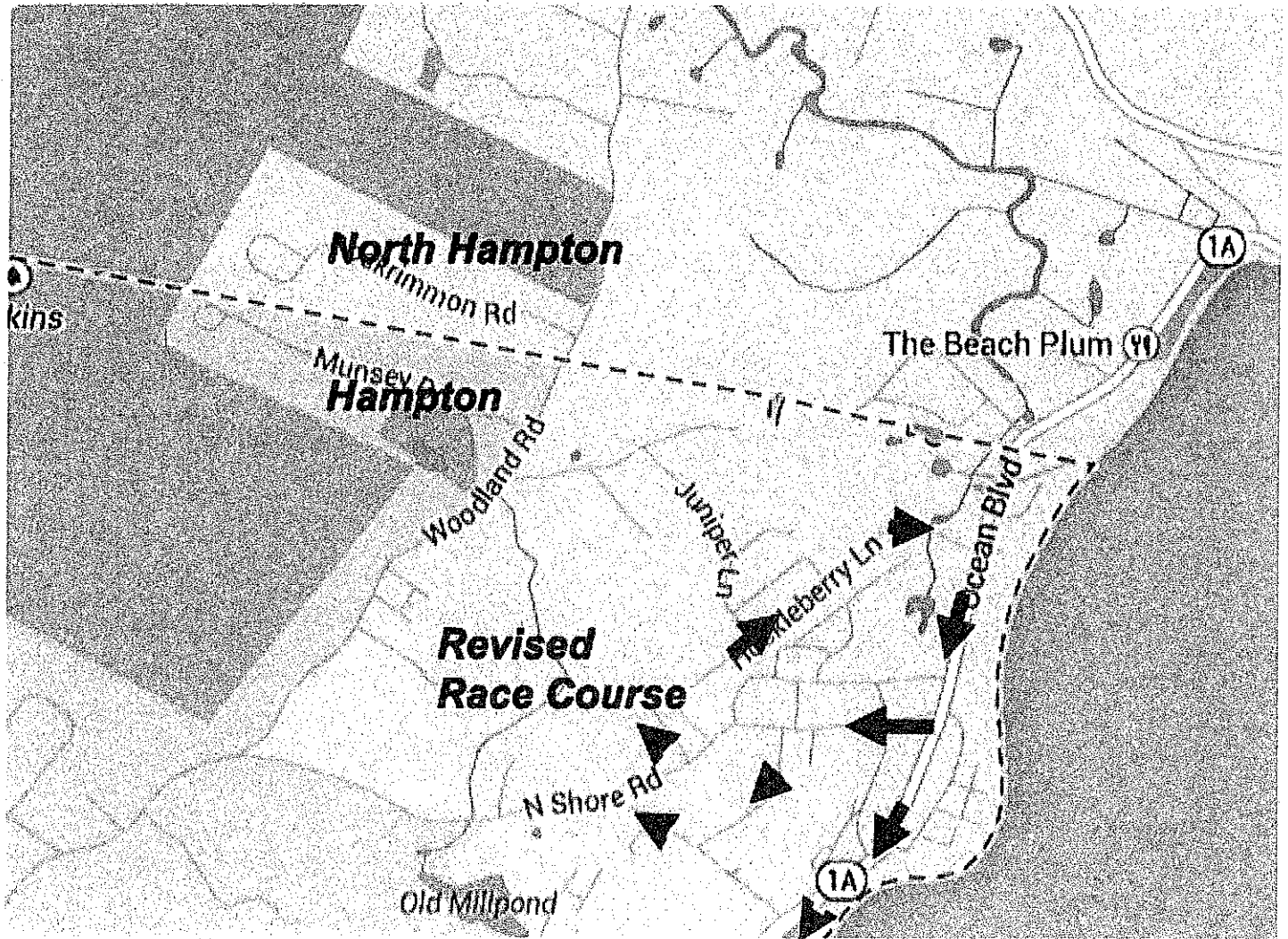
Chief of Police

Date:

Select Board Signatures: (If Required under Ordinance amended 3/11/2014)

Date:

Hampton / North Hampton Line Plan

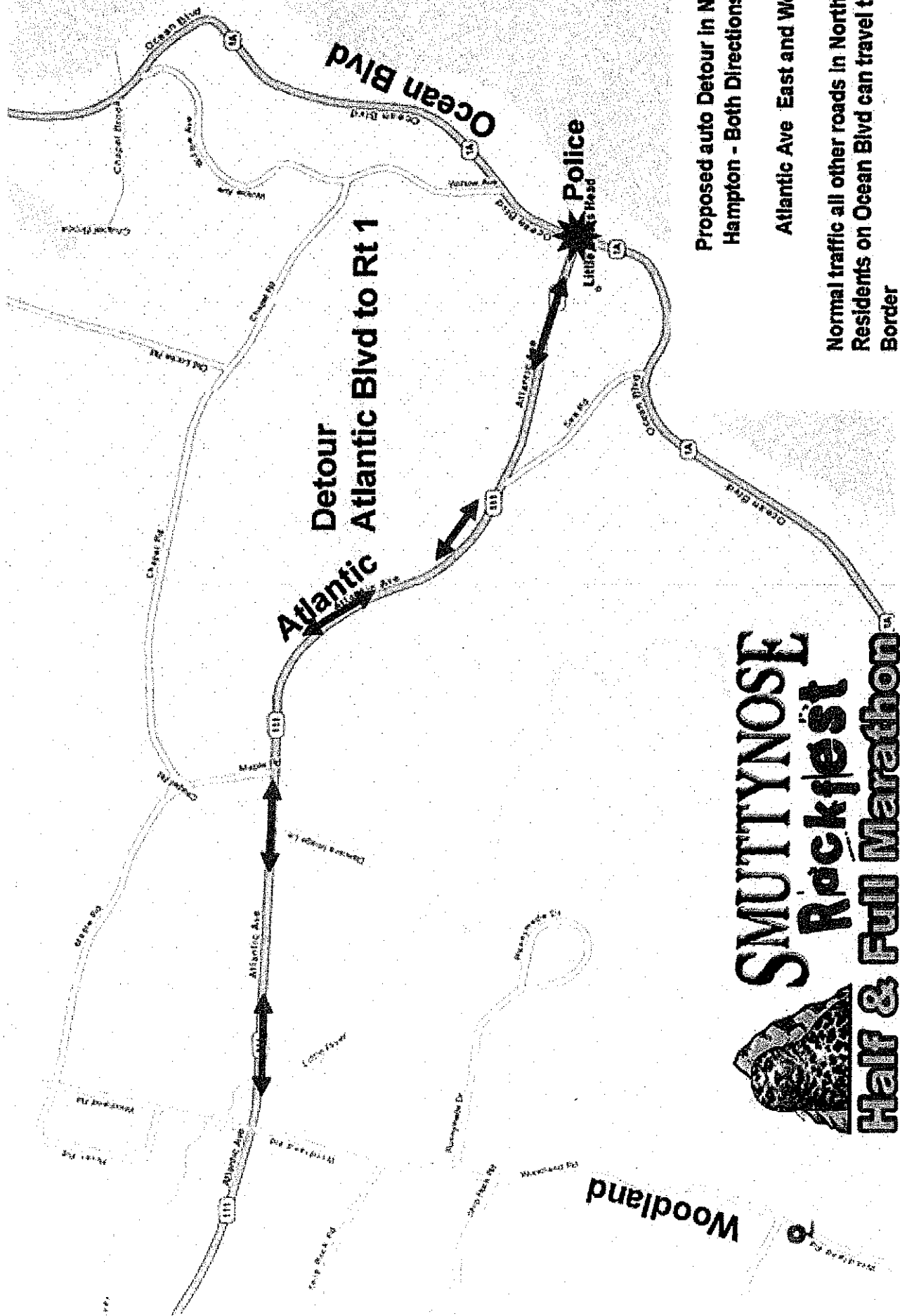


SMUTTYNOSE **Rockfest** **Half & Full Marathon**

**Proposed auto Detour in North
Hampton - Both Directions**

Atlantic Ave East and West

**Normal traffic all other roads in North Hampton
Residents on Ocean Blvd can travel to Hampton
Border**



STATE OF NEW HAMPSHIRE
Application for Parade Permit or Other
Activity Conducted on State Highway System

Today's Date June 30, 2018

To: Department of Transportation
Transportation Management Center
PO Box 483, 110 Smokey Bear Blvd
Concord, New Hampshire 03302-0483
(603) 271-6862

Under provisions of RSA 286:2 and RSA 236:1, application is made for a parade / activity on the state highway system.

Indicative data is shown below:

Type of activity?

If so, what type (foot, bike, etc.)?

Will event effect highway safety?

Will highway traffic be delayed?

If so, how long?

Will highway traffic be detoured?

Name of sponsoring organization:

Mail permit to:

Phone no. where I may be reached:

Purpose of activity:

Name of Municipality:

Date of activity:

Starting and ending times:

State route(s) to be traveled:

Traffic control provided by:

Approved by Town Officials


Selectmen / Town Manager / Police Chief

(circle one)

Interim Police Administrator

Please attach a simple map or sketch plotting the start, finish, route(s) of travel, detour(s), and parking area(s) if provided.

Recommended:

District Engineer

Road Race, - Runners & Walkers

No

Yes

Rt 1 A North /South

Yes, see map

LOCO Sports, Inc.

PO 423, Newmarket, NH 03857

603 659 2824, mobile 603 767 1230

Encourage a fit lifestyle

North Hampton, NH

Sept 30, 2018

Detour start see attached maps

Rt. 1A North Hampton, NH

Police & race marshalls with vest

Signed by Michael St. Laurent
(Applicant)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/7/2018

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 STAR Insurance - Fort Wayne Office 2130 East Dupont Road Fort Wayne IN 46825		CONTACT NAME: Margaret Mayers PHONE (A/C, No, Ext): (260) 467-5689 FAX (A/C, No): (260) 467-5691 E-MAIL ADDRESS: margaret.mayers@starfinancial.com	
INSURED Road Runners Club of America/2018 and Its Member Clubs 1501 Lee Highway, Suite 140 Arlington VA 22209		INSURER(S) AFFORDING COVERAGE INSURER A: National Casualty Company INSURER B: Nationwide Life Insurance Co. INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 11991 66869	

COVERAGES**CERTIFICATE NUMBER:** 2018 \$2M A.I.**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 <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Legal Liability to Participant \$2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			KR00000007171000	12/31/2017 12:01 AM	12/31/2018 12:01 AM	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ Unlimited PRODUCTS - COMP/OP AGG \$ 2,000,000 Abuse & Molestation \$ 500,000
	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			KR00000007171000	12/31/2017 12:01 AM	12/31/2018 12:01 AM	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<input type="checkbox"/> 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 <input type="checkbox"/> N/A					PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Excess Medical & Accident (\$250 Deductible/Claim)			SPX0000028554500	12/31/2017 12:01 AM	12/31/2018 12:01 AM	Excess Medical \$10,000 AD & Specific Loss \$2,500

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

CERTIFICATE HOLDER IS NAMED AS AN ADDITIONAL INSURED AS RESPECTS THEIR INTEREST IN THE OPERATIONS OF THE NAMED INSURED. DATE OF EVENT(S): 09/30/18 Smuttynose Rockfest Half Marathon & 5k INSURED RRCA CLUB/EVENT MEMBER: LOCO Sports, LLC, Att'n: Linda St. Laurent, PO Box 423, Newmarket, NH 038657

CERTIFICATE HOLDER**CANCELLATION**

09/30/18 Town of North Hampton, NH 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 Terry Diller/MMA <i>Terry R. Diller, CPA</i>
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