

PERMIT APPLICATION		
Name of Applicant: Amy Rodier		Organization (if applicable): Portsmouth firefighters Charitable Assoc.
Mailing Address 170 Court St. Portsmouth, NH 03801		
Contact Person: Amy Rodier	Contact Person who will be present at Event ¹ : Amy Rodier	
Contact Person Phone Number: 603-396-6751	Contact Person will be present at Event Phone Number: 603-396-6751	
Contact Person Cell Number: 603-396-6751	Contact Person will be present at Event Cell Number: 603-396-6751	
Description of Event (Please Attach Additional Sheets of Paper if description cannot fit in the space provided): Gathering & starting spot for our annual charity Motorcycle ride. This one is the final ride.		
Location of Event: Seacoast HD 17 Lafayette Rd, N. Hampton, NH		
Date(s) of Event: Sun. Sept. 8, 2019	Hours: From: 0800 am	End: 1030 am 03802
Estimated Attendance: 400	Minimum No.: 200	Maximum No.: 600
Types of Alcohol to be served: None		

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

The following facilities will be available for the event:

Sanitation: <u>Yes</u>	No. of Units: <u>10</u>	Male: <u>5</u>	Female: <u>5</u>
Water supply from: <u>We have water access on outside of Building</u>			
Food will be served from and/or by: <u>Possibly Donuts & Coffee</u>			
Beverages will be served from and/or by: <u>No Alcohol, Coffee, water & Soda only</u>			
Illumination after dark will be provided by <u>N/A</u>			
Medical and First Aid Provided by: <u>North Hampton Fire</u>			
Traffic Control Provided by: <u>NH State Police</u>		No. of officers: <u>Min. 2 officers</u>	
Parking for <u>400</u> is planned. <u>Motorcycles</u> <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: <u>Amy Rodier</u>	
Mailing Address: <u>170 Court St Portsmouth, NH 03801</u>	Phone: <u>603-396-6751</u>
Email: <u>alrodier@yahoo.com</u>	Cellular Phone: <u>603-396-6751</u>
<p><u>Amy Rodier</u>, do hereby 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 hereby certify that the above is true.</p>	
Signature: <u>[Signature]</u>	Date: <u>July 23, 2019</u>
Name of Property Owner (The following MUST BE completed by the owner of the property involved):	
Mailing Address: <u>P.O. Box 1740 N. Hampton, NH 03801</u>	Phone Number: <u>603-964-9959</u>
Email: <u>marketing@seacoastharley.com</u>	Cell Phone Number: <u>603-387-5738</u>
<p><u>Anelle Andrews</u>, 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: <u>[Signature]</u>	Date: <u>7/23/19</u>

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:

Mulligan

7/26/19

Building Inspector/Code Enforcement Officer Signature of Approval:

Date:

[Signature]

7/24/19

Director of Public Works Signature of Approval:

Date:

[Signature]

7/29/19

Police Chief Signature of Approval:

Date:

Rochy More

7/30/19

Planning — *Richard Milner*

7/24/19

Department comments or additional conditions:

Applicant: I do hereby agree to the additional requirements:

Applicant's Signature:

Date:

PERMIT

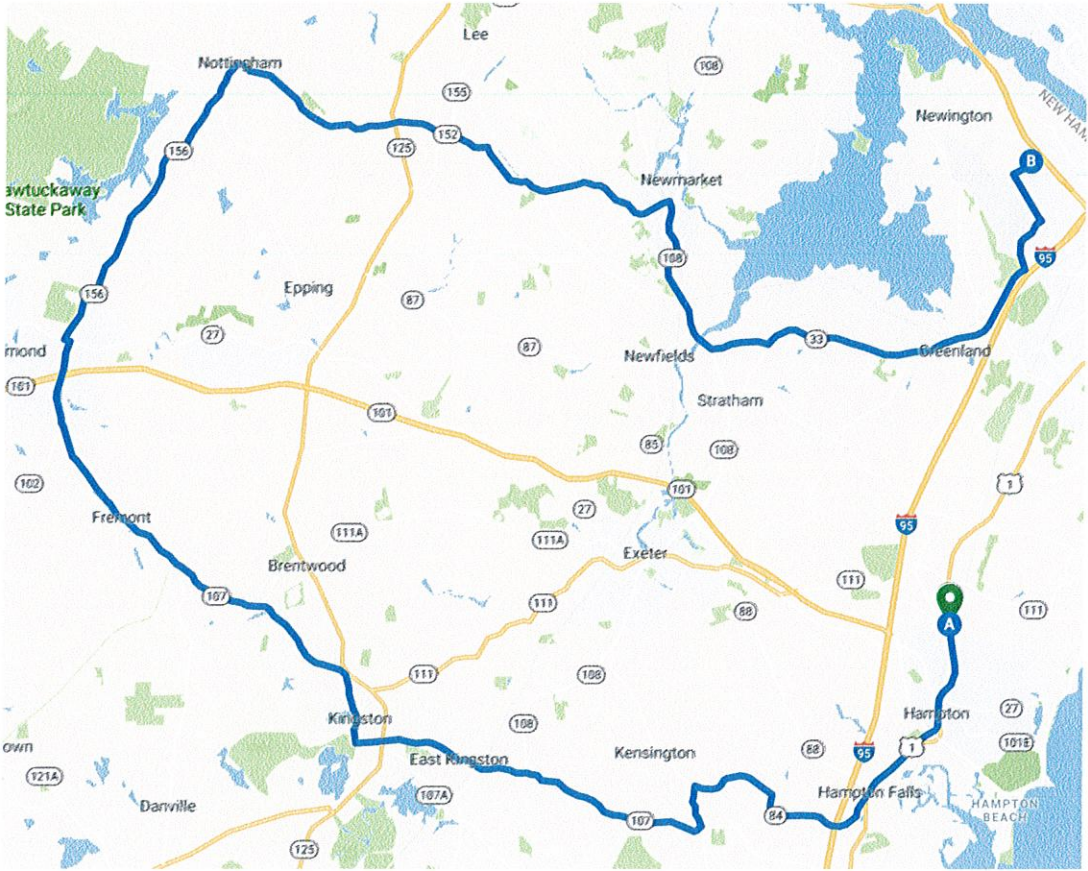
☐ **Denied** Reason:

☐ **Approved**

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

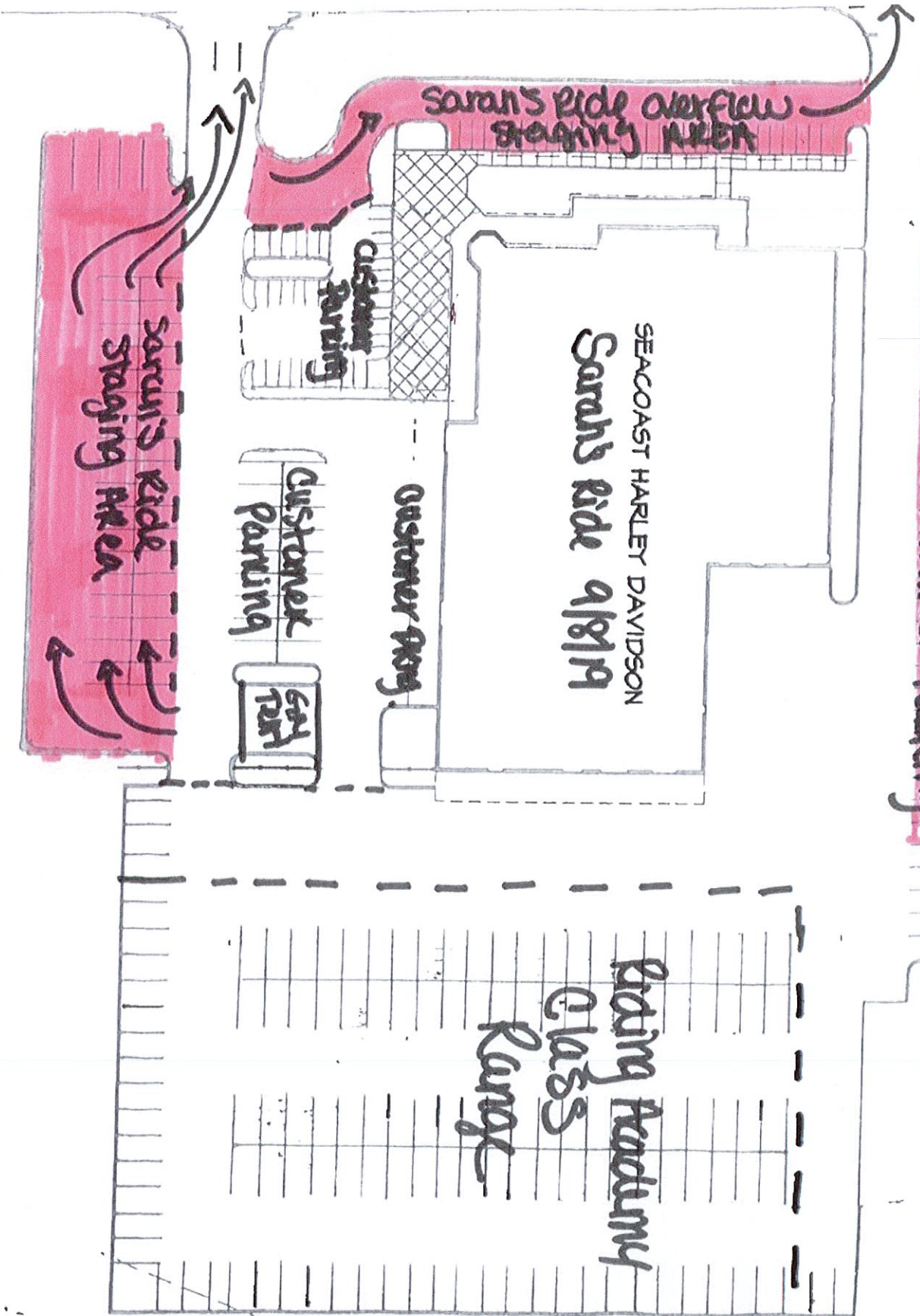
Date:

Sarah's Ride 2019 Route



Sarah's Ride Volunteer Parking

1" = 50'





SCU

SCU CONCORD
14 Dixon Ave, Suite 203
Concord, NH 03301
(603) 224-4009 ext. Ext 411 Fax: (800) 694-9177

MSE019L2384

Quote is valid until 9/8/2019

Re: **Portsmouth Fire Fighters Charitable Association**
Expired # CL2735248

To: Kane Insurance LLC
CHad Hancock

Attn: Commission: _____%

From: Sue Holman

sholman@scui.com / (603) 224-4009 ext. Ext 411

Please bind effective: 9/12/2019

Confirm optional coverages:

☒ Do not include any optional coverages.


☐ Include the following optional coverages from Section V
(Taxes & Fees may apply to optional premium if purchased)

☐ Option 1 - Set-up and/or Take-down Coverage

☐ Option 2 - (add: \$50) - Rain Date Coverage


☐ Option 3 - (add: \$100) - Banner Coverage

☐ Option 4 - Terrorism Coverage

Signature: 

PREMIUM IS FULLY EARNED & DUE TO BIND.

I. PREMIUM AND UNDERWRITING NOTES/REQUIREMENTS

COMMERCIAL LIABILITY POLICY INFORMATION	
Carrier:	Mount Vernon Fire Insurance Company
Status:	Admitted 
A.M. Best Rating:	A++ (Superior) - XI

GENERAL LIABILITY OCCURRENCE/AGGREGATE	GENERAL LIABILITY PREMIUM
<input type="checkbox"/> \$300,000/\$300,000	\$233
<input type="checkbox"/> \$300,000/\$600,000	\$240
<input type="checkbox"/> \$500,000/\$500,000	\$273
<input type="checkbox"/> \$500,000/\$1,000,000	\$279
<input type="checkbox"/> \$1,000,000/\$1,000,000	\$319
<input checked="" type="checkbox"/> \$1,000,000/\$2,000,000	\$325
<input type="checkbox"/> \$1,000,000/\$3,000,000	\$329

No tax, No fee

ADDITIONAL QUOTE INFORMATION
Policy Minimum Premium: \$220
Personal & Advertising Injury: Same as the Occurrence Limit
Products Aggregate: See L-535
Damages to Premises Rented: \$100,000
Medical Payments: \$1,000
Refer to Covered Events section for event dates covered

Please contact us with any questions regarding the terminology used or the coverages provided.

****Read the quote carefully, it may not match the coverages requested****



SCU

SCU CONCORD
14 Dixon Ave, Suite 203, Concord, NH 03301
Phone: (603)224-4009 xExt 411

Mount Vernon Fire Insurance Company

Special Events Application

MSE019L2384

You or your agent provided the information used to complete the questions below. Please answer all remaining questions in the space provided. By signing this application you are warranting that all information on this application is true and correct.

I. General Information

Applicant's Name: Portsmouth Fire Fighters Charitable Association

Form Of Business: ☐ Individual ☐ Corporation ☐ Partnership ☐ LLC ☒ Other: Association

Mailing Address: 1712 Court St

City: Portsmouth

State: NH

Zip: 03801

Phone Number: 603-235-9417

Fax Number:

Web Address:

E-mail Address: chapman@gmail.com

Coverage Desired: ☒ General Liability

☐ Liquor Liability

Please advise all entities requesting to be added as Additional Insured on this policy:

☐ Not Applicable

Complete Name	Address	Interest
<u>City of Portsmouth</u>	<u>35 Corporate Dr, Portsmouth, NH 03801</u>	
<u>Seaboard Harley Davidson</u>	<u>17 Lafayette Rd, No. Hampton</u>	
Brief Narrative of Event(s)		<u>NH, 03802</u>
Motorcycle run		

II. Location Address of the Event(s) and Corresponding Classification(s)

Location #1

Address City State Zip
17 Lafayette Road Portsmouth NH 03801

Years At Current Location: _____

Event	Start Date	End Date	# of Attendees:	# of Consumers:
Sporting Event / Tournament - Motorcycle Run (applicant is the host of the event)	9/8/2019	9/8/2019	500	

Will attendees be allowed on mechanical rides or devices at the event?

☐ Yes ☒ No

Will the event feature firearms?

☐ Yes ☒ No

Will the event feature overnight camping, or dormitory stays on the event's premises?

☐ Yes ☒ No

Will the event feature fireworks?

☐ Yes ☒ No

III. Limit of Insurance

Please select a limit:

Limits of Liability Occurrence/Aggregate

- ☐ \$500,000/\$500,000
☐ \$1,000,000/\$1,000,000
☒ \$1,000,000/\$2,000,000
☐ \$1,000,000/\$3,000,000

Additional Quote Information

Personal & Advertising Injury Will match the Occurrence Limit

Products Aggregate See L-535

Damages to Premises Rented \$100,000.00

Medical Payments \$1,000.00

General Liability Limits must be equal to or greater than Liquor Liability Limits.

Classification

Additional Insured - Blanket - Special Events - General Liability

Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and may subject such person to criminal and/or civil penalties and other sanctions.

Applicant's Warranty Statement: I warrant that the information provided in this Application, and any amendments or modifications to this Application are true and correct. I acknowledge that the information provided in this Application is material to acceptance of the risk and the issuance of the requested policy by Company. I agree that any claim, incident, occurrence, event or material change in the Applicant's operation taking place between the date this application was signed and the effective date of the insurance policy applied for which would render inaccurate, untrue or incomplete, any information provided in this Application, will immediately be reported in writing to the Company and the Company may withdraw or modify any outstanding quotations and/or void any authorization or agreement to bind the insurance. Company may, but is not required, to make investigation of the information provided in this Application. A decision by the Company not to make or to limit such investigation does not constitute a waiver or estoppel of Company's rights.

I acknowledge that this Application is deemed incorporated by reference in any policy issued by Company in reliance thereon whether or not the Application is attached to the policy.

I acknowledge and agree that a breach of this WARRANTY STATEMENT is grounds for Company to declare void any policy or policies issued in reliance thereon and/or deny any claim(s) for coverage thereunder.

Applicants Signature*: _____

[Signature]

Title: Vice-President

Date: 07-12-2019

Brokers Signature: _____

(Must be Owner, Officer or Partner)

(Required)

Date: 7/11/19

(Required)

If your state requires that we have the name and address of your (insured's) authorized Agent or Broker.

Name of Authorized Agent or Broker: Kane Ins.

Address: 242 State St. Portsmouth NH 03801

**SUBMITTING THIS APPLICATION DOES NOT BIND THE APPLICANT TO PURCHASE INSURANCE.
ACCEPTANCE OF THIS APPLICATION DOES NOT BIND THE COMPANY TO ISSUE INSURANCE.**

POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act ("the Act"), as amended, you have a right to purchase insurance coverage for losses arising out of acts of terrorism. *As defined in Section 102(1) of the Act.* The term "act of terrorism" means any act or acts that are certified by the Secretary of the Treasury, in consultation with the Secretary of Homeland Security, and the Attorney General of the United States, to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

You should know that any coverage for losses caused by certified acts of terrorism is partially reimbursed by the United States under a formula established by federal law. Under this formula, the United States reimburses 85% through 2015; 84% beginning on January 1, 2016; 83% beginning on January 1, 2017; 82% beginning on January 1, 2018; 81% beginning on January 1, 2019 and 80% beginning on January 1, 2020, of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The premium charged for this coverage is provided below and does not include any charges for the portion of loss covered by the federal government under the Act.

Coverage for "insured losses", as defined in the Act, is subject to the coverage terms, conditions, amounts and limits in this policy applicable to losses arising from events other than acts of terrorism.

You should know that the Act, as amended, contains a \$100 billion cap that limits U.S. Government reimbursement, as well as insurers' liability, for losses resulting from certified acts of terrorism when the amount of such losses in any one calendar year exceeds \$100 billion. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

You should also know that, under federal law, you are not required to purchase coverage for losses caused by certified acts of terrorism.

REJECTION OR SELECTION OF TERRORISM INSURANCE COVERAGE

Please "X" one of the boxes below and return this notice to the Company.

<input checked="checked" type="checkbox"/>	I decline to purchase Terrorism Coverage. I understand that I will have no coverage for losses arising from acts of Terrorism.
<input type="checkbox"/>	I elect to purchase coverage for certified acts of Terrorism for a premium of \$ _____.

Note: if you do not respond to our offer and do not return this notice to the Company, you will have no Terrorism Coverage under this policy.

Russell Osgood

Applicant Name (Print)



Authorized Signature

Portsmouth Fire Fighters Charitable

Named Insured

7/11/2019

Date

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

Today's Date: July 23, 2019
To: Department of Transportation
Transportation Management Center
PO Box 483, 110 Smokey Bear Blvd
Concord, New Hampshire 03302-0483
Phone (603) 271-6862
Fax (603) 271-8626

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

Kathy Mone
Selectmen / Town Manager / Police Chief
(circle one)

Motorcycle ride
Motorcycle
No
No
n/a
No
Portsmouth Firefighters Charitable
170 Court St Assoc.
Portsmouth, NH 03801
603-396-6751
Charity
Portsmouth FF Charitable
Sept. 8, 2019 Assoc.
1000am 100pm ~ 65 MI
Rt. 1, 84, 107, 156, 152, 108,
33
State Police

Signed by Amy Rodier
(Applicant)

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

Pedestrians' Rights and Duties

265:34 Pedestrians Subject to Traffic Signs and Regulations. A pedestrian shall obey the instructions of any traffic sign or regulation specifically applicable to him, unless otherwise directed by a police officer. Pedestrians shall be subject to traffic and pedestrian control signals as provided in RSA 265:9 unless required by local ordinance to comply strictly with such signals. At all other places, pedestrians shall be accorded the privileges and shall be subject to the restriction stated in this chapter.

265:35 Pedestrian's Right of Way in Crosswalks.

- I. When traffic control signals are not in place or not in operation the driver of a vehicle shall yield the right of way, slowing down or stopping if need be to so yield, to a pedestrian crossing the roadway within a crosswalk when the pedestrian is upon the half of the roadway upon which the vehicle is traveling, or when the pedestrian is approaching so closely from the opposite half of the roadway as to be in danger.
- II. No pedestrian shall suddenly leave a curb or other place of safety and walk or run into the path of a vehicle which is so close as to constitute an immediate hazard.
- III. Paragraph I shall not apply under the conditions stated in RSA 265:36.
- IV. Whenever any vehicle is stopped at a marked crosswalk or at any unmarked crosswalk at an intersection to permit a pedestrian to cross the roadway, the driver of any other vehicle approaching from the rear shall not overtake and pass such stopped vehicle.

265:36 Crossing at Other Than Crosswalks.

- I. Every pedestrian crossing a roadway at any point other than within a marked crosswalk or within an unmarked crosswalk at an intersection shall yield the right of way to all vehicles upon the roadway.
- II. Any pedestrian crossing a roadway at a point where a pedestrian tunnel or overhead pedestrian crossing has been provided shall yield the right of way to all vehicles upon the roadway.
- III. Between adjacent intersections at which traffic control signals are in operation pedestrians shall not cross at any place except in a marked crosswalk.
- IV. No pedestrian shall cross a roadway intersection diagonally unless authorized by traffic control devices; and, when authorized to cross diagonally, pedestrians shall cross only in accordance with the official traffic control devices pertaining to such crossing movements.

265:37 Drivers to Exercise Due Care. Notwithstanding the foregoing provisions of this chapter or the provisions of any local ordinance, every driver of a vehicle shall exercise due care to avoid colliding with any pedestrian or any person propelling a human-powered vehicle and shall give an audible signal when necessary and shall exercise proper precaution upon observing any child or any obviously confused, incapacitated or intoxicated person.

265:38 Pedestrians to Use Right Half of Crosswalks. Pedestrians shall move, whenever practicable upon the right half of crosswalks.

265:39 Pedestrians on Roadway.

- I. Where sidewalks are provided it shall be unlawful for any pedestrian to walk along and upon an adjacent roadway.

II. Where a sidewalk is not available, any pedestrian walking along and upon a way shall walk only on a shoulder, as far as practicable from the edge of the roadway. Where neither a sidewalk nor a shoulder is available, any pedestrian walking along and upon a way shall walk as near as practicable to an outside edge of the roadway, and if on a two-way roadway, shall walk only on the left side of the roadway.

III. Except as otherwise provided in this chapter, any pedestrian upon a roadway shall yield the right of way to all vehicles upon the roadway.

265:40 Pedestrians Soliciting Rides or Business.

I. No person shall stand on the traveled portion of a roadway for the purpose of soliciting a ride, employment, business or contributions from the occupant of any vehicle.

II. No person shall stand on or in proximity to the traveled portion of a street or way for the purpose of soliciting the watching or guarding of any vehicle while parked or about to be parked on a street or way.

III. It shall be lawful for any person to hitchhike or solicit a ride from the occupant of any vehicle upon any road or way, or limited access road and highway provided that the individual is not, when so doing, standing on the paved portion of the road or way.

IV. No person shall signal a moving vehicle or stop a vehicle on any public way in order to solicit or sell a ticket of admission to an entertainment or sports event.

Sarah's Ride 2019 Route

