



Town of Bourne Interdepartmental Advisory Form



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Start Date:	10/22/2018
Owner/Applicant:	Marie Oliva [508-759-6000 x12] Cape Cod Canal Region Chamber of Commerce
Project Location:	70 Main Street, Buzzards Bay, MA 02532
Nature of Request:	2019 Summer Concerts in the Park Every Thursday evening July and August 2018 [7/11/19>8/29/19] 5:30 p.m. - 8:30 p.m. Estimated Attendance: 200 - 300 Open to the public at no charge
Liability Insurance Naming Town of Bourne as Additional Insured	Has applicant provided insurance? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>Insurance Certificate on file good thru April 24, 2020 – received April 2, 2019</u>

Map:		Parcel:		District:	
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Engineering:

Date of Recording:		Lot Area:		Frontage:		Zone:	
Resource District:		Town Road:		Paved:		Contiguous Lots:	
Flood Zone:		Within 100' of Wetland:					

**Owner:
Remarks:**

10/26/2018 Timothy P Lydon
Date Department Head

Planning Department: Concur Does Not Concur

Remarks: Temporary street banners require Selectman approval per §2866.

10/23/2018 Jennifer Copeland
Date Town Planner

Planning Board: Concur Does Not Concur

Remarks:

10/23/2018 Elmer Clegg/ag
Date Board Member

Conservation Commission: Must File Determination Notice of Intent
 Need not File

Remarks:

10/23/2018 Samuel Haines
Date Conservation Agent

Board of Health: Concur Does Not Concur

Remarks:

10/23/2018 Terri Guarino/ag
Date Health Agent

Building Inspector: Concur Does Not Concur

Remarks:

10/23/2018 Roger Laporte/ag
Date Building Inspector

Sewer Commissioners: Concur Does Not Concur

Remarks: n/a

10/24/2018 George M. Sala mr
Date Department Head

Town Collector: Outstanding Taxes Taxes Paid In Full

FY	RE	\$0.00	FY	RE	\$0.00	FY	RE	\$0.00
FY	RE	\$0.00	FY	RE	\$0.00	FY	RE	\$0.00
FY	RE	\$0.00	FY	RE	\$0.00	FY	RE	\$0.00

Remarks:

10/22/2018 A Dastous
Date Town Collector

Town Clerk:
If not corporation has business certificate been issued? Yes No

Remarks: n/a

10/22/2018 mfernandes
Date Clerk's Office

Assessors:
This individual has (have) completed the Form of List? Yes No

Remarks: na

11/9/2018

Jean Potter

Date

Assessors Office

Department of Public Works: Approved Disapproved Not Under DPW Jurisdiction

Remarks: Would like to meet one month prior to event.

10/26/2018

George M. Sala

Date

Department Head

Department of Natural Resources: Approved Disapproved Not Under DNR Jurisdiction

Remarks:

10/23/2018

Tim Mullen

Date

Department Head

Recreation Department: Concur Does Not Concur

Remarks:

10/29/2018

Krissanne M. Caron

Date

Department Head

Police Department: Concur Does Not Concur

Remarks:

10/22/2018

Lt. Brandon M. Esip

Date

Department Head

Fire Department: Concur Does Not Concur

Remarks:

10/23/2018

Chief Sylvester

Date

Department Head

Board of Selectmen: Concur Does Not Concur

Remarks:

Date

Chairman



Town of Bourne

Special Event Permit Application for Buzzards Bay Park

Date of Application 10/25/18
Chamber of Commerce, Inc.

Name of Organization Cape Cod Canal Region

Organization's Mailing Address 70 Main Street, Buzzards Bay, MA 02532

Contact Person Marie Oliva

Cell Phone # 508-566-9028

Contact Person's Mailing Address P.O. Box 331, Sagamore Beach, MA 02562

Event Information:

Event Date Every Thursday in July (except July 4th) and August Start Time 6:30pm - 8:30pm

Set Up Date n/a

Set Up Time 6pm

End Clean Up Time

Description of Event Free Concerts by the Canal

of Participants

of Spectators 200

Will your event require street closing? If Yes, see Bourne Police

Will there be food?

If Yes, see Board of Health

Will there be vendors?

If Yes, see Board of Selectmen's Office and the Board of Health

Use of electricity/generators?

If Yes, see Bourne DPW

Will the Event require water?

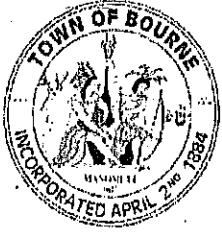
If Yes, for what purpose?

Use of Tents?

If Yes, please see

Wish to block parking spaces?

If Yes, see DPW



INDEMNIFICATION AND RELEASE

Town of Bourne Facility Rentals

THIS IS A LEGALLY BINDING DOCUMENT. DO NOT SIGN IT UNTIL YOU HAVE READ THE CONTENTS HEREOF AND UNDERSTAND THE SAME. IF YOU ARE IN DOUBT, CONSULT AN ATTORNEY PRIOR TO SIGNING THIS DOCUMENT.

In consideration of the permission granted to it by the Town of Bourne for the purpose of using playing fields and recreational properties owned by the Town of Bourne, the undersigned, in recognition of the fact that Bourne has no lawful obligation to permit said usage by any person, group or other entity not sponsored by the Recreation Department, does hereby release the Town of Bourne, its agents, servants, employees and volunteers from any liability whatsoever in the event of injury to any persons or any actual or perceived infringement of the personal security of any person using the said playing fields and/or recreation areas while engaged in usage authorized by the Town or to any person attending such activity and the undersigned intends this release to be effective and binding on himself/herself and all members, guests, invitees or observers of the group activity which she/he herein represents. This release is provided in addition to, and without limitation on, any and all defenses available to the Town of Bourne pursuant to the Massachusetts General Law and common law.

The undersigned, on behalf of him/herself and the members of the group or entity he/she represents, does hereby agree to indemnify the Town and its agents, servants, employees and volunteers against any and all claims, suits, actions, debts, damages, costs, charges and expenses including court costs and attorney's fees, and against all liability, losses and damages of any nature whatsoever, that the Town shall or may at any time sustain or be put to by reason of the usage of the Town owned property, as contemplated herein.

Manuel Queiroz

Signature

10/25/18

Date

PRESIDENT (CEO)

Title

CAPE COD CANAL REGION CHAMBER

Name of Organization



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/27/2019

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).

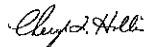
PRODUCER C.L. HOLLIS INSURANCE 140 Marion Rd Wareham MA 02571		CONTACT NAME: Cheryl L. Hollis PHONE (A/C No, Ext): (508) 295-9500 E-MAIL ADDRESS: cherylle@insurehollis.com		FAX (A/C, No): (508) 295-9898
INSURED Cape Cod Canal Region Chamber of Commerce 70 Main St BUZZARDS BAY MA 02532		INSURER(S) AFFORDING COVERAGE INSURER A: Transportation Insurance Co INSURER B: Travelers INSURER C: Illinois Union Insurance INSURER D: INSURER E: INSURER F:		NAIC # 20494

COVERAGES CERTIFICATE NUMBER: CL1772604004 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	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			4017413446	4/24/2019	4/24/2020	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 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 BAIL \$ 1,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
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 N	N/A	6RUB-9P46452-7-17	2/10/2019	2/10/2020	PER STATUTE <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
							EACH OCCURRENCE GENERAL AGGREGATE

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

CERTIFICATE HOLDER TOWN OF BOURNE 24 PERRY AVENUE BUZZARDS BAY, MA 02532	CANCELLATION 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 Cheryl Hollis/CHERYL 

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