

**TOWN OF CHARLOTTE -- RECREATION COMMISSION
APPLICATION FOR USE OF CHARLOTTE PUBLIC FACILITIES**

Date(s) of Event(s): August 2nd + 3rd, 2014 (Sat/Sun)
Name of Organization/Event: National Multiple Sclerosis Society
Address: 101A First Ave Suite 6 Waltham, MA 02451

Non-Profit For Profit

If non-profit, briefly explain benefit fund: Funds raised go to MS research and programs.

Contact information for Organization/Representative:

Name of Event Manager/Title: Drew Davis Logistics Manager

Email address: Drew.Davis@nmss.org

Telephone number: 781.693.5158

Mobile telephone number: 978.866.6955

Name of Event (& brief description): 2014 Green Mountain Getaway
Charity Bike ride for Multiple Sclerosis

Please attach a certificate of insurance for the event, which shall name The Town of Charlotte as an "additional insured" on the event liability policy.

Approximate number of participants: 175

Has this event been held in Charlotte before? Yes No

If yes, please list years: 2013

Is this event open to Charlotte residents? Yes No

Safety Arrangements: (attach additional sheet if needed)

(Parking, course monitors, water and aid stations, traffic control, trash collection)

Attached

Briefly describe and indicate numbers of employees/volunteers who will work the event:

Attached

Has the Charlotte Fire & Rescue been notified? Yes No
Will your event utilize CCS Facilities? The Town Beach? Please list:

Are State of Vermont permits required? Yes No
Please attach a course map, if applicable.

In consideration of this request to use town highways and/or town-owned property and facilities NMSS (organization/group/business) and I agree, and for myself/ourselves and my/our heirs, executors and administrators agree to indemnify, defend and hold forever harmless the Town of Charlotte and its officers, agents and employees from and against any claims, demands, liabilities, actions, judgments, settlements, damages, costs and expenses (including attorney's fees and disbursements) for injury to or death of any person or damage to property arising out of or resulting from the activity described in this request.

Signature of authorized representative 

TOWN OF CHARLOTTE RECREATION COMMISSION

Process:

Outside organizations will contact the Recreation Office (425-6129) or use the Recreation link on the Town of Charlotte web site.

Event organizer(s) will fill out and submit a copy of the Application for Outside events to the Recreation Coordinator, who will refer it to the next regularly scheduled meeting of the Recreation Commission.

At the meeting, which may be attended by a representative of the outside event if they wish, the details of the event will be discussed by the commission. Based on commission recommendation, the application will be forwarded to the Selectboard with comments/recommendations. The Selectboard will then approve/disapprove the event as outlined on the application.

Copies of all event applications will be kept on file in the Recreation Office.

Purpose:

To review recreational events planned by outside organizations for Town of Charlotte venues by outside agencies. Information gathered by the review process will assist the Selectboard in making an informed decision regarding event approval.

To coordinate dates for events so that there are no conflicts. To provide an event calendar for the Town of Charlotte web site.

To insure that event safety planning is adequate and Insurance is provided by the organizer.

To assist with logistics and volunteers when appropriate.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/27/2012

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 MARSH USA, INC. 445 SOUTH STREET MORRISTOWN, NJ 07960-6454 123456-Stand--12-13 WALTH	CONTACT NAME: _____ PHONE (A/C. No, Ext): _____ FAX (A/C. No): _____ E-MAIL ADDRESS: _____																					
	<table border="1"> <thead> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A :</td> <td>Federal Insurance Company</td> <td>20281</td> </tr> <tr> <td>INSURER B :</td> <td>Great Northern Insurance Company</td> <td>20303</td> </tr> <tr> <td>INSURER C :</td> <td>ACE Property & Casualty Insurance Company</td> <td>20699</td> </tr> <tr> <td>INSURER D :</td> <td>Employers Insurance Company Of Wausau</td> <td>21458</td> </tr> <tr> <td>INSURER E :</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>INSURER F :</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A :	Federal Insurance Company	20281	INSURER B :	Great Northern Insurance Company	20303	INSURER C :	ACE Property & Casualty Insurance Company	20699	INSURER D :	Employers Insurance Company Of Wausau	21458	INSURER E :	_____	_____	INSURER F :	_____
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INSURED NATIONAL MULTIPLE SCLEROSIS SOCIETY GREATER NEW ENGLAND CHAPTER 101A FIRST AVENUE, STE 6 WALTHAM, MA 02451																						

COVERAGES **CERTIFICATE NUMBER:** NYC-006357041-04 **REVISION NUMBER:** 3

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC			3583-33-49	12/31/2012	12/31/2013	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
							MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 1,000,000
								\$
B	AUTOMOBILE LIABILITY <input checked="" 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			(12)7353-02-37	12/31/2012	12/31/2013	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
							Comp/Coll Deductible	\$ 1,000
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			M00552835 022	12/31/2012	12/31/2013	EACH OCCURRENCE	\$ 5,000,000
							AGGREGATE	\$ 5,000,000
								\$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			WCC-Z91-451053-012	12/31/2012	12/31/2013	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	
							E.L. EACH ACCIDENT	\$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 TOWN OF CHARLOTTE IS ADDED AS ADDITIONAL INSURED EXCLUDING WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY POLICY.

CERTIFICATE HOLDER
 TOWN OF CHARLOTTE
 ATTN: DEAN BLOCH
 P.O. BOX 119
 CHARLOTTE, VT 05445
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
 of Marsh USA Inc.

Manashi Mukherjee

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**National
Multiple Sclerosis
Society**
Greater
New England
Chapter

Mr. Dean Bloch
Town Planner
P.O. Box 119
Charlotte, VT. 05445

December 4, 2013

Dear Mr. Bloch,

We will be holding our Green Mountain Getaway MS Bike Ride on August 2nd and 3rd, 2014. This two day, 150 mile ride attracts 200 participants who take part to raise funds for Multiple Sclerosis. Multiple Sclerosis is a disease that has hit Vermont especially hard. Nearly 1 in every 400 Vermont residents has MS, a per capita rate that is about 70% higher than the nation as a whole. The funds we raise through special events such as the Green Mountain Getaway pay for our programs and services, in addition to funding research for a cure.

Each day the ride will start and finish at the University of Vermont (Burlington) campus, where the riders will also overnight on Saturday. We respectfully ask permission from the Town of Charlotte to use local roads for our annual two day event. Our cyclists will be passing through town on Saturday and Sunday between 8am – 4pm. I have included route cue sheets for your review, and we will thoroughly mark the route and have police details where appropriate. Please let me know if there are additional steps, permits or permissions I must take to assure approval for the event.

We operate a support team consisting of medical personnel, bicycle mechanics, and amateur (HAM) radio operators. Our lead HAM radio operator monitors all emergency radio frequencies, so that we can close or redirect our route should that become necessary. The routes and Saturday rest stop will be the same as last year's event.

If we can have your permission, please fax or return one signed copy of this letter to me. Please feel free to call or email me if you have any questions or concerns. Thank you for your consideration and for your support. We greatly appreciate it.

Best Regards,

Drew Davis
Logistics Manager
NMSS Greater New England Chapter
(w)781-693-5158
(f) 781-890-2089
Drew.davis@nmss.org

*Signature: _____ *Date: _____

*Printed Name: _____

2014 Bike MS Green Mountain Getaway - Saturday 100 mile
Net Control: 978-888-3363

Miles	Direction	Description	Go	Town:
0.0	R	South on Spear St	6.9	S. Burlington
6.9	R	Irish Hill Rd	1.6	Shelburne
8.5	S	Cross Rt. 7 onto Bostwick Rd	1.8	
10.3	BL	Road turns left and becomes Greenbush Rd.	3.5	
13.8	S	Rest Stop - Old Lantern	5.9	Charlotte
19.7	BR	Route 7 - Stay on shoulder	1.4	
21.1	R	Little Chicago Rd.	0.9	Ferrisburgh
22.0	R	Hawkins Rd	3.2	
25.2	L	Sand Rd. - becomes Macdonough Drive and then Water St.	5.6	
30.8	L	Rest Stop - High St.	0.2	
31.0		Return to Macdonough Dr.	0.2	
31.2	L	Macdonough Dr.	0.3	
31.5	S	Water St. - <i>up short STEEP hill</i>	0.2	Vergennes
31.7	R	Main St. - Rt. 22A	0.2	
31.9	R	Canal St.	0.1	
32.0	L	West St.	0.2	
32.2	R	Panton Rd.	1.2	
33.4	R	Basin Harbor Rd.	4.4	
37.8	L	Button Bay Rd	4.0	
41.8	S	Onto Jersey Rd.	0.5	Panton
42.3	R	Pease Rd.	0.9	
43.2	L	Lake St.	5.9	
49.1	S	Rt. 17	1.9	Addison
51.0	R	Cross Champlain Bridge	0.7	
51.7	R	Rest Stop - Crown Point State Historic Area - LUNCH		Crown Point
51.7	L	Cross Champlain Bridge	0.7	
52.4	R	Rt. 125	3.6	
56.0	L	Basin Harbor Rd.	1.4	
57.4		Becomes Jersey St.	3.3	
60.7	BR	On Rt. 17	2.2	
62.9	S	Onto Jersey St.	1.1	
64.0	R	Goodrich Rd. - <i>There is 0.8 miles of unpaved road</i>	1.1	
65.1	L	Onto Jersey St.	3.7	Panton
68.8	R	Panton Rd.	4.1	
72.9	L	West St.	0.2	
73.1	R	Canal St.	0.1	
73.2	L	Main St. - Rt. 22A	0.2	
73.4	L	Water St.	0.2	
73.6	S	Macdonough Drive	0.3	
73.9	R	Rest Stop - High St.	0.2	
74.1	L	Comfort Hill Rd.	0.5	
74.6	S	Becomes Botsford Rd.	0.3	
74.9	R	Comfort Hill Rd.	2.3	
77.2	R	Little Chicago Rd.	0.9	Ferrisburgh
78.1	L	Rt. 7	4.2	
82.3	R	Old Hollow Rd	0.5	
82.8	L	Mount Philo Rd	0.4	
83.2	BR	Spear St.	5.3	Charlotte
88.5	S	Rest Stop - East Charlotte	10.7	
99.2	L	Finish at UVM		S. Burlington
	FINISH	Finish Line - Congratulations! You made it!		
		Route closes at 4:00PM		

L=Left, R=Right, X=Cross, S=Straight, B=Bear, @=at

2014 Bike MS Green Mountain Getaway - Sunday 100 mile

Net Control: 978-888-3363

Miles	Direction	Description	Go	Town:
0.0	R	South on Spear St	2.0	S. Burlington
2.0	L	Swift St. - stay on the road	0.6	
2.6	R	Dorset St.	3.9	
6.5	L	Shelburne Rd.	5.5	Shelburne
12.0	S	Cross Rt 116 at traffic light on CVU Rd.		Hinesburg
12.0	BR	Rest Stop - CVU		
12.0	S	Richmond Road	0.6	
12.6	R	North Road at intersections with Texas Hill Road	2.0	
14.6	S	Route 116	2.3	
16.9	L	Hinesburg Hollow Road	1.6	
18.5	R	Main Road	5.0	Richmond
23.5	L	Rest Stop - Huntington Firestation parking lot	1.7	Huntington
25.2	S	Hanksville	2.4	
27.6	R	Rt 17	3.7	Starksboro
31.3	S	Top of hill	2.3	
33.6	L	Rt 116	3.3	Bristol
36.9		Rest Stop - Bristol Green		
36.9		Continue west on Rt. 116	0.9	
37.8	L	On Rt. 116 at blinking red light	8.0	
45.8	L	Quarry Rd.	2.1	Middlebury
47.9	BR	Seminary St - up hill.	1.2	
49.1	R	High St - No street sign	0.4	
49.5	R	Rt 7	2.4	
51.9	R	River Rd	4.3	New Haven
56.2	S	New Haven Mills	0.8	
57.0	S	Rt 116	1.5	Bristol
58.5	R	Hewitt Rd	0.9	
59.4	L	Lovers Lane	0.5	
59.9	R	Rt 17	0.9	
60.8	L	Rest Stop - Bristol Green - LUNCH		
60.8	L	North St	8.9	
69.7	R	State Prison Hollow Rd. at Monkton Ridge	1.3	Monkton
71.0	L	Tyler Bridge Rd.	2.8	
73.8	L	Rt 116	4.3	Hinesburg
78.1	L	Charlotte - Hinesburg Rd	0.1	
78.2	R	Rest Stop - Hinesburg Town Hall	4.2	
82.4	R	Spear St.	10.7	Charlotte
93.1	L	Finish at UVM		S. Burlington
	FINISH	Finish Line - Congratulations! You made it!		
Route closes at 4:00PM				