February 22, 2016

Mary Mead, Town Clerk
Town of Charlotte
PO Box 119
Charlotte, VT 05445

Re: Notification of Bicycle Fundraiser in Charlotte on June 11, 2016

Dear Mary,

On Saturday, June 11, 2016, Vermont CARES will hold its annual bike tour to raise funds for HIV/AIDS, the Champ Ride, which will start and finish at Oakledge Park in Burlington. The routes are the same as last year's, and are largely those we have used for over a decade, thanks to your encouragement.

Riders this year have a choice between 17, 32, 67 and 100 mile routes. We estimate based on past ridership a maximum of 150 riders in total. We have planned careful and safe routes which may bring riders through Charlotte between five a.m. and four p.m. We have consulted various riding guides for safe routes in the region, as well as similar rides in this area.

I have attached a map to show where this ride is currently planned, as well as a certificate of liability insurance naming Charlotte as an additional insured for this event. We undertake to provide all materials, EMTs, and security at our own cost and we do not need any officers to direct traffic on the day of the ride. Furthermore, we will pick up all directional signs and other materials after the ride.

I am writing to see if we need to secure any permits or provide you with further information. Feel free to contact me by email at christian@vtcares.org or by phone at (802) 863-2437 ext. 11.

Thank you.

Sincerely,

Christian Pinillos
Events & Marketing Manager

Enclosures: proposed route map, certificate of liability insurance

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 2/13/2016

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
Berrian Insurance Group, Vermont
PO Box 647
Waitsfield VT 05673

CONTACT NAME: Jason Hulsizer
PHONE (A/C, No, Ext): (802)496-9190 FAX (A/C, No): (802)496-9515
E-MAIL ADDRESS: jay@bigvermont.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: New Hampshire Ins. Co.	23841
INSURER B: National Union Fire Ins. Co.	19445
INSURER C: New York Marine and General	16608
INSURER D:	
INSURER E:	
INSURER F:	

INSURED
Vermont CARES, Inc.
187 St. Paul St.
Burlington VT 05401

COVERAGES

CERTIFICATE NUMBER: CL1621300761 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	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC OTHER:	X		01-LX-066415653-0	2/17/2016	2/17/2017	EACH OCCURRENCE	$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 1,000,000
							MED EXP (Any one person)	$ 20,000
							PERSONAL & ADV INJURY	$ 1,000,000
							GENERAL AGGREGATE	$ 3,000,000
							PRODUCTS - COMP/OP AGG	$ 3,000,000
							Employee Benefits	$ 1,000,000
B	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS X HIRED AUTOS SCHEDULED AUTOS X NON-OWNED AUTOS			29-CA-048193042-0	2/17/2016	2/17/2017	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION $						EACH OCCURRENCE	$
							AGGREGATE	$
								$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		WC201500008777	4/5/2015	4/5/2016	PER STATUTE OTH-ER	
							E.L. EACH ACCIDENT	$ 500,000
							E.L. DISEASE - EA EMPLOYEE	$ 500,000
							E.L. DISEASE - POLICY LIMIT	$ 500,000
A	PROFESSIONAL LIABILITY			01-LX-066415653-0	2/17/2016	2/17/2017	EACH OCCURRENCE	1,000,000
							GENERAL AGGREGATE	3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate Holder is added as Additional Insured respects General Liability for the Vermont CARES Champ Ride June 11, 2016

CERTIFICATE HOLDER

mary@townofcharlotte.com

Town of Charlotte
Town Clerk
PO 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
Jason Hulsizer/KJB

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