



April 14, 2014

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

Re: Notification of Bicycle Fundraiser in Charlotte on June 14, 2104

Dear Mary,

On Saturday, June 14, 2014, 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 not use paint on Charlotte's streets, and 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 david@vtcares.org or by phone at (802) 863-2437 ext. 11.

Thank you.

Sincerely,

David Labrador
Development Director

Enclosures: application for use of Charlotte public facilities, proposed route map, certificate of liability insurance

Burlington
P.O. Box 5248
Burlington, VT 05402
802.863.2437 802.864.7730 fax

Rutland
P.O. Box 6033
Rutland, VT 05701
802.775.5884

St. Johnsbury
1091 Hospital Drive
St. Johnsbury, VT 05819
802.748.9061

Montpelier
58 East State Street, Suite 3
Montpelier, VT 05602
802.371.6222

www.vtcares.org
800.649.2437

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

Date(s) of Event(s): June 14, 2014
Name of Organization/Event: Vermont CARES Champ Ride for HIV Prevention
Address: P.O. Box 5248, Burlington, VT 05402

Non-Profit For Profit

If non-profit, briefly explain benefit fund: HIV/AIDS Prevention, Testing + Services

Contact information for Organization/Representative:

Name of Event Manager/Title: David Labrador, Development Director

Email address: david@vtcares.org

Telephone number: (802) 863-2437

Mobile telephone number: (646) 533-8202

Name of Event (& brief description): Champ Ride is a bike tour - not a race - where riders/fundraisers ride up to 100 miles to raise funds.

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: 100

Has this event been held in Charlotte before? Yes No

If yes, please list years: 2013, 2012, 2011, 2010, 2009, 2008, 2007... and every year back to 1998

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)

All parking is at start/finish in Burlington. The nearest water and aid stations are in Shelburne, Monkton and Ferrisburgh. No police or traffic control is needed because riders will ride singly and in small groups throughout the day. Vermont CARES is responsible for EMTs and security. We undertake to remove all materials at the conclusion of the event.

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

There will be 20-30 volunteers and 6 employees at Oakledge Park, Burlington and at 5 water and aid stations along the bike route but not in Charlotte. There will be 4 more volunteers in mobile support teams who will pass through Charlotte.

Has the Charlotte Fire & Rescue been notified? Yes No

Will your event utilize CCS Facilities? The Town Beach? Please list: *No*

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 *Vernon CARBS* (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 *[Signature]* 4/14/14

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.

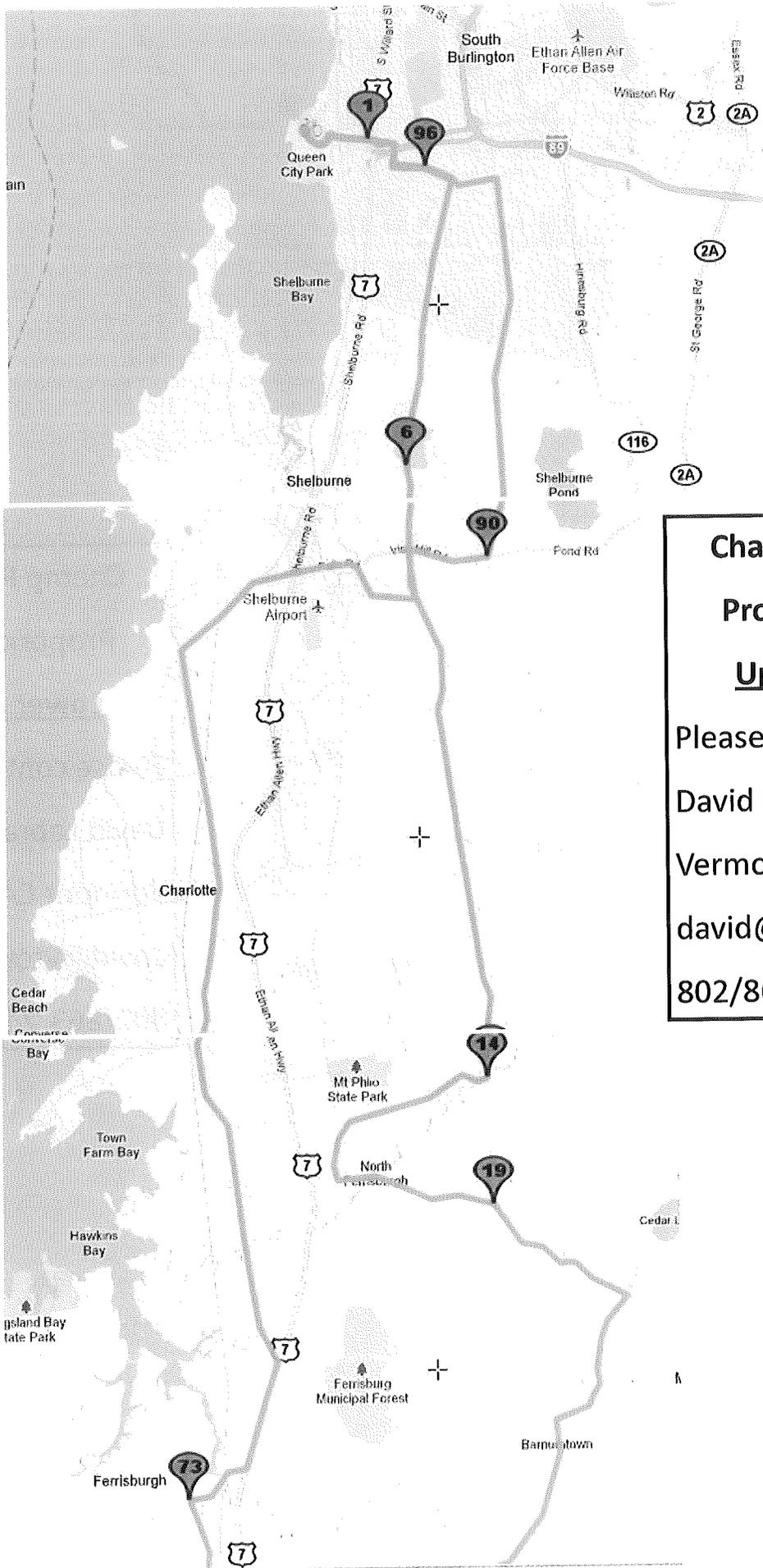
Purpose:

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.



Champ Ride 2014
Proposed Route
Upper Section

Please contact:
 David Labrador
 Vermont CARES
david@vtcares.org
 802/863-2437

Client#: 19414

VTCAR

ACORDTM

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/18/2014

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 Hackett Valine & MacDonald 62 North Main Street St. Albans, VT 05478 802 524-4400 | CONTACT NAME: Kim Boudreau | |
| | PHONE (A/C, No, Ext): 802 524-4400 | FAX (A/C, No): 8025243777 |
| E-MAIL ADDRESS: kimb@hvm.com | | |
| INSURER(S) AFFORDING COVERAGE | | NAIC # |
| INSURER A : Philadelphia Indemnity Insuranc | | |
| INSURER B : | | |
| INSURER C : | | |
| INSURER D : | | |
| INSURER E : | | |
| INSURER F : | | |

INSURED
Vermont Cares
PO Box 5248
Burlington, VT 05402-5248

COVERAGES **CERTIFICATE NUMBER:** **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 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 type="checkbox"/> LOC | | | PHPK1129846 | 02/17/2014 | 02/17/2015 | 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 \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$ |
| A | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ | | | PHPK1129846 | 02/17/2014 | 02/17/2015 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ EACH OCCURRENCE \$ AGGREGATE \$ \$ WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ |
| A | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | | PHPK1129846 | 02/17/2014 | 02/17/2015 | \$ 1,000,000 Each Occur \$ 2,000,000 Aggregate |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Vermont CARES Champ Ride June 14, 2014
Certificate holder is named additional insured.

CERTIFICATE HOLDER

CANCELLATION

| | |
|--|--|
| Town of Charlotte, VT Town Clerk P.O. Box 119 Charlotte, VT 05445 | 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 <i>Kim Boudreau</i> |
|--|--|

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