

# ITEM

## 17-065

To set a Public Hearing date of May 8<sup>th</sup> to consider and act on a Mass Gathering Permit for the Cumberland/North Yarmouth Youth Lacrosse, Cumberland Jamboree, to be held on May 13<sup>th</sup> from 8:00 a.m. to 6:00 p.m. at Twin Brook

## TOWN OF CUMBERLAND

Publication Dates: \_\_\_\_\_  
Publication Names: \_\_\_\_\_  
Date Filed: \_\_\_\_\_  
Fee Received: \_\_\_\_\_  
Date Ordinance Received: \_\_\_\_\_  
Issued: \_\_\_\_\_  
Denied: \_\_\_\_\_

### Mass Gathering Application-Minor Large Outdoor Event (500-4,999 persons)

This application **must be filed with the Town Clerk not less than 60 days** before the date of the event.  
Application must be accompanied by a non-refundable fee of **\$250.00**.

Name of Applicant: Cumberland North Yarmouth Youth Lacrosse

Address of Applicant: Jonathan Becker

Name of Event: Cumberland Jamboree

Facility where the event will be held: Twin Brook

Is the facility owned by the applicant: \_\_\_\_\_ yes; X no, (if no, attach a copy of the contract with  
The owner which allows use of property)

Name of promoter (if different from above): \_\_\_\_\_

Telephone number: 207-347-9476

Date of Event: May 13th Time (start and finish times): 8-6PM

Number of tickets available: \_\_\_\_\_

Expected attendance: 500

Description of event: Grades 3-6 Boys Round Robin play. various Maine programs  
will be playing.

Will any food vendors be serving at the event: \_\_\_\_\_ yes, X no, (if yes, how many, and  
what types) \_\_\_\_\_

Snack Bar will be open hosted by the Greely Boys lacrosse Boosters

Will any alcohol vendors be serving at the event? \_\_\_\_\_ yes, X no (if yes, list name and attach  
A copy of the vendors license to sell alcohol, describe what alcohol will be served) \_\_\_\_\_



Describe the three most recent outdoor performances of the group, performer, or event being proposed. Include location, date(s), number in attendance, promoter or sponsoring person or organization.

1. Cumberland Jamboree - Boys round robin play June of 2016 Twin Brook
2. Cumberland round Robin - Girls May of 2016 Twin Brook
3. Cumberland Jamboree - Boys Round Robin play June 2015 Twin Brook

**Description of facility:**

- A. Seating capacity: \_\_\_\_\_ permanent; X temporary
- B. Other seating capacity: \_\_\_\_\_ festival; X standing room only (sq. ft.)
- C. Number of toilets available: \_\_\_\_\_ permanent; 2 portable
- D. Number of parking spaces available: 250 on-site; \_\_\_\_\_ off-site
- E. Are all parking lots lighted (applicable only if event runs into evening hours): \_\_\_\_\_ yes;  
X no, if no, which lots are not lighted \_\_\_\_\_
- F. Source of potable water: At shed
- G. Refuse containers available, number and size: various spots on the premises
- H. Name of refuse disposal company (attach a copy of the agreement to pick up refuse)  
N/A
- I. When will refuse be picked up? N/A

**Public Safety:**

- J. Describe first aid facilities: onsite Paramedics
- K. Describe emergency facilities: n/a
- L. Describe communication facilities: n/a
- M. Number of certified police officers: 1 Cumberland Police
- N. Other security personnel (include company name and qualification): n/a
- O. Describe fire personnel: n/a

Other:

P. Name of liability insurance Markel  
Amount of coverage \$2mm; amount of property insurance \$0

Q. Preferred type of performance guarantee (i.e. escrow account, irrevocable letter of credit)

Jonathan Becker

Authorized Signature

On 3-27-2017 (date), I received a copy of the Cumberland Mass Gathering Ordinance.

Jonathan Becker

Authorized Signature

I certify that the team, league, or event on whose behalf I am requesting this certificate mandates 100% membership in US Lacrosse. In addition, I have verified our team's or league's events roster and all participants are currently registered members of US Lacrosse. I certify that this is true and I understand that liability coverage is only extended to our team, league, or event if all participants are current members of US Lacrosse. Further, I acknowledge by clicking on this box that event liability claims may be denied for coverage if our team/league/event is not 100% registered with US Lacrosse.

Name: Jonathan Becker

Organization: Cumberland/North Yarmouth Youth Lacrosse/ Maine  
Youth Lacrosse/Maine Chapter

Date: 03/27/2017





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
03/27/2017

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).**

<b>PRODUCER</b> BOLLINGER, Inc. 150 JFK PARKWAY, 4TH FLOOR PO Box 390 SHORT HILLS, NJ 07078 PHONE: 1-800-446-5311 FAX: 973-921-2876	<b>CONTACT NAME:</b>	
	<b>PHONE</b> (A/C, No. Ext): 800-446-5311	<b>FAX</b> (A/C, No.): 973-921-2876
<b>INSURED</b> US Lacrosse, Inc. 2 Loveton Circle Sparks, MD 21152 Re: Cumberland/North Yarmouth Youth Lacrosse/ Maine Youth Lacrosse/Maine Chapter	<b>E-MAIL ADDRESS:</b>	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A:</b> Market Insurance Company	
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
<b>INSURER E:</b>		
<b>INSURER F:</b>		
<b>NAIC #</b> 35970		

**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 VWD	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 <input checked="" type="checkbox"/> Participants Liab GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC			8502AH221369	01/01/2017	01/01/2018	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$5,000,000 PRODUCTS - COMPROP AGG \$2,000,000 \$
				Sexual Abuse & Molestation Liab per occurrence: \$1,000,000 Sexual Abuse & Molestation Aggregate limit: \$2,000,000			
	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) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			4602AH221370	01/01/2017	01/01/2018	EACH OCCURRENCE \$1,000,000 AGGREGATE \$1,000,000 \$
	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/A				WC STATUTORY LIMITS \$ OTHER \$ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Accident Medical Catastrophic Acc			4102AH025220 4102AH305882	01/01/2017 01/01/2017	01/01/2018 01/01/2018	Accident Limit: \$100,000 Catastrophic Limit: \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Coverage applies to teams/leagues comprised of 100% US Lacrosse members participants during scheduled and supervised Lacrosse activities.

**CERTIFICATE HOLDER****CANCELLATION**Cumberland North Yarmouth Youth Lacrosse  
66 Schooner Ridge  
Cumberland Foreside, ME 04110

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

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