

ITEM

17-074

To hold a Public Hearing to consider and act on a Mass Gathering
Permit for the Cumberland/North Yarmouth Youth Lacrosse,
Cumberland Round Robin, to be held on May 13th 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 Round Robin

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 Girls 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 Girls 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).

PRODUCER BOLLINGER, Inc. 150 JFK PARKWAY, 4TH FLOOR PO Box 390 SHORT HILLS, NJ 07078 PHONE: 1-800-446-5311 FAX: 973-921-2876	CONTACT NAME: PHONE (A/C. No. Ext): 800-446-5311		FAX (A/C. No.): 973-921-2876
	E-MAIL ADDRESS:		
INSURED US Lacrosse, Inc. 2 Loveton Circle Sparks, MD 21152 Re: Cumberland/North Yamouth Youth Lacrosse/ Maine Youth Lacrosse/Maine Chapter	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Markel Insurance Company		38970
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
INSURER F:			

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	<input checked="" type="checkbox"/> GENERAL LIABILITY			8502AH221369	01/01/2017	01/01/2018	EACH OCCURRENCE	\$1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$300,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$5,000
	<input checked="" type="checkbox"/> Participants Liab						PERSONAL & ADV INJURY	\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$5,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$2,000,000
								\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$
								\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			4602AH221370	01/01/2017	01/01/2018	EACH OCCURRENCE	\$1,000,000
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE	\$1,000,000
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y / N	N / A				WC STATUTORY LIMITS	\$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/>					E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
A	Accident Medical			4102AH025220	01/01/2017	01/01/2018	Accident Limit: \$100,000	
	Catastrophic Acc			4102AH305882	01/01/2017	01/01/2018	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 Yamouth 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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