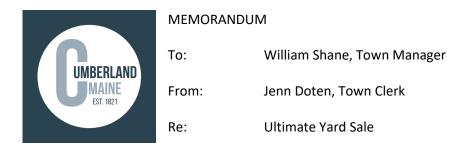
ITEM 24-027

To hold a Public Hearing to consider and act on a Mass Gathering permit for Binnie Media's Ultimate Yard Sale to be held June 8th and September 7th from 9:00 a.m. to 3:00 p.m., at the Cumberland Fairgrounds



Please forward to the Town Council for consideration of both Mass Gathering applications for the Ultimate Yard Sale events. The Ultimate Yard Sale events are to be held at the Cumberland Fairgrounds on June 8 and Sept 7, 2024, 9AM – 3PM.

Liz from Cumberland Fairgrounds has no issue or concerns and asks for approval of these events.

The Fire Chief and the Police Chief have no concerns. Attached are estimated costs per event.

- The approximate costs for fire and police per event: \$1,866.32
 - Police: \$970.32
 - Fire/Rescue: \$896.00

This will be the 9th annual event put on by Binnie Media. The expected turnout is projected to be 5,000 attendees and the \$500/event application fee has been received.

I anticipate that this event will be successful and well managed.

TOWN OF CUMBERLAND

• . . . •

| Publication dates: | |
|--------------------------|--|
| Publication names: | |
| Date filed: | |
| Fee rec'd; | |
| Date Ordinance received; | |
| Issued; | |
| Denied: | |

Mass Gathering Application – Major Outdoor Event (5,000 or more 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 \$500.

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. THE Ultimate USED SALE has hold at UMBERLAN APSTANds I VEARS. 2. 3. Description of facility: A. Seating capacity: ______ permanent; ______ temporary Other seating capacity: ______festival; ______standing room only B. Number of toilets available: ______ permanent; ______ portable C. Number of parking spaces available: _____ on-site; _____ off-site D. Are all parking lots lighted (applicable only if event runs into evening hours) E. yes; ______ no, if no, which lots are not lighted ______ Source of potable water: (worber land faire counds F. Refuse containers available, number and size: G. 25 trash CAND, 2 MASSIUL DUMPSTERS Provided Die Triano Waste Services Name of refuse disposal company (attach a copy of the agreement to pick up refuse) H. DESS -ROYAL FUSH & SCARBOROUGH xotic. When will refuse be picked up? MonDA I. 11148 **Public Safety:** J. Describe first aid facilities: Comberlans Describe emergency facilities: Combertmon Kascue K.

| L. | Describe communication facilities: STAFF Equiped with two - way partices |
|---------------|---|
| M. | Number of certified police officers: 2/ Cum bulanofor lept. |
| N. | Other security personnel (include company name and qualifications): |
| О. | Describe fire personnel: Cumber Low Fire Dept. |
| Traffic Pla | |
| P. | Description of routes persons attending the event are likely to take, include number of traffic controllers and deployment descriptions. Project Flores include number of |
| Q. | Describe methods used to publicize alternate routes of reaching the scene of the event. |
| R. | Attach statement of availability of private towing firms to remove disabled vehicles. |
| Crowd Ma | nagement |
| S. | |
| 5. | Plan for discouraging those not holding tickets for the event from not coming to the event site. |
| Т. | Plan for preventing trespassing on private property in the area. |
| U. | Will all publicity stop as soon as it is apparent that the event is sold out? yes; |
| V. | Description of how the event will be publicized, include how a sell-out will be |
| | publicized. M NG Kod 's |
| | publicized. MARKET in on the Binnie Media RADIO STATIONS |
| Other | SAZTUSIAND, 479/142 WOLF, 106.3 THE BONNE \$ |
| W. | 107. 5 FRANKEN, 999THE WOLF, 106.3 THE BONNE \$ 99.3 THE WAVE, TV & Digitar Marketi Dwill end on 6/9. |
| w. | |
| Х. | Amount of coverage; amount of property insurance Preferred type of performance guarantee (i.e., escrow account, irrevocable letter of credit) |
| | A Haver Cole |
| | Authorized signature |
| On | (deta) I a in a |
| Gathering Ord | (date), I received a copy of the Cumberland Mass |
| 0 54 | (authorized signature) |

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/30/2024

| BEL | S CERTIFICATE IS ISSUED AS A RTIFICATE DOES NOT AFFIRMA OW. THIS CERTIFICATE OF IN PRESENTATIVE OR PRODUCER, A | SURAN | CE DOES NOT CONSTITU CERTIFICATE HOLDER. | JTE A C | ONTRACT | ER THE CO | DVERAGE AFFORDED THE ISSUING INSURE | TE HOI BY THE R(S), AU | POLICIES |
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| Fred | cer C. Church Insurance | | | CONTAC NAME: | Debora K | obelenz | | | |
| 41 W | ellman Street | | | PHONE (A/C, No | Ext): 978-32 | 2-7287 | FAX (A/C, No) | : 978-45 | 4-1865 |
| Lowe | II MA 01851 | | | E-MAIL ADDRES | s: dkobeler | z@fredcchu | rch.com | | |
| | | | | | INS | SURER(S) AFFO | RDING COVERAGE | | NAIC # |
| INSURE | D | | 0101010 | | | nusetts Bay I | | | 22306 |
| | sle Capital Corporation | | CARLCAP-01 | INSURE | кв: Hanover | Insurance C | ompany | | 22292 |
| 126 D | Daniel Street, Suite 200 | | | INSURE | c: Allmeric | a Financial B | enefit Insurance Compan | у | 41840 |
| Ports | mouth NH 03801 | | | INSURE | RD: | | | | |
| | | | | INSURER | R E : | | | | |
| COVE | RAGES CEE | TIEICA | TE NUMBER: 2142646193 | INSURER | RF: | | | | |
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| CER | CATED. NOTWITHSTANDING ANY R TIFICATE MAY BE ISSUED OR MAY LUSIONS AND CONDITIONS OF SUCH | PERTAIN | N, THE INSURANCE AFFORD S. LIMITS SHOWN MAY HAVE | OF ANY | THE POLICIE | OR OTHER S DESCRIBE PAID CLAIMS | DOCUMENT WITH RESPE | | |
| INSR LTR A X | TYPE OF INSURANCE | INSD W | D POLICY NUMBER | | POLICY EFF MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMI | rs | |
| AX | | | ZDNA819084 | | 12/31/2023 | 12/31/2024 | EACH OCCURRENCE DAMAGE TO RENTED | \$ 1,000, | 000 |
| | CLAIMS-MADE X OCCUR | | | | | | PREMISES (Ea occurrence) | \$ 100,00 | 00 |
| | | | | | | | MED EXP (Any one person) | \$ 10,000 |) |
| GE | EN'L AGGREGATE LIMIT APPLIES PER: | | | | | | PERSONAL & ADV INJURY | \$ 1,000, | |
| X | | | | | | | GENERAL AGGREGATE | \$2,000, | |
| | OTHER: | | | | | | PRODUCTS - COMP/OP AGG | \$ Include | be |
| C AU | TOMOBILE LIABILITY | | AWNA819385 | | 12/31/2023 | 12/31/2024 | COMBINED SINGLE LIMIT | \$ | |
| X | ANY AUTO | | | | 12/31/2023 | 12/31/2024 | COMBINED SINGLE LIMIT (Ea accident) | \$ 1,000,0 | 100 |
| | OWNED SCHEDULED AUTOS ONLY | | | | | | BODILY INJURY (Per person) | S | |
| X | HIRED X NON-OWNED AUTOS ONLY | | | | | | BODILY INJURY (Per accident) PROPERTY DAMAGE | <u></u> | |
| | ABTOS ONEY | | | | | | (Per accident) | \$ | |
| вХ | UMBRELLA LIAB X OCCUR | | UHNA819085 | | 12/31/2023 | 12/31/2024 | EAQUIDO DUDO ENOS | \$ | |
| | EXCESS LIAB CLAIMS-MADE | | a in 1955 and 76, 30, 50 marting and an and | | LIG HEDEO | 12/01/2024 | EACH OCCURRENCE AGGREGATE | \$ 15,000 | |
| | DED X RETENTION \$ 0 | | | | | | AGGREGATE | \$ 15,000 \$ | ,000 |
| | RKERS COMPENSATION DEMPLOYERS' LIABILITY | | WHNA759833 | 1 | 12/31/2023 | 12/31/2024 | X PER OTH- STATUTE ER | \$ | |
| ANY | PROPRIETOR/PARTNER/EXECUTIVE | N/A | | | | _ | E.L. EACH ACCIDENT | \$ 500,00 | 0 |
| (Ma | ndatory in NH) | 11/2 | | | | | E.L. DISEASE - EA EMPLOYEE | | |
| DES | s, describe under SCRIPTION OF OPERATIONS below | | | | | - | E.L. DISEASE - POLICY LIMIT | \$ 500,00 | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | TION OF OPERATIONS / LOCATIONS / VEHICL : Yard Sale to be held on June 8th, 2 rland Farmers Club is included as Ad | | | | | | | | |
| | | | | | | | | | |
| CERTIF | ICATE HOLDER | | | CANCE | LLATION | | | | |
| | Cumberland Farmers Club 197 Blanchard Rd. Cumberland ME 04021 | | | SHOUL THE E ACCOF | D ANY OF THEXPIRATION | DATE THE | SCRIBED POLICIES BE CA REOF, NOTICE WILL B PROVISIONS. | NCELLE E DELIN | D BEFORE /ERED IN |
| | | | • | 7- | -p-J.7 | 8 2015 400 | | | |
| | 25 (2016/02) | | | | @ 198 | 0-2015 ACO | RD CORPORATION. A | Il rights | reserved. |

The ACORD name and logo are registered marks of ACORD

ROYAL FLUSH & SCARBOROUGH SEPTIC

Portable Restrooms/Septic Services

SERVICE PROPOSAL / AGREEMENT

P.O. Box 10839 Portland, ME 04104 10 Filmike Way, South Portland, Maine 04106 tel # (207) 799-1980 - toll free (800) 287-0139 - fax (207) 767-6156

Customer Type: Approved By:



| SUSTOMER INFORMAT | TON Custon | ner #: | 0206 | 77-0001 | |
|-------------------|-------------------------------|---|------------|--------------|--|
| Service Name: | Maine Ultimate Yard Sale 2024 | | | | |
| Service Address: | 197 Blanchard Road (Cum | 197 Blanchard Road (Cumberland Fairgrounds) | | | |
| | Cumberland, M | laine 040 |)21 | | |
| Service Contact: | Peter Hoglund | Se | rvice Tel# | 207.712.6081 | |
| Billing Name: | Binnie Media | | | | |
| Billing Address: | 30 Thomas Drive Unit 4 | | | | |
| | Westbrook, Ma | aine 0409 | 92 | | |
| Billing Contact: | phoglund@binnie | emedia.c | om | | |

| New Customer | |
|----------------|---|
| New Location | |
| Changes | |
| Cancellation | |
| Service Inc. | |
| Service Dec. | |
| Contract Renew | Х |
| Other | |

| NEW SERVICE DETAIL | | | effective date of contract le 8, 2024 | | | | |
|--------------------|-----------------|------------------|--|-------------------|-------------------|---------------|------------------|
| Quantity | Type of Unit | Delivery Date | Removal Date | Services Per Week | Price Per Unit | Event Def. | Total Price |
| 8 | Reg Events | 6/5/24 | 6/10/24 | On Call | \$ 175.00 | Event | \$ 1,400.00 |
| 2 | ADA Handicapped | 6/5/24 | 6/10/24 | On Call | \$ 215.00 | Event | \$ 430.00 |
| 2 | 30yd Open Top | 6/7/28 | 6/10/24 | On Call | \$ 1,604.00 | Dumpster | \$ 1,500.00 |
| | | Delivery | Pamaual | | | Total | \$ 3,434.00 |
| Quantity | Type of Unit | Date | Removal Date | Services Per Week | Price Per Unit | Event Def. | Extra Service |
| | | | | | | | |
| | | | | | | | |
| | | 1 | | | | | |

SCHEDULE OF SERVICE

| Route Name | Sunday | Monday | Tuesday | 1144 . 1 | | | |
|------------|--------|--------|---------|-----------|--|--------|----------|
| | ounday | monuay | Tuesday | Wednesday | Thursday | Friday | Saturday |
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SPECIAL INSTRUCTIONS: Total Charge of \$3434.00 to be paid in Radio Advertisement of \$6868.00 - All taxes and fees included.

CUSTOMER AUTHORIZATION FOR SERVICES

Royal Flush & Scarborough Septic

Authorized Signature:

Printed Name: Peter Hoglund

Date

Representative Signature: Printed Representative:

Dominic P. Babine February 22, 2024

Date



February 26, 2024

Binnie Media Group 477 Congress Street Portland, ME 04101

Dear Mr. Cole,

Project Flagging, Inc. is pleased to quote you an hourly rate to provide you with flaggers for your 2024 Ultimate Yard Sale Project.

Scope of Assignment & Billing Rates

| Trade Classification | Bill Rate |
|----------------------|-----------|
| Flagger | \$56.25* |

*No differential for night or overtime hours

- 1. Following Maine DOT and DOL laws, Breaker Flaggers may be needed depending on the on-site situation. Breaker flagger(s) shall be paid starting two (2) hours after the work begins and ending two (2) hours before the work ends. A maximum of one (1) breaker per six (6) flaggers will be paid. (1 breaker flagger for 2 to 6 flaggers, 2 breaker flaggers for 7 to 12 flaggers, etc.)
- 2. As of July 2, 2015, Project Flagging, Inc. is no longer a DBE/WBE registered with the Maine Department of Transportation.
- 3. The above rates do not apply to the state, federal, and DOT wage scales.
- 4. Project Flagging will provide you flaggers 24 hours a day, 7 days a week. Flaggers will be paid a minimum of four (4) hours per day. Binnie Media will schedule all hours.
- 5. Billing to your company is weekly with a one-week delay. Payment is due upon receipt of the invoice.
- 6. Client bill rate includes employee pay rate, state and federal taxes, state and federal unemployment insurance, workers' compensation, liability insurance, benefits, and overhead and profit.

www.projectflagging.com

DOT Certified Traffic Control Services

HC.

Corporate Office: P.O. Box 490 • Brunswick, Maine 04011

Bangor, ME 207-973-3911 Biddeford, ME 207-283-6528

Hooksett, NH 603-622-9302

Presque Isle, ME 207-760-6767

Services to be provided by Project Flagging, Inc.

- 1. All of our flaggers are trained and certified according to the rules of the Manual on Uniform Traffic Control Devices and the Maine Department of Transportation.
- 2. Project Flagging, Inc. will provide flaggers who will have a Class 3 safety vest and pants, safety toe boots, hard hat, safety glasses, lighted stop/slow paddle, and radio. Our company name is on the hard hat and vest.

Responsibilities of Binnie Media

- 1. All OSHA and accepted safety practices and procedures must be followed to ensure a safe working environment.
- 2. All federal and state discrimination laws must be followed.
- 3. Coordination with Project Flagging, Inc. to request flaggers required on a day-to-day basis.
- 4. Day-to-day movement of flagger locations.
- 5. All required work zone setup, any signage required over and above what is listed above, barricades, and cones.

Account Management

Ursula Bernier will be your company's contact. You may reach her at Ursula@mainestaffing.com or (207) 844-1331.

Project Flagging, Inc. is committed to providing the best possible flaggers for your worksite and the best possible day-to-day management and customer service.

We thank you for the opportunity to submit this proposal.

Very truly yours,

Ursula H. Bernier Director of Flagging Operations (Maine)

Accepted by:

3/4/24 Date:

Placement of Project Flagging, Inc. personnel constitutes acceptance of all terms in this proposal. The rate provided expires on 12/31/2024



CUMBERLAND POLICE DEPARTMENT

290 TUTTLE ROAD CUMBERLAND, MAINE 04021 EMERGENCY 911

BUSINESS (207) 829-6391

CHARLES J. RUMSEY, IV CHIEF OF POLICE

FAX (207) 829-2211

| To: | Ionnifor Doton | Tour | Clark |
|-----|-----------------|------|-------|
| 10: | Jennifer Doten, | TOWI | Clerk |

From: Charles Rumsey, Police Chief

Date: March 20, 2024

Subject: Cost estimates for June 2024 Ultimate Yard Sale

Below, please find a cost estimate for Cumberland Police Department coverage. The estimate was prepared with the following in mind:

- a. Contractually established detail rate of \$74.64 / hour (includes hourly rate plus fringe).
- b. Minimum detail length of 4 hours.

| Saturday, June 8 th , 2024 | Cost: \$970.32 | Coverage: 6.5 hours |
|---------------------------------------|----------------|---------------------|
| a. Two officers from 8 | 3:30AM-3:00PM | |
| | | |

Totals: Cost: \$970.32 Coverage: 6.5 hours

These estimates of officer hours could change based on the following variables:

- a. Additional staffing may be necessary if crowd size and/or traffic cause unexpected issues.
- b. Staffing may be scaled back if inclement weather reduces crowd size.

Additional staffing, if desired, can be arranged at a cost of \$74.64 / hour, with a minimum 4-hour detail per officer.

Cumberland Fire Department

366 Tuttle Road, Cumberland Center, Maine 04021Emergency 911Business 829-5421Fax 829-4256

Email dsmall@cumberlandmaine.com

Daniel R. Small Chief

| To: | Jennifer Doten |
|-------|--|
| From: | Daniel Small |
| Date: | March 19, 2024 |
| RE: | Charges for June 8 Binnie Media Ultimate Yard Sale |

During event scheduled time(s) the fire department will have two EMS personnel on the grounds assigned specifically for the event. Per the contract of Local 340 the minimum coverage time is 4 hours. The crew, with ambulance, will be assigned to this detail at a minimum of 30 minutes prior to and 30 minutes after the scheduled times. The charges for the event coverage are as follows:

| Date | Times | Cost (2 personnel) |
|--------|--------------|--------------------|
| June 8 | 8:30 to 3:30 | \$896.00 |
| | Total | \$896.00 |

Should the event continue beyond the times included in the Mass Gathering Application our staffing costs will be increased on an hourly basis for two EMS providers. The hourly cost per person is \$64.00.

Additionally, fees may be charged directly to individuals who are medically evaluated/treated by the Cumberland EMS personnel.

TOWN OF CUMBERLAND

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| Publication dates: | |
|--------------------------|--|
| Publication names: | |
| Date filed: | |
| Fee rec'd: | |
| Date Ordinance received: | |
| Issued: | |
| Denied: | |

Mass Gathering Application – Major Outdoor Event (5,000 or more 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 \$500.

| Name of applicant: Binie Media |
|---|
| Address of applicant: 30 THOMAS PR. NOSTBROOK ME Tel. # 603.667.1216 |
| Name of event: Ultimate yard Some |
| Facility where the event will be held: Cumberhow Fringrands |
| Is the facility owned by the applicant: yes; no, (if no, attach a copy of the contract with the owner which allows use of the property) |
| Name of promoter (if different from above): Binie Anedia |
| Telephone number: <u>207 - 797 - 0780</u> |
| Will any food vendors be serving at the event? yes, no (if yes, how many, and what types) (5) Setting Burgers, BBQ, Fries, & Driviks. |
| Will any alcohol vendors be serving at the event? yes, no (if yes, list name and attach a copy of the vendors license to sell alcohol, describe alcohol will be served) |
| Date of event: Sept. 7^{TM} 2024 Time (start and finish times): 9_{A} - 3_{P} . Number of tickets available: |
| Expected attendance: 5,000 |
| Description of event:ARD_SALE |

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. THE DIFIMATE YARD SME LAS DECA at the Cumbertines Cangrounds for 2. 3. Description of facility: Seating capacity: ______ permanent; ______ temporary A. Other seating capacity: ______festival; ______standing room only Β. Number of toilets available: ______ permanent; ______ portable C. D. Number of parking spaces available: _____ on-site; _____ off-site Are all parking lots lighted (applicable only if event runs into evening hours) E. _____ yes; _____ no, if no, which lots are not lighted _____ Source of potable water: Cumbulano for gounde F. Refuse containers available, number and size: G. 25 trush cans. 2 massive dumpsters provided by TriAvo WASTE Services / RESS Name of refuse disposal company (attach a copy of the agreement to pick up refuse) H. ESS- Royan Flush & Scarsprough Sep When will refuse be picked up? Mandan Sept I. **Public Safety:** Describe first aid facilities: Cumber Jum J. Describe emergency facilities: (unbur lass plescue K.

| | L. | Describe communication facilities: <u>STREF EQUIPED without TWB - WM RADIOS</u> |
|--------|-----------------------------|---|
| | М. | Number of certified police officers: 2/Cumberno Police Pept. |
| | N. | Other security personnel (include company name and qualifications): |
| | 0. | Describe fire personnel: Courses LAND Fire Dept. |
| Tra | ffic Plan P. Q. R. | Description of routes persons attending the event are likely to take, include number of traffic controllers and deployment descriptions. Project FIAgging include to publicize alternate routes of reaching the scene of the event. Describe methods used to publicize alternate routes of reaching the scene of the event. Attach statement of availability of private towing firms to remove disabled vehicles. |
| Char | ad Maria | |
| CIU | vd Mana S. | |
| | 3. | Plan for discouraging those not holding tickets for the event from not coming to the event site. |
| | Т. | Plan for preventing trespassing on private property in the area. |
| | U. | Will all publicity stop as soon as it is apparent that the event is sold out? yes; |
| | V. | Description of how the event will be publicized, include how a sell-out will be |
| Other | . 9 W. | 7.3 THE WAVE, TV & Digital Marker y will end own The |
| | X. j | Amount of coverage (100, 100); amount of property insurance Preferred type of performance guarantee (i.e., escrow account, irrevocable letter of credit) |
| | | Authorized signature |
| On | | (date), I received a copy of the Cumberland Mass |
| Gather | ing Ordin | |
| | | (authorized signature) |



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/30/2024

| CE BE | IS CERTIFICATE IS ISSUED AS A RTIFICATE DOES NOT AFFIRMATI LOW. THIS CERTIFICATE OF INS PRESENTATIVE OR PRODUCER, AN | VEL | Y OR | NEGATIVELY AMEND, DOES NOT CONSTITUT | EXTER | ND OR ALT | ER THE CO | VERAGE AFFORDED E | TE HOL | POLICIES |
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| If S | PORTANT: If the certificate holder i SUBROGATION IS WAIVED, subject s certificate does not confer rights t | to the | ne ter | rms and conditions of th | e polic | y, certain p | olicies may | NAL INSURED provision require an endorsemen | sorbe t. Ast | e endorsed. atement on |
| PRODU | JCER | | | | CONTAC NAME: | | | | | |
| | C. Church Insurance | | | | | , Ext): 978-32 | and the second se | FAX (A/C, No): | 978-45 | 4-1865 |
| | Vellman Street ell MA 01851 | | | | E MAAII | | | | | |
| 2011 | | | | | ADDRESS: dkobelenz@fredcchurch.com INSURER(S) AFFORDING COVERAGE NAIC# | | | | | |
| | | | | | INSURE | | | | | 22306 |
| INSUR | ED | | | CARLCAP-01 | INSURER A : Massachusetts Bay Insurance | | | | 22292 | |
| | isle Capital Corporation | | | | | | | enefit Insurance Company | | 41840 |
| | Daniel Street, Suite 200 smouth NH 03801 | | | | INSURE | | | anone mourando o ompany | | 11010 |
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| INSR | TYPE OF INSURANCE | | SUBR WVD | POLICY NUMBER | | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMIT | S | |
| | X COMMERCIAL GENERAL LIABILITY | | | ZDNA819084 | | 12/31/2023 | 12/31/2024 | EACH OCCURRENCE | \$ 1,000 | ,000 |
| | CLAIMS-MADE X OCCUR | | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 100,0 | 00 |
| | | | | | | | | MED EXP (Any one person) | \$ 10,00 | 0 |
| | | | | | | | | PERSONAL & ADV INJURY | \$ 1,000,000 | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | GENERAL AGGREGATE | \$ 2,000 | 000 |
| | X POLICY PRO- JECT LOC | | | | | | | PRODUCTS - COMP/OP AGG | \$ Included | |
| | OTHER: | | | | | | | | s | |
| C | AUTOMOBILE LIABILITY | | | AWNA819385 | | 12/31/2023 | 12/31/2024 | COMBINED SINGLE LIMIT (Ea accident) | SINGLE LIMIT \$ 1,000,000 | |
| | X ANY AUTO | | | | | | BODILY INJURY (Per person) | | | |
| | OWNED AUTOS ONLY AUTOS | | | | | | | BODILY INJURY (Per accident) | t) \$ | |
| | X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY | | | | | | | PROPERTY DAMAGE (Per accident) | \$ | |
| | | | | | | | | (rer accident) | \$ | |
| В | X UMBRELLA LIAB X OCCUR | - | | UHNA819085 | | 12/31/2023 | 12/31/2024 | EACH OCCURRENCE | \$ 15,00 | 0.000 |
| | EXCESS LIAB CLAIMS-MADE | | | | | | | AGGREGATE | \$ 15,00 | |
| | DED X RETENTION \$ 0 | | | | | | | | \$ | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| | VORKERS COMPENSATION | | | WHNA759833 | | 12/31/2023 | 12/31/2024 | X PER OTH- STATUTE ER | Ŷ | |
| | ND EMPLOYERS' LIABILITY Y / N NYPROPRIETOR/PARTNER/EXECUTIVE | | | | | | | E.L. EACH ACCIDENT | \$ 500,0 | 00 |
| C | Mandatory in NH) | N/A | | | | | | E.L. DISEASE - EA EMPLOYEE | | |
| İf | yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | | E.L. DISEASE - POLICY LIMIT | \$ 500.0 | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) EVENT: Yard Sale to be held on September 7th, 2024. Cumberland Farmers Club is included as Additional Insured as per General Liability form #421-2915 (6/15) if required by written contract. | | | | | | | | | | |
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| CERTIFICATE HOLDER 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. | | | | | | | | | | |
| 197 Blanchard Rd. | | | | NTATIVE | | | | | | |
| Cumberland ME 04021 | | | | 7_pd.R_ | | | | | | |
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| | | | | | | © 19 | 88-2015 AC | ORD CORPORATION. | All righ | ts reserved |

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February 26, 2024

Binnie Media Group 477 Congress Street Portland, ME 04101

Dear Mr. Cole,

Project Flagging, Inc. is pleased to quote you an hourly rate to provide you with flaggers for your 2024 Ultimate Yard Sale Project.

Scope of Assignment & Billing Rates

| Trade Classification | Bill Rate | |
|----------------------|-----------|--|
| Flagger | \$56.25* | |

*No differential for night or overtime hours

- 1. Following Maine DOT and DOL laws, Breaker Flaggers may be needed depending on the on-site situation. Breaker flagger(s) shall be paid starting two (2) hours after the work begins and ending two (2) hours before the work ends. A maximum of one (1) breaker per six (6) flaggers will be paid. (1 breaker flagger for 2 to 6 flaggers, 2 breaker flaggers for 7 to 12 flaggers, etc.)
- 2. As of July 2, 2015, Project Flagging, Inc. is no longer a DBE/WBE registered with the Maine Department of Transportation.
- 3. The above rates do not apply to the state, federal, and DOT wage scales.
- 4. Project Flagging will provide you flaggers 24 hours a day, 7 days a week. Flaggers will be paid a minimum of four (4) hours per day. Binnie Media will schedule all hours.
- 5. Billing to your company is weekly with a one-week delay. Payment is due upon receipt of the invoice.
- Client bill rate includes employee pay rate, state and federal taxes, state and federal unemployment insurance, workers' compensation, liability insurance, benefits, and overhead and profit.

www.projectflagging.com

DOT Certified Traffic Control Services

Corporate Office: P.O. Box 490 • Brunswick, Maine 04011

Bangor, ME 207-973-3911 Biddeford, ME 207-283-6528

Hooksett, NH 603-622-9302 Presque Isle, ME 207-760-6767

Services to be provided by Project Flagging, Inc.

- 1. All of our flaggers are trained and certified according to the rules of the Manual on Uniform Traffic Control Devices and the Maine Department of Transportation.
- 2. Project Flagging, Inc. will provide flaggers who will have a Class 3 safety vest and pants, safety toe boots, hard hat, safety glasses, lighted stop/slow paddle, and radio. Our company name is on the hard hat and vest.

Responsibilities of Binnie Media

- 1. All OSHA and accepted safety practices and procedures must be followed to ensure a safe working environment.
- 2. All federal and state discrimination laws must be followed.
- 3. Coordination with Project Flagging, Inc. to request flaggers required on a day-to-day basis.
- 4. Day-to-day movement of flagger locations.
- 5. All required work zone setup, any signage required over and above what is listed above, barricades, and cones.

Account Management

Ursula Bernier will be your company's contact. You may reach her at Ursula@mainestaffing.com or (207) 844-1331.

Project Flagging, Inc. is committed to providing the best possible flaggers for your worksite and the best possible day-to-day management and customer service.

We thank you for the opportunity to submit this proposal.

Very truly yours,

Ursula H. Bernier Director of Flagging Operations (Maine)

Accepted by:

3/4/24 Date:

Placement of Project Flagging, Inc. personnel constitutes acceptance of all terms in this proposal. The rate provided expires on 12/31/2024

Cumberland Fire Department

366 Tuttle Road, Cumberland Center, Maine 04021Emergency 911Business 829-5421Fax 829-4256

Email dsmall@cumberlandmaine.com

Daniel R. Small Chief

| То: | Jennifer Doten |
|-------|---|
| From: | Daniel Small |
| Date: | March 19, 2024 |
| RE: | Charges for September 7 Binnie Media Ultimate Yard Sale |

During event scheduled time(s) the fire department will have two EMS personnel on the grounds assigned specifically for the event. Per the contract of Local 340 the minimum coverage time is 4 hours. The crew, with ambulance, will be assigned to this detail at a minimum of 30 minutes prior to and 30 minutes after the scheduled times. The charges for the event coverage are as follows:

| Date | Times | Cost (2 personnel) |
|-------------|--------------|--------------------|
| September 7 | 8:30 to 3:30 | \$896.00 |
| | Total | \$896.00 |

Should the event continue beyond the times included in the Mass Gathering Application our staffing costs will be increased on an hourly basis for two EMS providers. The hourly cost per person is \$64.00.

Additionally, fees may be charged directly to individuals who are medically evaluated/treated by the Cumberland EMS personnel.

| NBERLA |
|-------------|
| MAINE |
| POLICE |
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| |
| ESTABLISHED |
| P2 1821 |

CUMBERLAND POLICE DEPARTMENT

290 TUTTLE ROAD CUMBERLAND, MAINE 04021 EMERGENCY 911

BUSINESS (207) 829-6391

CHARLES J. RUMSEY, IV CHIEF OF POLICE

FAX (207) 829-2211

| To: | Jennifer Doten, Town Clerk |
|-----|----------------------------|
| 101 | |

From: Charles Rumsey, Police Chief

Date: March 20, 2024

Subject: Cost estimates for September 2024 Ultimate Yard Sale

Below, please find a cost estimate for Cumberland Police Department coverage. The estimate was prepared with the following in mind:

- a. Contractually established detail rate of \$74.64 / hour (includes hourly rate plus fringe).
- b. Minimum detail length of 4 hours.

| Saturday, September 7 th , 2024 | Cost: \$970.32 | Coverage: 6.5 hours |
|--|----------------|---------------------|
| a. Two officers from 8:30AM- | -3:00PM | |
| | | |

Totals: Cost: \$970.32 Coverage: 6.5 hours

These estimates of officer hours could change based on the following variables:

- a. Additional staffing may be necessary if crowd size and/or traffic cause unexpected issues.
- b. Staffing may be scaled back if inclement weather reduces crowd size.

Additional staffing, if desired, can be arranged at a cost of \$74.64 / hour, with a minimum 4-hour detail per officer.