

Town of Cohasset

Police Department

William P. Quigley
Chief of Police

62 Elm Street
Cohasset, MA 02025
Headquarters: 781-383-1055
Fax: 781-383-1213

TO: Honorable Cohasset Select Board

FROM: William Quigley, Chief of Police

VIA: Christopher G. Senior, Town Manager

SUBJ: St. Stephens Annual Picnic Event / Sunday, September 11, 2022, 9:30a ~ 1:00p

DATE: July 21, 2022

The above-captioned special event has been reviewed by the Town Events Team and received authorization to proceed to the Select Board for final approval.

POLICE	FIRE	HEALTH	DPW
OK	OK	NA	NA

HARBOR	SCHOOLS	RECREATION	TOWN MANAGER
NA	NA	NA	OK

\$15 APPLICATION FEE	INSURANCE BINDER	EVENT FEE DUE	OTHER
Paid	Attached	Request for waiver	Bouncy House Building Dept. Permit



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
7/15/2022

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 have ADDITIONAL INSURED provisions or 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 The Church Insurance Agency Corp 210 South St, Ste 2 Bennington, VT 05201-2894	CONTACT NAME: Tracey Parent PHONE (A/C, No, Ext): 800-293-3525 E-MAIL ADDRESS: tparent@cpg.org	FAX (A/C, No):
	INSURER(S) AFFORDING COVERAGE INSURER A: Church Ins Co of Vermont	
INSURED St Stephens Parish 16 Highland Ave Cohasset, MA 02025	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.

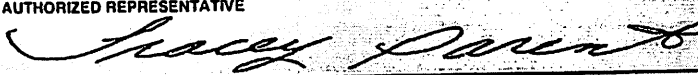
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PROJ. <input type="checkbox"/> LOC <input type="checkbox"/> OTHER	N	N	VPP0013892	4/1/2022	4/1/2023	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
							MED EXP (Any one person)	\$ 30,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 5,000,000
							PRODUCTS - COMP/OP AGG	\$ 1,000,000
							COMBINED SINGLE LIMIT (Ea accident)	\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
							PER STATUTE	OTH-ER
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) <input type="checkbox"/> Y/N N/A If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

RECEIVED
Office of the Chief of Police

JUL 21 2022

Cohasset Police Department
Cohasset, Massachusetts

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Proof of Coverage for Annual Church Picnic Sunday Sept 11.2022

CERTIFICATE HOLDER Town of Cohasset 27 Highland Ave Cohasset, MA 02025-	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 
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ST. STEPHEN'S EPISCOPAL CHURCH

16 Highland Avenue, Cohasset, MA 02025-1819

781-383-1083 • Fax 781-383-6484

www.ststephenscohasset.org

July 15, 2022

RECEIVED
Office of the Chief of Police

JUL 18 2022

Mr. Christopher Senior
Town Manager
Town of Cohasset
41 Highland Avenue
Cohasset, MA 02025

Cohasset Police Department
Cohasset, Massachusetts

Dear Mr. Senior:

RE: St. Stephen's Episcopal Church - Annual Picnic

St. Stephen's is planning their annual parish picnic again this year on Sunday, September 11, 2022. Attached is the application for the event along with a check for the application fee. In previous years, the town has allowed us to block off Robert E. Jason Road from 9:30 a.m. to 1:00 p.m. We are requesting to have the road closed off again this year. We would also like to advise you that we will have a moon bounce set up for the children.

Thank you in advance for your assistance. We look forward to hearing from you.

Sincerely,

Laura Kennedy
Office Administrator
St. Stephen's Parish
(T) 781-383-1083
lkennedy@ststephenscohasset.org



TOWN OF COHASSET

EVENT PERMIT APPLICATION

The application, together with any supplementary information and fees as may be required by the Town of Cohasset, must be submitted to the Town Manager's Office at 41 Highland Avenue, Cohasset, MA 02025, not less than sixty (60) business days prior to the special event date to insure proper processing

Please answer all questions. If they do not apply, put N/A. Thank you.

APPLICANT INFORMATION

Name of Applicant: _____
Company/Organization: St. Stephen's Parish
Mailing Address: 16 Highland Ave Cohasset, MA 02025
Telephone: 781-383-1083 Fax: _____
Email Address: 1Kennedy@ststephenscohasset.org
Event Website: ststephenscohasset.org

EVENT INFORMATION

Name of Event: St. Stephen's - Annual Picnic
Event Date(s): Sunday, 9/11/22 Type of Event: picnic
(Include day of the week, i.e. Monday, 1/1/2020)
Event Time: 11:30 am
Set up Date/Time: 9:30 am Break Down Date/Time: 1:00
Event Location: Town Common
Number of Years Event has been in Existence: 10
Is the Event Sanctioned by a National Body? If so, by whom? _____
Please attach event sanction certificate

Approved by the Board of Selectmen in February 2016

ATTENDANCE

Estimated # of Participants: 75
Estimated # of Spectators:

Entry Fee per Participant:
Event Staff/Volunteers: 10

Please attach an event map and site plan with the following indicated:

- o Detailed event layout/route with directional arrows, street names
- o Make note of any roads or sidewalks that will be blocked or closed
- o Placement and collection of signage, traffic control devices, barricades
- o Location of event staff, volunteers along with proposed locations where police details are needed

PURPOSE AND DESCRIPTION OF THE EVENT

Is your organization a registered 501(c) 3? #

All filings must be up to date and the organization must be in good standing with the Attorney Generals Division of Public Charities.

What is the event's charitable partner(s)?

If a fundraising event, how much money will the event fundraise (estimated) and what are the estimated net proceeds that will go to charity?

How will the event support and benefit the Town of Cohasset? Part of parish life.

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***Provide action plans for the following:**

A. *Parking Plan (participants & spectators)

Town Hall 1st

B. *Road Closures/Traffic Control Plan

Robert E. Jason Rd. closed 9:30am - 1pm

C. *Medical Emergency/First Aid Plan:

call 911

D. *Set up and break down/cleaning plan to return property to original state:

volunteers will clean up.

E. *Will you be initiating a recycling plan for event clean-up? :

Yes!

F. *Restroom Facilities (Company used, location, quantity):

(Board of Health Approved Sanitation companies only)

Restrooms in church.

G. Will food or beverages be served at the event? If so, please list what kind and how it will be distributed. *(Vendors need Board of Health Approval)*

yes - pot luck (free, not sold)

H. Will any music (live or DJ) or public address system take place at the event? If so, please describe. *(entertainment license may be required)*

No

I. Will any tents or structures be used? If so, how many, where and approximate size? *(building permit and fire department approval may be required)*

Bonney house.

INSURANCE REQUIREMENT

For special events involving the use of Town of Cohasset facilities or public right-of-way, proof of liability with coverage in the amount of \$1,000,000.00 per occurrence is required, unless an additional amount is determined by the Town Manager.

Said general liability insurance for bodily injury and property damage shall include the Town of Cohasset, 41 Highland Avenue, Cohasset, MA 02025 as an additional insured on the policy of insurance which shall include a provision prohibiting cancellation of said policy except upon at least 30 days prior written notice to the Town of Cohasset.

All terms, conditions, and provisions of law, including but not limited to the bylaws of the Town of Cohasset shall remain in full force and effect and shall not be altered by this permit. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other State or Local law regulating the use of public property.

The Town Manager or appointee, may revoke or terminate this application/permit if applicant fails to comply with any or all of its provisions, requirements, or regulations as herein set forth or through willful or unreasonable neglect fails to heed or comply with notices given to him/her.

The applicant certifies that he/she has read and examined this application and agrees to comply with the terms and conditions contained herein.

Signature of Applicant: _____

Date: _____

Approved by the Board of Selectmen in February 2016