

TOWN OF SEABROOK  
LICENSE FOR PARADE OR MEETING

12/9/2020

Date: \_\_\_\_\_

This license is given by the Town of Seabrook to authorize a parade – procession – public meeting, under authority of R.S.A. 286

By: American Lung Association                      122 State St. Augusta, ME 04330  
Name of Group or Organization                      Address

Responsible Person: Melissa Walden                      122 State St. Augusta, ME 04330  
Name                      Address

On: 5/2/2020  
Date                      From                      AM/PM                      to                      AM/PM

At: \_\_\_\_\_

Purpose for meeting/parade: \_\_\_\_\_  
Place of meeting or route of parade in detail (attach map)

Number of Participants: \_\_\_\_\_

- This license is issued subject to the following provisions:
1. License shall be valid upon signature of two Selectmen.
  2. License shall be valid only for the event, date, time, and place specified above.
  3. Licensee shall be responsible for the conduct of the participants in the event and shall fully reimburse the Town of Seabrook for the extra expense in protecting the health and safety of the public, and for all injury, damage, and expense reasonably attributed to the event, and for which the Town is liable.
  4. Licensee shall obtain all necessary licenses, permits, or permission from all Governmental Bodies having jurisdiction over the conduct of all or a portion of the event, and from any owner of land or buildings to be utilized during such event.
  5. Licensee shall abide by the directions of the Seabrook Police Department and other Governmental Regulatory Agencies having regard for the safety, health, and welfare of the public.
  6. Payment of a fee of \$ \_\_\_\_\_.

Town of Seabrook by its  
Board of Selectmen  
  
\_\_\_\_\_  
  
\_\_\_\_\_  
  
\_\_\_\_\_

\_\_\_\_\_  
Licensee Printed Name  
Melissa Walden

\_\_\_\_\_  
Licensee Signature (Responsible Person)

December 9, 2020



Amy Davis  
Town of Seabrook  
99 Lafayette Road  
Seabrook, NH 03874



Dear Amy:

The 12<sup>th</sup> annual American Lung Association Cycle the Seacoast ride is scheduled for Sunday, May 2<sup>nd</sup>, 2021.

The first riders will be leaving Cisco Brewers Portsmouth at 7:00 a.m. and the last rider will be in around 3:30 p.m. The route is being worked on but we anticipate it to remain the same as it was in 2019. I've included the 2019 route map with your town highlighted. If the final maps have any changes, I will be sure to forward a copy to you as soon as they're printed.

We will be supplying our own safety and first aid volunteers with the assistance of the Port City Amateur Radio Club. Enclosed is a copy of our insurance coverage where you are listed as an additional insured.

Please let me know if you have any suggestions for police support along the route. We will be in touch to book an officer for 2021. In 2019 we had one officer at the Route 1 and Railroad Ave. crossing. Please do not hesitate to email me: [Melissa.Walden@Lung.org](mailto:Melissa.Walden@Lung.org) or call 207-624-0306. We look forward to another safe and successful year. Thank you.

Sincerely,

Melissa Walden  
Development Manager, American Lung Association

# 100 Mile Route

0.9	Left onto Rt 84/Lamprey Rd	70.9	5.9	Kensington
3.4	Right onto Dodge Rd	74.3	2.5	Hampton Falls
0.2	Continue onto Foggs Ln	74.5	2.3	Seabrook
0.6	Left onto New Zealand Rd	75.1	1.7	Seabrook
0.3	Right onto Lafayette Rd (Rt 1 South)	75.4	1.4	Seabrook
0.3	Before approaching next intersection	75.7	1.1	Seabrook
0.2	Right Turn onto Pine St.	75.9	0.9	Seabrook
0.0	Left (behind bank)	75.9	0.9	Seabrook
0.1	Straight Across Rt 1 onto Railroad Ave	76.0	0.8	Seabrook
0.6	Right onto Centennial Rd	76.6	0.2	Seabrook
	<b>REST STOP - Seabrook Public Library -</b>			
0.2	Liberty Ln	76.8	15.8	Seabrook
0.5	Left onto Walton Rd	77.3	15.3	Seabrook
	Right onto Washington St (sign on			
0.1	LEFT says Turtle Creek)	77.4	15.2	Seabrook
0.4	Left onto Rt 286 EAST @ traffic light	77.8	14.8	Seabrook
2.0	Left onto 1A North / Ocean Blvd	79.8	12.8	Seabrook
4.1	50 mi. route joins from left - 101E)	83.9	8.7	Hampton
2.7	Left on Atlantic Ave/Rt 111	86.6	6.0	North Hampton



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/20/2020

**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).**

<b>PRODUCER</b> Arthur J. Gallagher Risk Management Services, Inc. 1667 K Street, N.W. Suite 1270 Washington DC 20006	<b>CONTACT NAME:</b> Julia Van De Wille <b>PHONE (A/C, No, Ext):</b> 301-795-6600 <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b> Julia_VanDeWille@ajg.com														
<b>INSURED</b> American Lung Association 55 W. Wacker Drive Suite 1150 Chicago IL 60601	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> </thead> <tbody> <tr> <td><b>INSURER A :</b> Continental Casualty Company</td> <td>20443</td> </tr> <tr> <td><b>INSURER B :</b></td> <td></td> </tr> <tr> <td><b>INSURER C :</b></td> <td></td> </tr> <tr> <td><b>INSURER D :</b></td> <td></td> </tr> <tr> <td><b>INSURER E :</b></td> <td></td> </tr> <tr> <td><b>INSURER F :</b></td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	<b>INSURER A :</b> Continental Casualty Company	20443	<b>INSURER B :</b>		<b>INSURER C :</b>		<b>INSURER D :</b>		<b>INSURER E :</b>		<b>INSURER F :</b>	
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**COVERAGES      CERTIFICATE NUMBER: 616672243      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"/> <b>COMMERCIAL GENERAL LIABILITY</b>  <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 checked="" type="checkbox"/> LOC OTHER:	Y		6078757486	7/1/2020	7/1/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
 RE: Name of Event: Cycle the Seacoast | Date of Event: May 2, 2021 | Cisco Brewers Portsmouth.  
 Town of Seabrook is Additional Insureds as respects the General Liability policy, pursuant to and subject to the policy's terms, definitions, conditions and exclusions.

**CERTIFICATE HOLDER      CANCELLATION**

Town of Seabrook 99 Lafayette Rd. Seabrook NH 03874	<p><b>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</b></p> <p>AUTHORIZED REPRESENTATIVE</p>
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