

PUBLIC EVENT PERMIT APPLICATION
City of Somerville, Commonwealth of Massachusetts
Application #: PEL16-000168
File #: 16-013484

Organization name: sprout, inc.

Description: The bus will be set up on Meacham Road with Redbones food truck there to provide the food and drink. Tables with kid-friendly activities and live music will happen on the grassy area of the park.

Date(s): October 3

Setup starts at (time): 4PM

Cleanup after the event ends at (time): 9PM

Attendees:

Max attendance at one time: 75

Maximum attendees accommodated:

Attendee fees or suggested donations: Free

Social or cultural benefits:

Bringing people together around good food, drink, music, and celebrating that Somerville is a stop in a nation-wide bus tour looking at the history and future of education, opening a walk-through exhibition in the bus.

City Contact: Jackie Rossetti

Organization mailing address:

339R Summer St.
Somerville, MA 02145

Event name: Somerville STEAM Celebration

Location: 7 Hills Park/Meacham St Seven Hills Park, and Meacham Road from Buena Vista Road to Dover Street.

Rain date(s): None

Event starts at (time): 6PM

Event ends at (time): 8PM

Total people attending: 200

Total Somerville residents attending: 120

What is your budget for this event:

Financial benefits:

Purchasing of food and drink, foot traffic through Davis Square, etc.

Contact person:

Shaunallynn Duffy
Telephone: 617.955.9436
Email: shaunallynn@thesprouts.org

Event Information	Yes/No	If yes, Describe
Food served?	Yes	Redbones catering
Alcohol served?	Yes	Redbones catering
Grill/open-flame device used?	No	
Streets blocked?	Yes	Meacham Road from Buena Vista Road to Dover Street
Sidewalks blocked?	No	
Arrangements:		
Auxiliary Police?	No	If needed.
Police Detail:	No	
Parking (for Attendees)?	No	
Restrooms?	No	If needed.
Liability Insurance?	Yes	Through an outside provider
Will any public parks be used?	Yes	Seven Hills Park
Has the event occurred in the last two years?	No	
Alcohol License?	Yes	Redbones will apply

Approval Conditions:

Reviewer: Christine Morin, Public Works, Approved

Reviewer: David Monte, Police, Approved

Reviewer: John J. Long, City Clerk,

Reviewer: Lori Batzek, City Clerk, Approved

Reviewer: Jill Lathan, Recreation, Approved

Reviewer: CS Fire, Fire Prevention, Approved

Reviewer: John J. Long, City Clerk, Complete

Reviewer: CS Mayor, Mayor's Office, Approved

Reviewer: Elise Collins, ISD Health, Approved

Reviewer: CS Traffic and Parking, Traffic and Parking, Approved

Reviewer: John J. Long, City Clerk, Complete

ACORD TM **CERTIFICATE OF LIABILITY INSURANCE**Date (MM/DD/YR)
9/16/2016

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 require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER

Heffernan Insurance Brokers
1350 Carlbach Avenue
Walnut Creek, CA 94596
CA License #0564249

CONTACT NAME:

Michelle Salow

PHONE

(A/C, No, Ext): 925-934-8500

FAX

(A/C, No): 925-934-8278

EMAILADDRESS: MSalow@heffins.com**INSURERS AFFORDING COVERAGE****NAIC #****INSURED**

Olmstead Productions, Inc. dba E2K
445 N. Whisman Road Suite 100
Mountain View, CA 94043

INSURER A:

Nautilus Insurance Co.

INSURER B:

Great Divide Insurance Co.

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 TR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	X		CPA1021535	04/01/2016	04/01/2017	EACH OCCURRENCE \$ 1,000,000
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000
	\$ 1,000 EBL Ded.						MED EXP (Any one person) Excluded
	GEN'L AGGREGATE LIMIT APPLIES PER						PERSONAL & ADV INJURY \$ 1,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 2,000,000
A	<input type="checkbox"/> OTHER			CPA1021535	04/01/2016	04/01/2017	PRODUCTS - COMP/OP AGG \$ 1,000,000
	AUTOMOBILE LIABILITY						EMPLOYEE BENEFITS LIAB \$ 1,000,000
	<input type="checkbox"/> ANY AUTO						COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS						BODILY INJURY (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			CUA2007679	04/01/2016	04/01/2017	PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						EACH OCCURRENCE \$ 5,000,000
	DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>						AGGREGATE \$ 5,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N <input type="checkbox"/>	N/A		WCA1025450	04/01/2016	04/01/2017	\$
	ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? (Mandatory in N.H.)						X PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
A	HIRED AUTO PHYSICAL DAMAGE (PRIMARY)			CPA1021535	04/01/2016	04/01/2017	E.L. DISEASE - POLICY LIMIT \$ 1,000,000
							Any One Auto / Accident Physical Damage Ded. \$ 125,000 / \$1,000,000 10% of loss, \$1,000 min./ \$7,500 max.

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

Re: As Per Contract or Agreement on File with Insured.

The City of Somerville is included as an additional insured on General Liability policy per the attached endorsement, if required.

CERTIFICATE HOLDER

City Clerk's Office
City of Somerville
93 Highland Avenue
Somerville, MA 02143

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