

2023 Application for Holiday Displays on PT Barnum Square

APPLICATIONS WILL ONLY BE ACCEPTED STARTING OCTOBER 1st UNTIL NOVEMBER 1st.

Name of Organization: Bethel United Methodist Church - Nativity Display
 Individual Submitting Request: Timothy Martin Date of Birth: 1/15/80
 Address: 38 Starr Ln Town: Bethel State: CT
 Home phone: _____ Cell#: 203-917-2800 E-mail: Tim.Martin115@gmail.com

Set up is allowed to begin on SATURDAY, NOVEMBER 25th, 2023
 Removal of display MUST happen no later than SATURDAY, JANUARY 6th, 2024.

Utilities Required: Electricity*: Other: (please specify) _____
*May not be available

SCHEDULE OF EVENTS MUST BE RECEIVED BEFORE APPROVAL OF APPLICATION

CERTIFICATE OF LIABILITY INSURANCE in the amount of \$1,000,000. Required: Yes No

I/we have read the policies and regulations promulgated by Bethel Parks and Recreation regarding the community use of the Parks and Recreation facilities and, as duly authorized agent for this organization, I/we agree to abide by them.

10/4/2023
 Date of Application

 Signature of Applicant

Schedule of Events Received _____yes _____no
 Certificate of Liability Insurance Received _____yes _____no
 Rental Fee: _____ Date Received _____ Check # _____ Cash _____

Facility available on above date _____yes _____no
Permission to use equipment _____yes _____no
Police required for activity _____yes _____no
Space has been reserved _____yes _____no

Application : APPROVED _____ DISAPPROVED _____ Fee waived: _____

Comments: _____

 Date

 Signature of First Selectman



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/03/2023

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 Insurance Center 6 Stony Hill Rd, Suite 210 Bethel CT 06801		CONTACT NAME: SDamiano PHONE (A/C, No, Ext): (203) 730-0634 FAX (A/C, No): (203) 730-0683 E-MAIL ADDRESS: sylvia.damiano@theinsurancectr.com	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Ulica Mutual Insurance Company	NAIC # 25976
INSURED		INSURER B:	
Bethel United Methodist Church 141 Greenwood Avenue		INSURER C:	
Bethel CT 06801		INSURER D:	
		INSURER E:	
		INSURER F:	


COVERAGES **CERTIFICATE NUMBER:** MAST COI 23-24 **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	Y		5335419	02/01/2023	02/01/2024	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
							MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 3,000,000
GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:							PRODUCTS - COMP/OP AGG \$ 3,000,000
AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY							COMBINED SINGLE LIMIT (Ea accident) \$ 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 <input type="checkbox"/> RETENTION \$							EACH OCCURRENCE \$ AGGREGATE \$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Property Section Building and Personal Property			5335419	02/01/2023	02/01/2024	Limit - Special Form 4,767,000 Includes Enhancement Endorsement

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

Re: Nativity Set and Menorah; Location: PT Barnum Square on Greenwood Avenue in Bethel, CT 06801 - Nov. 25th, 2023 through Jan. 7th, 2024.
 Certificate holder included as additional insured as respects General Liability.
 Certificate of Insurance is issued on behalf of named insured business operations and are subject to the terms and conditions per the policy.

CERTIFICATE HOLDER Town of Bethel Bethel Parks & Recreation 1 School Street Bethel CT 06801	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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