

APPLICATION FOR USE OF STONINGTON BOROUGH PROPERTY  
INCLUDING STREETS

(REVISED APRIL 2018)

Borough property to be used: Town Green, Water st, main st  
Omega, Hancock and Diving st

Description of the event to be held: Battle of Stonington 5th Round Rea

Date of the event:  
Aug 23, 2022

Time of the event:  
From: 5:30 pm To: 7:00 pm  
Rea is at 6 pm

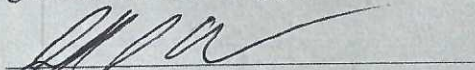
Contact Person:  
Jeff Anderson  
Name

860-449-2866  
Phone Number(s)

12 Wheeler rd Mystic CT 06355  
Mailing Address

Jeff@Kelleyspacemystic.com  
E-mail Address

In consideration for the use of Stonington Borough property listed above (agency/organization) Kelleys Pace agrees that it will indemnify and hold harmless the Borough and its respective officers, agents, and employees from any loss, costs, damages, expenses, judgments and liability whatsoever kind or nature howsoever the same maybe caused resulting directly or indirectly by any act or omission of the agency/organization, anyone directly or indirectly employed by any of them or anyone for whose acts any of them may be liable resulting in bodily injury including sickness and death, personal injury or damage o property directly or indirectly, including the loss of use resulting there from as permitted by law unless and to the extent caused by the Borough's willful acts. Certificate of Insurance must be attached. Failure to comply with any conditions stated below may be grounds for rescinding permission.

  
Signature of Responsible Party

6-30-22  
Date

Jeff Anderson  
Printed Name of Responsible Party

Additional Conditions & Requirements: Looking forward to another  
great race to support the Stonington Free Library

Approved by the Borough of Stonington:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

**APPLICATION FOR USE OF STONINGTON BOROUGH PROPERTY  
INCLUDING STREETS**

(REVISED APRIL 2018)

Borough property to be used: Main Street, High Street, Water Street, Church Street  
Broad Street and Firehouse

Description of the event to be held: 2022 Special Olympics CT Unified Sports  
Fall Festival - Parade of Seating Teams and Dinner/Dance at the Firehouse

Date of the event:  
Saturday September, 10<sup>th</sup> 2022

Time of the event:  
From: 8:30am To: 9:00pm  
Parade = 10am - 10:30am

Contact Person:  
David Pellino  
Name  
2666 State St. Suite 1  
Hamden, CT 06517  
Mailing Address

203-627-5663  
Phone Number(s)  
davidp@socct.org  
E-mail Address

In consideration for the use of Stonington Borough property listed above (agency/organization) Special Olympics CT, Inc. agrees that it will indemnify and hold harmless the Borough and its respective officers, agents, and employees from any loss, costs, damages, expenses, judgments and liability whatsoever kind or nature howsoever the same maybe caused resulting directly or indirectly by any act or omission of the agency/organization, anyone directly or indirectly employed by any of them or anyone for whose acts any of them may be liable resulting in bodily injury including sickness and death, personal injury or damage o property directly or indirectly, including the loss of use resulting there from as permitted by law unless and to the extent caused by the Borough's willful acts. Certificate of Insurance must be attached. Failure to comply with any conditions stated below may be grounds for rescinding permission.

Michael B. Mason  
Signature of Responsible Party

06/13/2022  
Date

Michael B. Mason  
Printed Name of Responsible Party

Additional Conditions & Requirements: \_\_\_\_\_

Approved by the Borough of Stonington:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date



AGENCY CUSTOMER ID: \_\_\_\_\_

LOC #: \_\_\_\_\_



## ADDITIONAL REMARKS SCHEDULE

<b>AGENCY</b> American Specialty Insurance & Risk Services, Inc.		<b>NAMED INSURED</b> Special Olympics, Inc. 1133 19th Street NW Washington, DC 20036	
<b>POLICY NUMBER</b> PHPK2362188		<b>EFFECTIVE DATE:</b> 12/31/2021	
<b>CARRIER</b> Philadelphia Indemnity Insurance Company	<b>NAIC CODE</b> 18058		

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**

**FORM NUMBER:** ACORD 25 **FORM TITLE:** CERTIFICATE OF LIABILITY INSURANCE - Certificate #1001999598

- The Hired Auto Physical Damage limit contains a \$1,000 collision deductible and a \$100 other than collision deductible (for commercially rented vehicles only). Nonowned and Hired Auto (NOHA) liability is excess of any valid and collectible insurance.
- Coverage for property you rent or occupy, property loaned to you and property in the care, custody, or control of the Insured, \$100,000 limit subject to a \$2,500 deductible per loss, excluding watercraft, aircraft, and autos.
- Coverage applies to SPECIAL OLYMPICS CONNECTICUT, UNIFIED SPORTS FALL FESTIVAL SAILING from September 09, 2022 through September 12, 2022.

APPLICATION FOR USE OF STONINGTON BOROUGH PROPERTY  
INCLUDING STREETS

(REVISED APRIL 2018)

Borough property to be used: Dubois Beach parking Lot (1 space)

Description of the event to be held: No event's requesting to bring ice

cream truck to beach to serve occupants. Will not obstruct traffic/other vehicles

Date of the event: throughout season

Time of the event: NA  
From: \_\_\_\_\_ To: \_\_\_\_\_

Contact Person: Emily Logan  
Name

860237-7294  
Phone Number(s)

14 Avery St Pawcatuck,  
Mailing Address CT 06391

emily@mamaemilys.com  
E-mail Address

In consideration for the use of Stonington Borough property listed above (agency/organization) Mama Emilys Sweet Treats agrees that it will indemnify and hold harmless the Borough and its respective officers, agents, and employees from any loss, costs, damages, expenses, judgments and liability whatsoever kind or nature howsoever the same maybe caused resulting directly or indirectly by any act or omission of the agency/organization, anyone directly or indirectly employed by any of them or anyone for whose acts any of them may be liable resulting in bodily injury including sickness and death, personal injury or damage o property directly or indirectly, including the loss of use resulting there from as permitted by law unless and to the extent caused by the Borough's willful acts. Certificate of Insurance must be attached. Failure to comply with any conditions stated below may be grounds for rescinding permission.

[Signature]  
Signature of Responsible Party

8 July 2022  
Date

Emily Logan  
Printed Name of Responsible Party

Additional Conditions & Requirements: \_\_\_\_\_

Approved by the Borough of Stonington:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
07/12/2022

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 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).

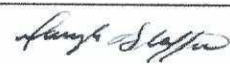
<b>PRODUCER</b> Veracity Insurance Solutions, LLC. 280 South 2500 West, Suite 303 Pleasant Grove UT 84062		<b>CONTACT NAME:</b> FLIP Program Support <b>PHONE (A/C, No, Ext):</b> (844)-520-6992 <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b> info@fliprogram.com	
<b>INSURED</b> Logan Family LLC, DBA Mama Emily's Sweet Treats 14 Avery St Pawcatuck CT 06379		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Great American Alliance Insurance Co. <b>NAIC #</b> 26832 <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	

**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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b>			PLE738466-F163065	07/16/2022	07/16/2023	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	<input checked="" type="checkbox"/>					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000
	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
	<b>AUTOMOBILE LIABILITY</b>						PRODUCTS - COMP/OP AGG \$ 2,000,000
	<input type="checkbox"/> ANY AUTO						ANIMAL BAILEE \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					BODILY INJURY (Per person) \$
	<b>UMBRELLA LIAB</b>	<input type="checkbox"/> OCCUR					BODILY INJURY (Per accident) \$
	<b>EXCESS LIAB</b>	<input type="checkbox"/> CLAIMS-MADE					PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						EACH OCCURRENCE \$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N					AGGREGATE \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						\$
							WC STATUTORY LIMITS OTH-ER \$
							E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES** (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
Certificate holder had been added as additional insured regarding the above mentioned policy per attached Additional Insured - Designated Person or Organization (CG 20 26 Ed. 04 13)

<b>CERTIFICATE HOLDER</b> Borough of Stonington 28 Church St Stonington, CT 06378	<b>CANCELLATION</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.  AUTHORIZED REPRESENTATIVE 
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**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

**Schedule**

**Name of Additional Insured Person(s) or Organization(s):**

Borough of Stonington

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

**A. SECTION II - WHO IS AN INSURED** is amended to include as an Additional Insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury," "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- 1. in the performance of your ongoing operations; or
- 2. in connection with your premises owned by or rented to you.

However:

- 1. the insurance afforded to such additional insured only applies to the extent permitted by law; and
- 2. if coverage provided to the Additional Insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

**B. With respect to the insurance afforded to these Additional Insureds, the following is added to SECTION III – LIMITS OF INSURANCE:**

If coverage provided to the Additional Insured is required by a contract or agreement, the most we will pay on behalf of the Additional Insured is the amount of insurance:

- 1. required by the contract or agreement; or
- 2. available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

**Policy number: 02437705**

Underwritten by:  
Progressive Casualty Insurance Co  
NAIC Number: 24260  
July 12, 2022  
Page 1 of 2

## Certificate of Insurance

**Certificate Holder**

Additional Insured  
Burough of Stonington  
26 Church St  
Stonington, CT 06378

**Insured**

LOGAN FAMILY LLC  
MAMA EMILYS SWEET TREATS  
14 AVERY ST  
PAWCATUCK, CT 06379

**Agent**

USAA INS AGCY INC  
9800 FRDRCKSBRG HSVCW  
SAN ANTONIO, TX 78288

This document certifies that insurance policies identified below have been issued by the designated insurer to the insured named above for the period(s) indicated. This Certificate is issued for information purposes only. It confers no rights upon the certificate holder and does not change, alter, modify, or extend the coverages afforded by the policies listed below. The coverages afforded by the policies listed below are subject to all the terms, exclusions, limitations, endorsements, and conditions of these policies. Liability coverage may not apply to all scheduled vehicles.

Policy Effective Date: Jul 30, 2022

Policy Expiration Date: Jul 30, 2023

**Insurance coverage(s)**

**Limits**

Bodily Injury/Property Damage

\$1,000,000 Combined Single Limit

Uninsured/Underinsured Motorist

\$1,000,000 Combined Single Limit

### Description of Location/Vehicles/Special Items

**Scheduled autos only**

1976 Chevrolet STEP VAN CPT2563307634

Medical Payments

\$5,000

Stated Amount

\$27,000

Comprehensive

\$500 Ded

Collision

\$500 Ded

Roadside Assistance

Selected w/\$0 Ded

1995 GMC VANDURA 1GTEG25Z5SF532042

Comprehensive

\$500 Ded

Stated Amount

\$25,000

Collision

\$500 Ded

Roadside Assistance

Selected w/\$0 Ded





PORTUGUESE HOLY GHOST SOCIETY

26 MAIN STREET

STONINGTON, CT 06378

Borough of Stonington

Board of Warden & Burgesses

P.O. Box 328-26 Church Street

Stonington, CT 06378

Dear Warden & Burgesses,

The Portuguese Holy Ghost Society will conduct the annual Festival of the Holy Ghost at its property at 26 Main Street, Stonington, CT on Saturday and Sunday of Labor Day weekend – September 3 & 4, 2022.

Included in the celebration will be a street procession on Saturday, September 3, 2022 leaving the Society grounds at approximately 5:30 pm to St. Mary Church to Water Street to Cannon Square back to the Society.

Also, another procession on Sunday, September 4, 2022 leaving the Society grounds at approximately 10:00 am to go to the 10:30 am mass at St. Mary Church. Following the mass, the parade will reform outside the church and circuit the Borough streets as indicated on the attached permit application before returning to the Club grounds.

The celebration is an annual Borough feature and has been a tradition since at least the early 1900's and we appreciate the continued support of the Borough and Town in permitting us to continue. We would also appreciate it if this item could be placed on the Borough calendar.

Note: The permit application for the Town has been submitted to them as instructed by Jeff Callahan.

Sincerely,



Thomas Arruda

President, PHGS

**APPLICATION FOR USE OF STONINGTON BOROUGH PROPERTY INCLUDING STREETS**

(REVISED APRIL 2018)

Borough property to be used: Borough Streets to include Main, Broad, Water, Omega, Hancox, Dining

Description of the event to be held: Street Procession as part of Portuguese Holy Ghost Celebration

Date of the event: SAT SEPT 3 & Sunday - September 4, 2022

Time of the event: From: 10:00 am To: 12:00 pm

Contact Person: Thomas Arruda  
Name

401-207-5587  
Phone Number(s)

57 Courtland Street Pawcatuck, CT 06329  
Mailing Address

Emy.tomarruda@gmail.com  
E-mail Address

In consideration for the use of Stonington Borough property listed above (agency/organization) Portuguese Holy Ghost Society agrees that it will indemnify and hold harmless the Borough and its respective officers, agents, and employees from any loss, costs, damages, expenses, judgments and liability whatsoever kind or nature howsoever the same maybe caused resulting directly or indirectly by any act or omission of the agency/organization, anyone directly or indirectly employed by any of them or anyone for whose acts any of them may be liable resulting in bodily injury including sickness and death, personal injury or damage o property directly or indirectly, including the loss of use resulting there from as permitted by law unless and to the extent caused by the Borough's willful acts. Certificate of Insurance must be attached. Failure to comply with any conditions stated below may be grounds for rescinding permission.

Thomas Arruda  
Signature of Responsible Party

7-11-2022  
Date

Thomas Arruda  
Printed Name of Responsible Party

Additional Conditions & Requirements: Insurance Documents submitted via email

Approved by the Borough of Stonington:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
07/13/2022

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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> Swanson Insurance LLC 210 Boston Post Road  Waterford CT 06385	<b>CONTACT NAME:</b> Rob Feliciano <b>PHONE (A/C, No, Ext):</b> (860) 443-1500 <b>E-MAIL ADDRESS:</b> robfjr@sbcglobal.net	<b>FAX (A/C, No):</b> (860) 443-1900
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Portuguese Holy Ghost Society, Inc 26 Main St  Stonington CT 06378	<b>INSURER A:</b> Quaker Special Risk	<b>NAIC #</b>
	<b>INSURER B:</b> Mount Vernon Fire Insurance Co.	26522
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES**                      **CERTIFICATE NUMBER:** CL2271316138                      **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 type="checkbox"/> LOC OTHER:	Y		SE1048234	09/03/2022	09/05/2022	EACH OCCURRENCE \$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000						
	MED EXP (Any one person) \$ 1,000						
	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) \$
							\$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <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						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B				LQ2002840A	12/01/2021	12/01/2022	

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
 RE: Festival of the Holy Ghost Sept 3 - Sept 4, 2022.  
 The Borough of Stonington is additional insured with regard to above General Liability.  
 30 day written notice given for cancellation or non-renewal.

<b>CERTIFICATE HOLDER</b>  Borough of Stonington 26 Church Street  Stonington CT 06378	<b>CANCELLATION</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.  AUTHORIZED REPRESENTATIVE 
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