



From: SPARTA SYNERGY - po box 295 - Montpelier, VT 05601 - Ph: (802) 522-5093.

To: City of Concord, NH.

Subject: Street closure request for annual bike race.

Today: May 23, 2017.

Hello Concord,

We are once more getting ready for our annual bike race around White Park, celebrating 37 years of commitment to the city and the biking community. This year's event is scheduled for Saturday August 5, from 8:30 am until 6:15 pm.

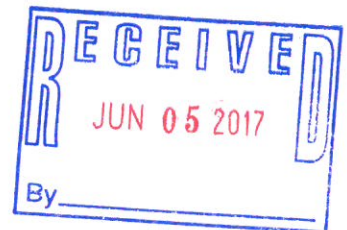
Please consider this document as our official request for streets closure. The course will be the same as last year, per enclosed document. Street closure from 8:00 am until 6:30 pm.

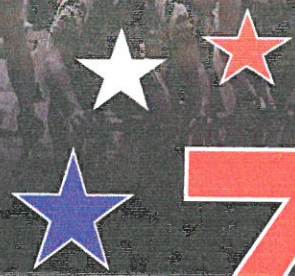
This will be our last year.

Please feel free to contact me with any question.

Respectfully,

Jean LaCroix - Race Director





37th ANNIVERSARY

CONCORD CRITERIUM

SATURDAY 5 AUGUST 2017 - CONCORD, NH



USA CYCLING ★★ ★
NEW ENGLAND ★★ ★
CHAMPIONSHIPS



SPARTA SYNERGY .com
SERVICE COURSE



Return to:
City of Concord
Code Administration
Health Services Division
37 Green Street
Concord, NH 03301
603-225-8580



Permit #: _____
Fee: \$15.00
Make check payable to:
CITY OF CONCORD

~~-Police Department Use Only-~~

~~No. of Officers Required: _____~~

~~Restrictions: _____~~

~~Approved: _____~~

~~Police Department~~

This application should be submitted Sixty (60) Days prior to the proposed event to allow for processing

APPLICATION FOR ROAD RACE/BIKE RACE/BIKE-A-THON/WALK-A-THON

Organization Name: SPARTA SYNERGY Phone: (802) 522-5093

Address: po box 295 City/Town: Montpelier State: VT Zip Code: 05601

Person in charge of event: Jean LaCroix Phone: _____

Is the Organization a Non-Profit? Yes No If YES, please provide ID Number: _____

Indicate number of persons expected to participate: _____

ROAD RACE BIKE RACE TRIATHLON BIKE-A-THON WALK-A-THON

Location/Route: around white park (see enclosed map)

****A MAP DETAILING THE EXACT ROUTE MUST ACCOMPANY THIS APPLICATION****

Proposed date(s) of event: Saturday 5 August Rain Dates(s): n/a

Proposed hours of event: From: 8:30 am am/pm To: 6:15pm am/pm

Additional Information (**Food vendors, D.J./live bands, amplified sound, guest speakers, musicians, tents, fire pits/bowls etc.**): **NOTE: Tents larger than 200 sq. ft. require a permit from the Fire Dept.** _____

Will part of the event be on the City Plaza – front of "Arch"? Yes No If yes, will

electricity be needed at the City Plaza – front of "Arch"? Yes No

Banners are NOT permitted on the Arch.

If "Yes", please indicate times needed for electricity: From: _____ am/pm To: _____ am/pm

Are you requesting street closure for this event? Yes No

Letter for street closure attached: Yes No

Certificate of Insurance enclosed: Yes No

If the event is on City Property, it is the responsibility of the permittee to clean up the area used immediately after the event, unless prior arrangements have been made with the City. There will be a fee charged for failure to comply.

A Letter for Street Closure must be submitted to CITY CLERK'S OFFICE and a copy to the Health & Licensing Office along with this application. Approval for Street Closure from the City Council must be received before the permit is issued.

Applicant's Signature: Jean LaCroix Date: 05/31/2017

Approved: _____ Date: _____

Health & Licensing Officer

Revised: 2/1/17

USA CYCLING
NEW ENGLAND
CHAMPIONSHIPS

37th ANNIVERSARY

CONCORD CRITERIUM

SATURDAY 5 AUGUST 2017 - CONCORD, NH

The Mountaintop
CONSTRUCTION




Schedule

RACE CATEGORIES		DISTANCE	DURATION	START	FEE	CHAMPIONSHIPS CATEGORIES		PRIZES	PLACES	FIELD	
miles	laps	minutes (1)	time	entry	Women	Men	race	Championships	race	Championships	limit
Junior B/G (9-14)	10	31	8:30 am	\$36	n/a (2)	n/a	merch	n/a	3 B 3 G	n/a	75
M 55+/65+ (1-4)	12	32	9:10 am	\$41		M55-59, M60-64, M65-69, M70+	merch	medals	3 M55+ 3 M65+	3 per category	no
W 4-5/W 45+ (1-3) Junior G (15-18)	12	34	9:55 am	\$36	W45-49, W50-54, W55-59, W60-64, W65-69, W70+		merch	medals	3 W4-5/45+ 3 JG	3 per category	no
M 5/Junior B (15-18)	15	39	10:40 am	\$36		n/a	merch	n/a	3 M5 3 JB	n/a	no
M 45+ (1-4)	17	41	11:30 am	\$41		M45-49, M50-54	\$300	medals	5	3 per category	no
Sprint Competition Men/Women (open)	500 m sprint heats		12:25 pm	\$15	n/a		\$100/\$100	n/a	1 M 1 W	n/a	no
Sprint Competition Junior B/G (under 18)	500 m sprint heats		12:25 pm	\$15	n/a		\$50/\$50	n/a	1 JB 1 JG	n/a	no
M 35+ (1-4)	24	46	1:00 pm	\$41		M40-44	\$400	medals	5	3 per category	no
M 4	18	38	2:00 pm	\$41		n/a	merch	n/a	5	n/a	75
W P/11/2/3/40+(1-3)	24	55	2:50 pm	\$51	Amateur/Elite, U23, W40-44		\$1,200	medals	15	3 per category	no
M 3	24	51	3:55 pm	\$41		n/a	\$500	n/a	5	n/a	75
M P/1/2	36	71	4:55 pm	\$51		Amateur/Elite, U23	\$1,200	medals	10	3 per category	no

(1) estimated timing based on past 5 years
 (2) 2017 Junior championships hosted by New Haven GP

Held under USA Cycling permit 2017-1972. All USAC rules apply. Participants must wear helmets at all time while on the bike.
 On line registration at www.bikereg.com. Fees schedule posted on bikereg.com.
 Day of registration/sign in starts at 7:30 am. Additional fees apply. One-day licenses may be purchased onsite for \$10 and are valid for a single day of racing. Onsite One-day licenses may only be purchased by Category 5 Men and Category 5 Women, for use in races open to those categories.
 Entry Fee includes NEBRA Rider Surcharge of \$1 and USA Cycling Insurance Surcharge of \$3.75
 Start/Finish at white street, Concord, NH.
 All the event info at www.spartasynergy.com or contact Jean LaCroix at info@spartasynergy.com or cell (802) 522-5093.



SPARTA SYNERGY .com
SERVICE COURSE


37th ANNIVERSARY
CONCORD CRITERIUM
 SATURDAY 5 AUGUST 2017 - CONCORD, NH

The course



USA CYCLING ★ ★ ★ ★ ★
NEW ENGLAND
CHAMPIONSHIPS

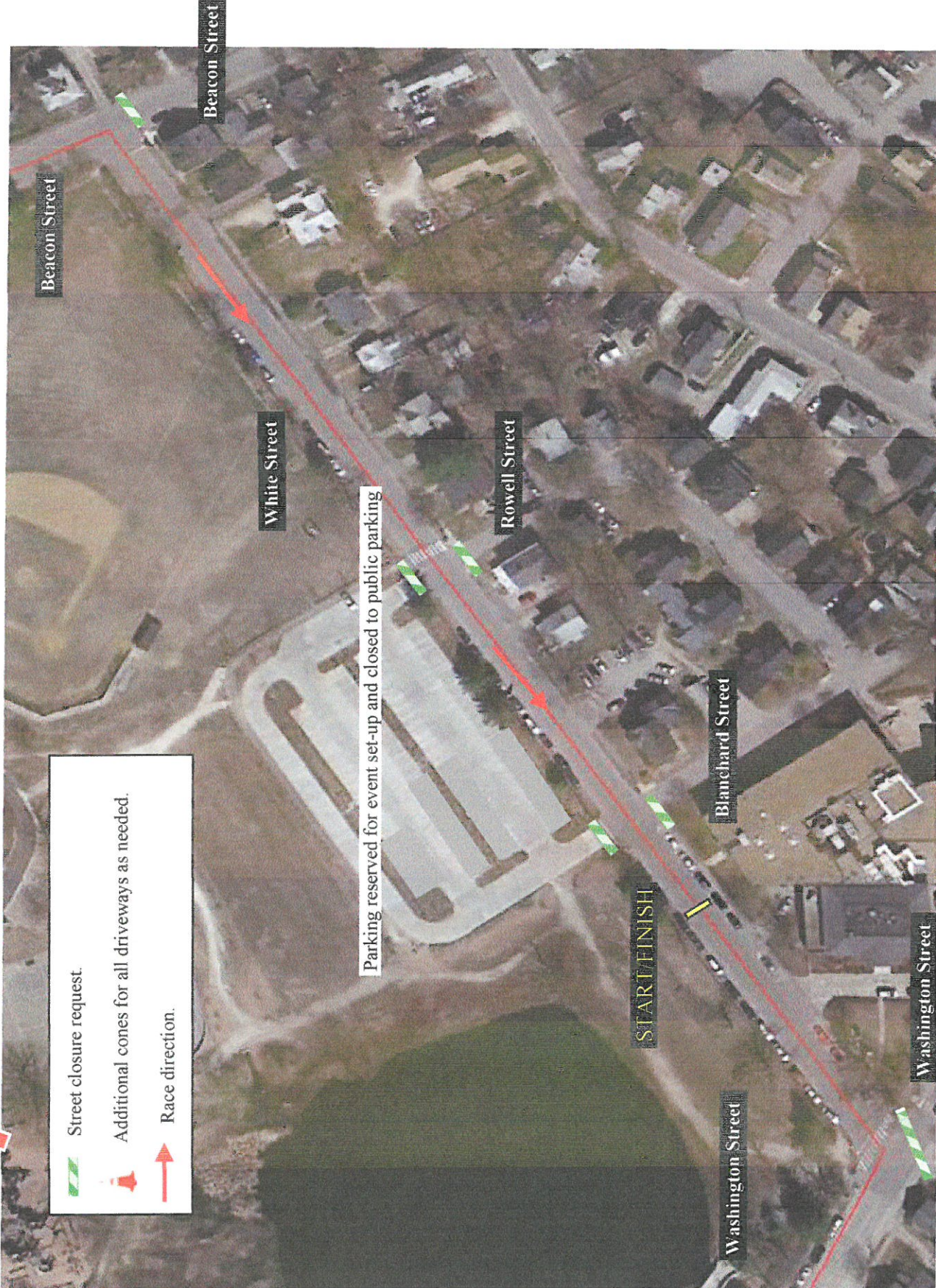


CONCORD CRITERIUM
 SATURDAY 5 AUGUST 2017 - CONCORD, NH

75th ANNIVERSARY

Street closure 1/4

White Street section



37th ANNIVERSARY
CONCORD CRITERIUM
 SATURDAY 5 AUGUST 2017 - CONCORD, NH




USA CYCLING
 NEW ENGLAND CHAMPIONSHIPS

The Mountain Shop
 CONSTRUCTION

Street closure 2/4

Washington /Centre Streets section



	Street closure request.
	Additional cones for all driveways as needed.
	Race direction.




37th ANNIVERSARY

CONCORD CRITERIUM

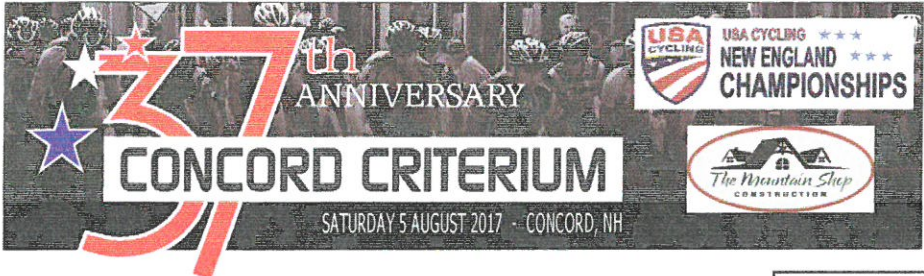
SATURDAY 5 AUGUST 2017 · CONCORD, NH

Street closure 3/4

Liberty Street section




 Street closure request.
 Additional cones for all driveways as needed.
 Race direction.





Street closure 4/4

Franklin/Charles/Beacon Streets section

 Street closure request.
 Additional cones for all driveways as needed.
 Race direction.



Start/Finish 1/1

Set up Saturday August 5th, after street closure

Take down Saturday 5, afternoon. Right after the end of the last race.

Set up / take down by INTERNATIONAL CYCLING SERVICES Inc.





Food vendors

to be determined ...



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/26/2017

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 Fairly Consulting Group, LLC 1800 S. Washington, Suite 400 Amarillo, TX 79102	CONTACT NAME: Fairly Group Certificates	
	PHONE (A/C, No, Ext): (806) 376-4761	FAX (A/C, No): (806) 337-1859
	E-MAIL ADDRESS: certs@fairlygroup.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED USA Cycling, Inc. 210 USA Cycling Point, Suite 100 Colorado Springs, CO 80919	INSURER A : Lexington Insurance Company	
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:
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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="checked" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="checked" type="checkbox"/> OCCUR	<input checked="checked" type="checkbox"/>		015375404	12/31/2016	12/31/2017	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000
							MED EXP (Any one person) \$ Excluded
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 3,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
							\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY						BODILY INJURY (Per person) \$
	<input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> NON-OWNED AUTOS ONLY						\$
							\$
	<input type="checkbox"/> UMBRELLA LIAB						EACH OCCURRENCE \$
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE \$
	<input type="checkbox"/> OCCUR						\$
	<input type="checkbox"/> CLAIMS-MADE						\$
	DED						\$
	RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/>	<input type="checkbox"/>				OTH-ER
	If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			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)
Job 2017-1972
 Endorsement LEXDOC021 (LX0404) SCHEDULE OF NAMED INSUREDS: Event Organizers and/or Promoters are Named Insureds. It shall be a condition of coverage that all organizers/promoters for whom coverage is afforded under this policy execute a USAC Event Permit Application and coverage will be afforded only for the specific event and date on the permit.
 The General Liability policy includes a blanket automatic additional insured endorsement that provides additional insured status to the certificate holder only when there is a written contract between a named insured and the certificate holder that requires such status. Please see attached endorsement LX4309
 SEE ATTACHED ACORD 101

CERTIFICATE HOLDER City of Concord 41 Green Street Concord, NH 03301	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 <i>[Signature]</i>
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USACYCL-01

MRODRIGUEZ

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/26/2017

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COVERAGES

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CERTIFICATE HOLDER

CANCELLATION

City of Concord
 41 Green Street
 Concord, NH 03301

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



CERTIFICATE OF LIABILITY INSURANCE

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							PROPERTY DAMAGE (Per accident)	\$
								\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			PER STATUTE	OTH-ER
							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)
Job 2017-1972
Endorsement LEXDOC021 (LX0404) SCHEDULE OF NAMED INSURED: Event Organizers and/or Promoters are Named Insureds. It shall be a condition of coverage that all organizers/promoters for whom coverage is afforded under this policy execute a USAC Event Permit Application and coverage will be afforded only for the specific event and date on the permit.

The General Liability policy includes a blanket automatic additional insured endorsement that provides additional insured status to the certificate holder only when there is a written contract between a named insured and the certificate holder that requires such status. Please see attached endorsement LX4309 SEE ATTACHED ACORD 101

CERTIFICATE HOLDER City of Concord 41 Green Street Concord, NH 03301	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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/26/2017

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.

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.

PRODUCER: Fairly Consulting Group, LLC; CONTACT NAME: Fairly Group Certificates; PHONE: (806) 376-4761; INSURER(S): Lexington Insurance Company; INSURED: USA Cycling, Inc.

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.

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL INSD, SUBR WVD, POLICY NUMBER, POLICY EFF, POLICY EXP, LIMITS. Includes Commercial General Liability, Automobile Liability, Umbrella Liab, and Workers Compensation.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Job 2017-1972 Endorsement LEXDOC021 (LX0404) SCHEDULE OF NAMED INSUREDS: Event Organizers and/or Promoters are Named Insureds.

CERTIFICATE HOLDER: City of Concord; 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.