

Sullo way & Hollis

P.L.L.C.
COUNSELORS AT LAW

REPLY TO: CAPITAL OFFICE
Fax number: (603) 223-2908
jowers@sullo way.com

June 9, 2015

FRANK J. SULLOWAY
(1883-1981)
FRANKLIN HOLLIS
(1904-1980)

SENIOR COUNSEL
MARTIN L. GROSS
MICHAEL M. LONERGAN
IRVIN D. GORDON
JAMES E. OWERS
JOHN R. HARRINGTON

Janice Bonenfant, City Clerk
City of Concord
41 Green Street
Concord, NH 03301

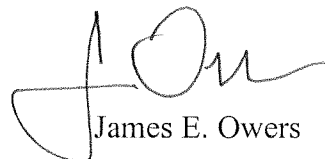
JUN 15 2015

Re: White Park Cyclocross Race Road Closure, Saturday, September 19,
2015

Dear Ms. Bonenfant:

This will serve as a request on behalf of the New Hampshire Cycling Club to close a portion of Liberty Street between Valley and Forest Street adjacent to White Park on Saturday, September 19, 2015, between the hours of 8:00 a.m. and 4:30 p.m. for the purposes of running a Cyclocross bicycle race. The closure is shown on the attached map. The remainder of the race will be run on the interior of White Park and will not affect residents. The rules of the licensing organization, USA Cycling, Inc., require that there be a paved, wide road type section within the race course which is the reason for this street-closure request. This will be the fifth year of this event. I would appreciate it if you would bring this request before the City Council for its approval.

Very truly yours,


James E. Owers

ALL ATTORNEYS ADMITTED
IN NEW HAMPSHIRE

INDIVIDUAL ATTORNEYS
ADMITTED IN:
MAINE, VERMONT, FLORIDA
MASSACHUSETTS, NEW YORK,
AND OTHER STATES

JEO/njs
cc: Eugene Blake

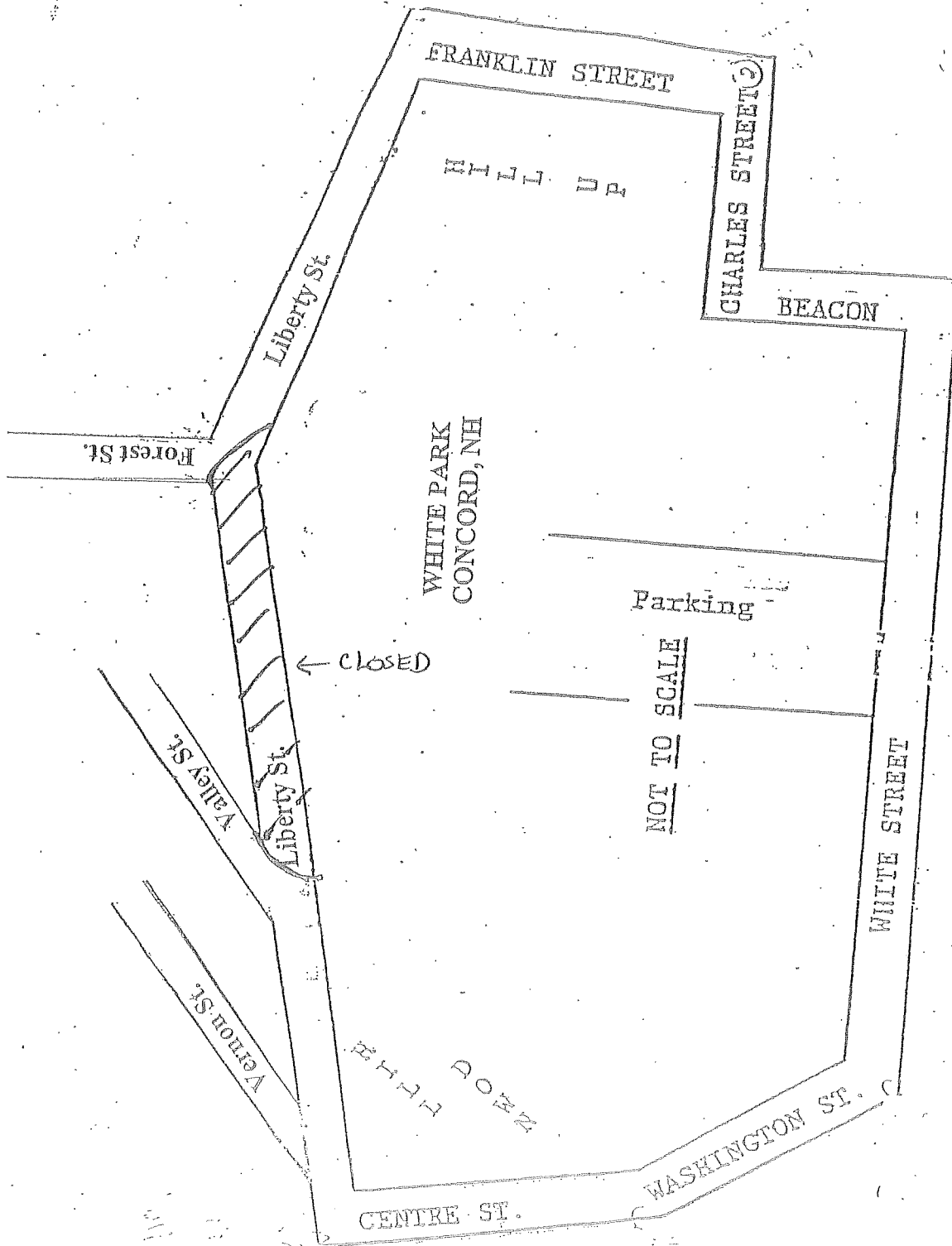
CAPITAL OFFICE
9 Capitol Street
Concord, NH 03301
Tel: 603-224-2341

PORTLAND OFFICE
477 Congress Street
5th Floor
Portland, ME 04101
Tel: 207-253-5141

GORHAM OFFICE
30 Exchange Street
P.O. Box 335
Gorham, NH 03581
Tel: 603-466-5946



STREET CLOSURE FOR CYCLOROSS EVENT



Suloway & Hollis

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REPLY TO: CAPITAL OFFICE
Fax number: (603) 223-2908
jowers@suloway.com

June 10, 2015

FRANK J. SULLOWAY
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JAMES E. OWERS
JOHN R. HARRINGTON

Eugene Blake
Health and Licensing Officer
37 Green Street
Concord, NH 03301

Re: White Park Cyclocross Race, September 19, 2015

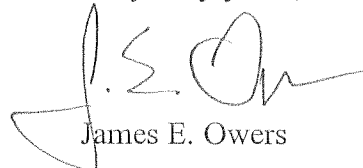
Dear Mr. Blake:

Attached is our event application on behalf of the New Hampshire Cycling Club for the 2015 White Park Cyclocross bicycle race which is scheduled for Saturday, September 19, 2015. This will be the fifth year that we have held this event. I have included a certificate of insurance from USA Cycling, the sponsoring organization; a map of the course (which is the same as last year); and our check made payable to the City of Concord for \$11.55.

In addition, because the race does require a short-road closure on Liberty Street between Forest and Valley Streets, I have also enclosed a letter to the City Clerk requesting a road closure. I have submitted that letter directly to the Clerk.

Thank you again for your help with this event. In prior years, we had a joint meeting a month before the event with representatives from your office, the Concord Police Department, General Services, and Parks and Recreation which was very helpful in running the event.

Very truly yours,



James E. Owers

JEO/njs
Enclosure
cc: David Gill

CAPITAL OFFICE
9 Capitol Street
Concord, NH 03301
Tel: 603-224-2341

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Portland, ME 04101
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GORHAM OFFICE
30 Exchange Street
P.O. Box 335
Gorham, NH 03581
Tel: 603-466-5946

Return to:

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



Permit #: _____

Fee 11.55

Make check payable to:
CITY OF CONCORD

-Police Department Use Only-

No. of Officers Required _____

Restrictions: _____

APPROVED: _____

Concord Police Dept.

This application must be submitted forty five (45) days prior to proposed event to allow for processing of the application.

APPLICATION FOR ENTERTAINMENT / EVENT PERMIT

Name of Organization: New Hampshire Cycling Club Phone: 224-2341 (w)
Address: 6 Ridge Rd, Concord State: NH Zip Code: 03301
Person in charge of event: JAMES OWERS / Nick CZERWIA Phone: 224-2341 (OWENS)
Address: % 6 Ridge Rd, Concord State: NH Zip Code: 03301
Sponsor of Event: New Hampshire Cycling Club Phone: SAME
Address: Same State: _____ Zip Code: _____

Type of and Description of Event: Bicycle Race

Location of Event: White Park

Proposed Dates: From: 9/19/2015 To: 9/19/2015

Proposed Hours: From: 7:30 AM 4:30 PM

Number of persons expected to participate: 300

Approximate number of spectators: 100

Will the event include food vendors? Yes: ☐ No: ☒ If yes, please list name(s) below:

ADDITIONAL INFORMATION – use of a DJ, live band, guest speakers, food vendors, tents larger than 200sq. ft

NOTE: Tents Larger than 200sq ft. need a permit from Fire Dept.: Will include a Race Announcer and music.

If the event is on City property, it is the responsibility of the event coordinator 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.

If the event is on the City Plaza (front of "Arch"), will you need electricity? Yes: ☐ No: ☒

If yes, please indicate times needed: _____ AM _____ PM

Certificate of Insurance Enclosed: Yes: ☒ No: ☐

Request for street closure: Yes: ☒ No: ☐

Letter for street closure attached: Yes: ☒ No: ☐

A letter for Street Closure must be submitted to the 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 permit is issued.

Signed: James E. Owen Date: 6/15/2015

Approved: _____ Date: _____

Health & Licensing Officer

Revised: 3/27/15



CERTIFICATE OF LIABILITY INSURANCE

Page 1 of 2

DATE (MM/DD/YYYY)
05/29/2015

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).

PRODUCER Willis of Texas, Inc. c/o 26 Century Blvd. P.O. Box 305191 Nashville, TN 37230-5191	CONTACT NAME: PHONE (A/C, NO, EXT): 877-945-7378 FAX (A/C, NO): 888-467-2378 E-MAIL ADDRESS: certificates@willis.com	
	INSURER(S) AFFORDING COVERAGE INSURER A: Lexington Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
INSURED USA Cycling, Inc. 210 USA Cycling Point Colorado Springs, CO 80919	NAIC # 19437-001	

COVERAGES

CERTIFICATE NUMBER: 23195819

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 <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		015375404	12/31/2014	12/31/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ 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 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> 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)

Endorsement LX4309 (06/14) AI- DESIGNATED PERSON-ORG: As required by written contract, Certificate holders are named as Additional Insured for USA Cycling sanctioned/permitted events.

Endorsement NAMEINSD (02/94) NAMED INSURED AMENDMENT: 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.

CERTIFICATE HOLDER**CANCELLATION**

City of Concord 41 Green St. 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 

AGENCY CUSTOMER ID: HRH18003

LOC#: _____



ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

AGENCY Willis of Texas, Inc.		NAMED INSURED USA Cycling, Inc. 210 USA Cycling Point Colorado Springs, CO 80919	
POLICY NUMBER 015375404			
CARRIER Lexington Insurance Company	NAIC CODE 19437-001	EFFECTIVE DATE: 12/31/2014	
ADDITIONAL REMARKS			

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

Event #2015-2347
Event Name: Cyclocross at White Park
Event Location: Concord, NH
Event Date: 09/19/2015
Set-up Date: 09/18/2015 - 09/18/2015

The above event will include Kid's Ride.

Certificate Holder is an Additional Insured with respects to Event #2015-2347, Cyclocross at White Park, in Concord, NH on 09/18/2015 - 09/19/2015, but only with respect to the liability arising out of the Named Insured's Operations.

ENDORSEMENT

This endorsement, effective 12:01 A 12/31/2014

Form# a part of policy no.: 015375404

Issued to: USA CYCLING, INC.

By: LEXINGTON INSURANCE COMPANY

ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION

(Based on CG 0025 04/13)

This endorsement modifies insurance provided by the following:

COMMERCIAL GENERAL LIABILITY POLICY

SCHEDULE

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

AS REQUIRED BY WRITTEN CONTRACT

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