

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











## CONCORD CRITERIUM

SATURDAY 5 AUGUST 2017 - CONCORD, NH







SPARTA SYNERGY







Return to:

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

Permit #:\_\_\_\_\_\_\_
Fee:\_\_\_\_\_\_\$15.00

Make check payable to:

CITY OF CONCORD

-Police Department Use Only-

No. of Officers Required: \_\_\_\_\_\_\_\_

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

ATTENENT ON ROAD RACE, DIRE IN	NOLY DIKE A MONY WALK A MON
Organization Name: SPARTA SYNERGY	Phone: (802) 522-5093_
Address: po box 295 City/Towr	: Montpelier State: VT Zip Code: 05601
Person in charge of event: Jean LaCroix	Phone:
Is the Organization a Non-Profit? Yes $\square$ No $x\square$ If	YES, please provide ID Number:
Indicate number of persons expected to participate:	
☐ ROAD RACE x☐ BIKE RACE ☐ TRIATHLON	☐ BIKE-A-THON ☐ WALK-A-THON
Location/Route:_around white park (see enclosed map) **A MAP DETAILING THE EXACT RO	UTE 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	o: <u>6:15pm</u> am/pm
Additional Information (Food vendors, D.J./live bands, ampits/bowls etc.): NOTE: Tents larger than 200 sq. ft. requi	
Will part of the event be on the City Plaza – front of "Arch"	
electricity be needed at the City Plaza – front of "Arch"?	☐ Yes x☐ No  Banners are NOT permitted on the Arch.
If "Yes", please indicate times needed for electricity:	om: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:  If the event is on City Property, it is the responsibility of the after the event, unless prior arrangements have been made failure to comply.  A Letter for Street Closure must be submitted to CITY CLE Office along with this application. Approval for Street Clothe permit is issued.	e with the City. There will be a fee charged for RK'S OFFICE and a copy to the Health & Licensing
Applicant's Signature: <u>Jean LaCroix</u>	Date: 05/31/2017
Approved:	Date:
Health & Licensing Office	cer Revised: 2/1/17



RACE CATEGORIES	DIST	DISTANCE	DURATION	START	Ш	CHAMPIONSHIPS CATEGORIES	S CATEGORIES	ā.	PRIZES	d.	PLACES	FIELD
	miles	laps	minutes (1)	time	entry	New England	gland	race	Championships	race	Championships	· limit
						Women	Men					
Junior B/G (9-14)	12	10	31	8:30 am	\$36	n/a (2)	n/a	merch	n/a	3 B	n/a	75
M 55+/65+ (1-4)	14.4	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)	14.4	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	00
M 5/Junior B (15-18)	81	15	39	10:40 am	\$36		n/a	merch	n/a	3 M5 3 JB	n/a	00
M 45+ (1-4)	20.4	17	41	11:30 am	\$41		M45-49, M50-54	\$300	medals	2	3 per category	no
Sprint Competition Men/Women (open)	)G	500 m sprint heats	leats	12:25 pm	\$15	n/a		\$100/\$100	n/a	Σ. T.	n/a	no no
Sprint Competition Junior B/G (under 18)	20	500 m sprint heats	ıeats	12:25 pm	\$15	n/a		\$50/\$50	n/a	1 JB 1 JG	n/a	00
M 35+ (1-4)	24	20	46	1:00 pm	\$41		M40-44	\$400	medals	5	3 per category	00
M 4	18	15	38	2:00 pm	\$41		n/a	merch	n/a	5	n/a	75
W P/1/2/3/40+(1-3)	24	20	55	2:50 pm	\$51	Amateur/Elite, U23, W40-44		\$1,200	medals	15	3 per category	no
M 3	24	20	51	3:55 pm	\$41		n/a	\$500	n/a	5	n/a	75
M P/1/2	36	30	71	4:55 pm	\$51		Amateur/Elite, U23	\$1,200	medals	10	3 per category	02
					And in the latest of the statest of							

(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.







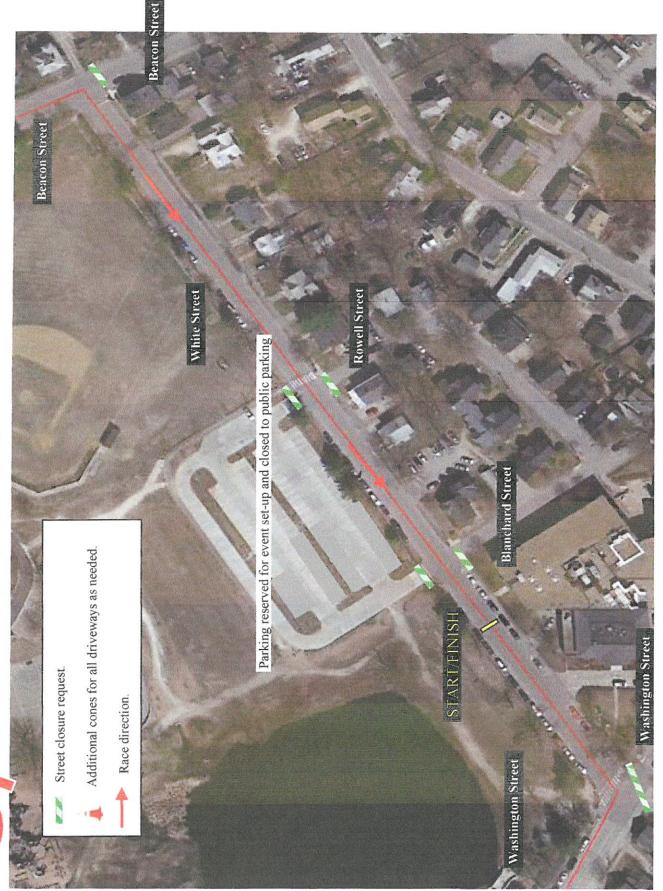






# Street closure 1/4

White Street section

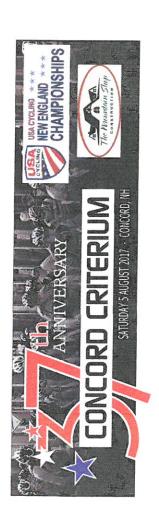




## Street closure 2/4

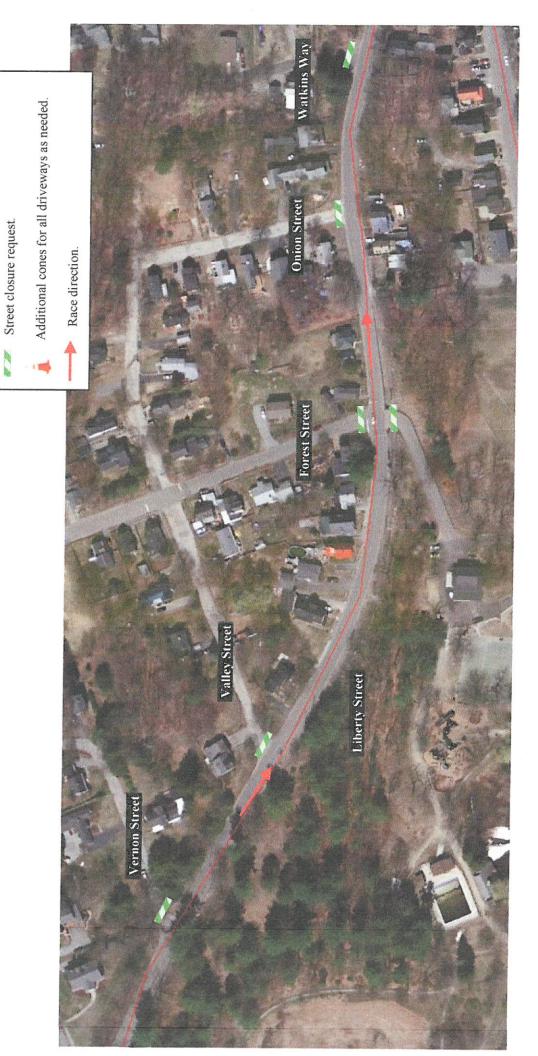
Washington / Centre Streets section





# Street closure 3/4

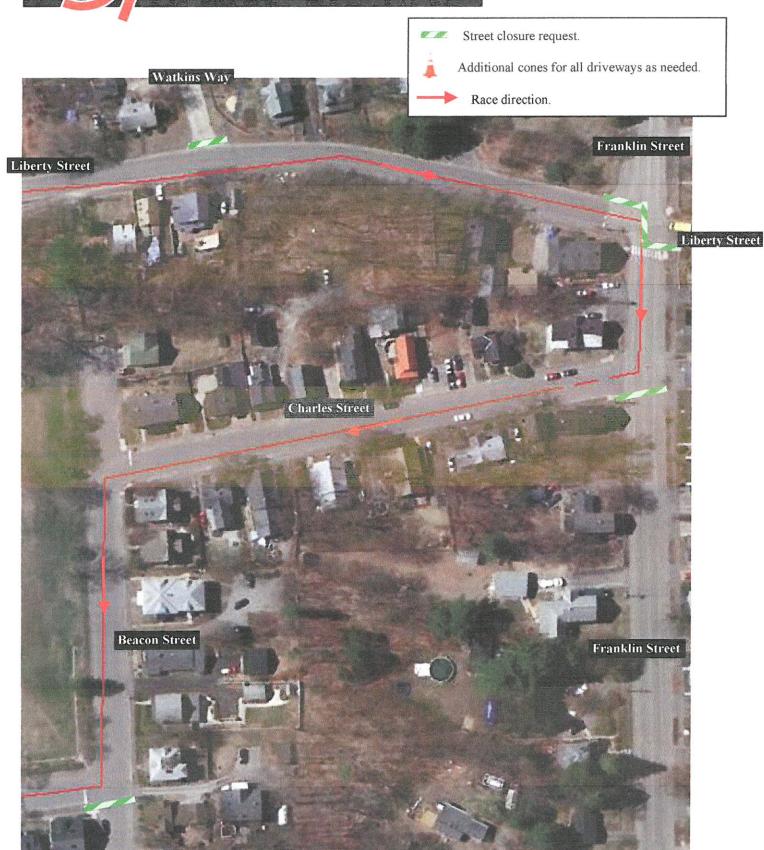
Liberty Street section

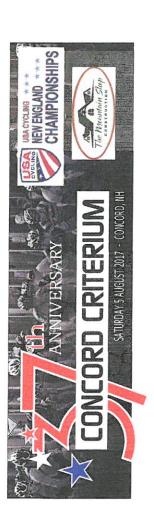




### Street closure 4/4

Franklin/Charles/Beacon Streets section





## 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.







to be determined ...

### MRODRIGUEZ

ACORD

### CERTIFICATE OF LIABILITY INSURANCE

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)

t	nis certificate does not confer rights	to the	cert	tificate holder in lieu of su									
PRO	DUCER				CONTACT Fairly Group Certificates								
Fai	rly Consulting Group, LLC 0 S. Washington, Suite 400				PHONE (A/C, N	o, Ext): (806)	376-4761		FAX (A/C, No):	(806)	337-1859		
	arillo, TX 79102				E-MAIL	ss certs@fa	airlygroup.	com	(,,-	, ,			
	\$2000 (2000 00 € 000 2000 00 00 000 000 000 000							RDING COVERAGE			NAIC #		
					INCLID	***		ice Company			19437		
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	USA Cycling, Inc. 210 USA Cycling Point, Suit	100			INSURI						-		
	Colorado Springs, CO 8091				INSUR	7/10/10/10/10/10/10/10/10/10/10/10/10/10/							
					INSURE				700				
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				E NUMBER:				REVISION NUM					
C	HIS IS TO CERTIFY THAT THE POLICI IDICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	REQUI PER	REMI TAIN,	ENT, TERM OR CONDITION , THE INSURANCE AFFORD	N OF A	ANY CONTRAC	CT OR OTHER	R DOCUMENT WITED HEREIN IS S	TH RESPE	ECT TO	WHICH THIS		
INSR		ADDL				POLICY EFF (MM/DD/YYYY)			LIMIT	s			
A	X COMMERCIAL GENERAL LIABILITY	in SD	****			(minuborritit)	(MINIODITITI)	EACH OCCURREN		\$	1,000,000		
	CLAIMS-MADE X OCCUR			015375404		12/31/2016	12/31/2017	DAMAGE TO RENT PREMISES (Ea occ		0.000	1,000,000		
		X								\$	Excluded		
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								PERSONAL & ADV		\$	3,000,000		
	POLICY PRO- JECT LOC							GENERAL AGGREC		\$	2,000,000		
								PRODUCTS - COM	P/OP AGG	\$	_,,,,,,,,		
		-						COMBINED SINGLE	LIMIT	\$			
	AUTOMOBILE LIABILITY							(Ea accident)		\$			
	ANY AUTO OWNED SCHEDULED							BODILY INJURY (Pe	er person)	\$			
	AUTOS ONLY AUTOS							BODILY INJURY (PE		\$			
	HIRED AUTOS ONLY AUTOS ONLY							(Per accident)	,	\$			
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	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	CE	\$			
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$			
	DED RETENTION\$									\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER				
								E.L. EACH ACCIDE	NT	\$			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA E	EMPLOYEE	\$			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	JCY LIMIT	\$			
Job End cove	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC 2017-1972 Orsement LEXDOC021 (LX0404) SCHEI Grage that all organizers/promoters for veded only for the specific event and date	DULE whom	OF N	NAMED INSUREDS: Event erage is afforded under this	Organi	zers and/or P	romoters are	Named Insured	s. It shal n and co	l be a overage	condition of will be		
whe	General Liability policy includes a blan n there is a written contract between a n ATTACHED ACORD 101	ket au named	itoma	atic additional insured end ured and the certificate hol	orseme Ider tha	ent that provio at requires su	des additiona ch status. Pl	al insured status ease see attache	to the ce	rtificat sement	e holder only LX4309		
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	City of Concord 41 Green Street Concord, NH 03301				THE	EXPIRATION	DATE TH	ESCRIBED POLIC EREOF, NOTICE Y PROVISIONS.					
	300001d, 1911 9330 1				AUTHOR	RIZED REPRESEN	ITATIVE						

### MRODRIGUEZ

### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/26/2017

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PRODUCER						CT Fairly G		icates		1 = 6 ::		
Fairly Consulting Group, 1800 S. Washington, Suit	LLC e 400					lo, Ext): (006)				(A/C, No)	(806)	337-1859
Amarillo, TX 79102					E-MAIL ADDRE	ss: certs@f	airlygroup.	com				
						IN:	SURER(S) AFFO	RDING COV	/ERAGE			NAIC #
					INSUR	ER A : Lexing	ton Insurar	ice Con	pany			19437
INSURED					INSURI	ER B :						
USA Cycling	g, Inc.				INSURI	ER C :						
210 USA Cyc	cling Point, Suit orings, CO 80919	e 100	0		INSURI	ER D :						
Colorado Sp	milys, 00 009 1.	9			INSURI	ER E :		*:				
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INSR LTR TYPE OF INSU  A X COMMERCIAL GENER		INSD	SUBR	POLICY NUMBER		(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	-		LIMIT	rs	1,000,000
A X COMMERCIAL GENER CLAIMS-MADE	X OCCUR	х		015375404		12/31/2016	12/31/2017	DAMAGE PREMISE			\$	1,000,000
								MEDEXP	(Any one	person)	\$	Excluded
								PERSONA	L & ADV	INJURY	\$	1,000,000
GEN'L AGGREGATE LIMIT	APPLIES PER:							GENERAL	AGGRE	GATE	\$	3,000,000
X OTHER: per Even	LOC t							PRODUCT	S - COM	P/OP AGG	\$	2,000,000
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		N/A						E.L. EACH		NT	\$	
ANY PROPRIETOR/PARTNER OFFICER/MEMBER EXCLUDE (Mandatory in NH)	ED?	IV/A						E.L. DISEA	SE - EA	EMPLOYEE	\$	
If yes, describe under DESCRIPTION OF OPERATION OPERA	ONS below							E.L. DISEA	SE - POI	LICY LIMIT	\$	
DESCRIPTION OF OPERATIONS // Job 2017-1972 Endorsement LEXDOC021 ( coverage that all organizers afforded only for the specif The General Liability policy when there is a written cont  SEE ATTACHED ACORD 10	(LX0404) SCHED s/promoters for viic event and date rincludes a blank tract between a r	OULE whom e on t	OF Notes	NAMED INSUREDS: Event erage is afforded under the ermit. atic additional insured end	Organi is polic	izers and/or P y execute a U ent that provid	romoters are SAC Event P	Named I ermit App	olicatio status	n and co	verage	will be
CERTIFICATE HOLDER					CANO	ELLATION						
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City of Conce 41 Green Stre Concord, NH	eet				THE	ULD ANY OF T EXPIRATION ORDANCE WIT	DATE TH	EREOF,	NOTICE			
2555.12, (11)					AUTHOR	RIZED REPRESEN	NTATIVE					





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05/26/2017

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Fairly				CONTACT Fairly Group Certificates PHONE (A/C, No, Ext): (806) 376-4761  FAX (A/C, No): (806)						
	Consulting Group, LLC S. Washington, Suite 400			PHONE (A/C, No, Ext): (806)	376-4761	FA (A/	X C, No): (806)	337-1859		
	ilo, TX 79102			E-MAIL ADDRESS: certs@fa	airlygroup.	com				
				INS	SURER(S) AFFO	RDING COVERAGE		NAIC #		
				INSURER A : Lexing	ton Insuran	ce Company		19437		
INSURE	ED			INSURER B :						
	USA Cycling, Inc.			INSURER C :						
	210 USA Cycling Point, Suit			INSURER D :						
	Colorado Springs, CO 8091	9		INSURER E :						
				INSURER F:						
COVE	RAGES CER	TIFICATI	E NUMBER:			REVISION NUMBE	ER:			
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INSR LTR	TYPE OF INSURANCE	ADDL SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS			
A   )	COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE	\$	1,000,000		
_	CLAIMS-MADE X OCCUR	X	015375404	12/31/2016	12/31/2017	DAMAGE TO RENTED PREMISES (Ea occurren	ce) \$	1,000,000		
						MED EXP (Any one pers	on) \$	Excluded		
	J					PERSONAL & ADV INJU	IRY \$	1,000,000		
G	EN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	3,000,000		
-	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP	AGG \$	2,000,000		
	OTHER: per Event					COMBINED SINGLE LIM	\$			
Α	UTOMOBILE LIABILITY					(Ea accident)	\$			
-	ANY AUTO OWNED SCHEDULED					BODILY INJURY (Per pe	rson) \$			
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	DED RETENTION\$					DED	\$			
AI	ORKERS COMPENSATION ND EMPLOYERS' LIABILITY Y / N					PER C	OTH- R			
At OI	NY PROPRIETOR/PARTNER/EXECUTIVE FFICER/MEMBER EXCLUDED?	N/A				E.L. EACH ACCIDENT	\$			
	landatory in NH) yes, describe under					E.L. DISEASE - EA EMPL	OYEE \$			
DI	SCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY	LIMIT \$			
lob 20 Endors covera afforde	PTION OF OPERATIONS / LOCATIONS / VEHICI 17-1972 Sement LEXDOC021 (LX0404) SCHEI ge that all organizers/promoters for v d only for the specific event and data meral Liability policy includes a blant here is a written contract between a r	OULE OF Note on the per	IAMED INSUREDS: Event Cerage is afforded under this ermit.	Organizers and/or P policy execute a U	romoters are SAC Event Po des additiona	Named Insureds. It ermit Application and Il insured status to t	id coverage he certifica	will be		

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
	Uling

### MRODRIGUEZ

DATE (MM/DD/YYYY)

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PRO	is certificate does not confer rights to				CONTA NAME:	<sup>C⊺</sup> Fairly Gr					
Fair	ly Consulting Group, LLC 0 S. Washington, Suite 400				PHONE (A/C, No	o, Ext): (000) 3	376-4761		No):(8	306)	337-1859
Ama	arillo, TX 79102			E-MAIL ADDRE	ss: certs@fa	airlygroup.o	com				
						INS	SURER(S) AFFOR	RDING COVERAGE			NAIC#
					INSURE	RA: Lexingt	on Insuran	ce Company			19437
INSU	RED				INSURE	RB:					
	USA Cycling, Inc.				INSURE	RC:					
	210 USA Cycling Point, Suite	100			INSURE	RD:					
	Colorado Springs, CO 80919				INSURE	RE:					
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				NUMBER:				REVISION NUMBER			
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Α	X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR	х		015375404		12/31/2016	12/31/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence		\$ \$	1,000,000
								MED EXP (Any one person		\$	Excluded
								PERSONAL & ADV INJUR	' !	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE		\$	3,000,000
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP A	GG S	\$	2,000,000
	X OTHER: per Event									\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)		\$	
	ANY AUTO							BODILY INJURY (Per person	n) \$	\$	
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per accid	ent) S	\$	
	HIRED NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)		\$	
	ACTOC GILE.									\$	
-231/5=C	UMBRELLA LIAB OCCUR							EACH OCCURRENCE		\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION\$									\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OT STATUTE ER	n-		
		N/A						E.L. EACH ACCIDENT		\$	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E.L. DISEASE - EA EMPLO	YEE S	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LI	MIT S	\$	
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	LES (AC	CORD	101, Additional Remarks Schedu	le, may b	e attached if mor	e space is requir	ed)			
End cove affo	2017-1972 orsement LEXDOC021 (LX0404) SCHEL erage that all organizers/promoters for v rded only for the specific event and date General Liability policy includes a blant	vhom e on th	cove ne pe	erage is afforded under the ermit.	is polic	y execute a U	ISAC Event F	ermit Application and	COV	erage	will be
whe	General Liability policy includes a blani n there is a written contract between a r ATTACHED ACORD 101	named	ins	ured and the certificate ho	lder th	at requires su	ich status. Pl	ease see attached en	dorse	ement	LX4309
CE	RTIFICATE HOLDER				CAN	CELLATION					
	City of Concord	areast. November 1			THE	EXPIRATION	N DATE TH	ESCRIBED POLICIES B EREOF, NOTICE WII	E CA	NCELI E DE	LED BEFORE LIVERED IN

ACORD 25 (2016/03)

41 Green Street Concord, NH 03301

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**AUTHORIZED REPRESENTATIVE**