



TOWN OF HUDSON

78 Main Street – Town Hall
Hudson, MA 01749

APPLICATION FOR USE OF TOWN PROPERTY

Please check all that apply to your request.

Sidewalk and Street Occupancy Permit
Street/Sidewalk or Routes involved _____
Number of Days _____

Athletic Field Permit
Please list fields _____

General Park Permit
Please list park _____

Town Outside Space
Municipal Parking Lot,
Town Hall Lawn, etc

Entertainment

Other (explain) _____

The Division of Recreation will determine the appropriate government officials to contact for their comments/stipulations and approval for the use of Town Property. Please mail forms to:
Town of Hudson
Division of Recreation
78 Main Street – Town Hall
Hudson, MA 01749

IT MAY TAKE UP TO 30 DAYS TO PROCESS THIS APPLICATION.

TOWN OF HUDSON
APPLICATION FOR USE OF TOWN PROPERTY

DATE: _____

ORGANIZATION or
BUSINESS _____

ADDRESS: (Mailing Address, Town, Zip) _____

INDIVIDUAL FILING APPLICATION: _____

ADDRESS if different from above _____

PHONE: _____

E-MAIL: _____ FAX _____

DATE (S) DESIRED: _____

TIME: (FROM-TO) _____ EXPECTED ATTENDANCE: _____

EXPLAIN THE PURPOSE OF THIS APPLICATION: _____

Attach additional information regarding routes for roadway permits, road races, entertainment, field schedules, etc. Be as specific as possible.

IS THERE ADMISSION FEE OR PARTICIPATION FEE? YES _____ NO _____
ADULT FEE: _____ CHILD FEE: _____

IS YOUR ACTIVITY OPEN TO THE GENERAL PUBLIC? _____

IS FOOD OR BEVERAGE TO BE SERVED? YES _____ NO _____
If YES, will this be sold, as in a concession stand? YES _____ NO _____

INSURANCE: All Use of Town Property requires a Certificate of Insurance filed with this application naming the Town of Hudson as additionally insured (Sample attached). Applications will not be accepted without this document.

I the undersigned accept responsibility for the observance of all of the stipulations as set forth by individual town agencies, as well as Federal, State and Local Regulations that may pertain to the requested usage. The Town of Hudson assumes no responsibility for any personal injury and/or property damage. This responsibility must be assumed by the organization and/or individual applicant.

Signature of responsible Organization or Business Officer



TOWN OF HUDSON
PARK COMMISSION
Division of Recreation
78 Main Street • Town Hall
Hudson, MA 01749
Tel: 978-568-9642
Fax: 978-562-8508

February 23, 2006

TO: All Organizations Requesting Use of Town Property

FROM: Park Commission
Linda M. Ghiloni, Director of Recreation

SUBJECT: Certificate of Liability Insurance

All groups/organizations or individuals requesting the use of Town of Hudson property, must supply the Town of Hudson/Division of Recreation with a **CERTIFICATE OF INSURANCE, naming the Town as additionally insured (sample attached)**. This document must be on file prior to approval of your request.

This is required by the Town's Insurance Carrier as well as the Board of Selectmen.

If you have any questions, please feel free to contact me.

5/12/93

ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID PS
HUDSO48

DATE (MM/DD/YYYY)

PRODUCER
D. Francis Murphy Ins Agcy Inc
Marlboro Office
200 Main Street
Marlboro MA 01752
Phone: 508-485-8211 Fax: 508-485-4557

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE		NAIC #
INSURER A:	Redland Insurance Company	
INSURER B:	American Alternative Ins Corp	
INSURER C:		
INSURER D:		
INSURER E:		

INSURED
ORGANIZATION NAME
ADDRESS
TOWN

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	INSRC	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		GENERAL LIABILITY <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 type="checkbox"/> LOC	XI 10	01/01/09	01/01/10	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Emp Ben. 1,000,000
A		AUTOMOBILE LIABILITY <input checked="" 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	XC	01/01/09	01/01/10	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
B		EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$10,000	60	01/01/09	01/01/10	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$ \$ \$ WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

CERTIFICATE HOLDER

Additionally Insured:
Town of Hudson
78 Main Street - Town Hall
Hudson, MA 01749

NONE004

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 20 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

Dennis F. Murphy