



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 ADDMISSION 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 responsibly 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
Hudson, MA 01749
978-568-9642
fax 978-562-8508**

December 2, 2014

TO: All Organizations Requesting Use of Town Property

FROM: Park Commission
Steven L. Santos, 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). **Applications will not be accepted without this document.** 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

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

Outside Organization/Individual
12 Main Street
Framingham, MA 01701

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 INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	XG41000290	07/01/13	07/01/14	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				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
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				Emp Ben. 1,000,000
A	AUTOMOBILE LIABILITY	XC41000293	07/01/13	07/01/14	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS				
	<input type="checkbox"/> NON-OWNED AUTOS				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
					AUTO ONLY: AGG \$
B	EXCESS/UMBRELLA LIABILITY	60A2UB000117301	07/01/13	07/01/14	EACH OCCURRENCE \$ 2,000,000
	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$ 2,000,000
	<input type="checkbox"/> DEDUCTIBLE				\$
	<input checked="" type="checkbox"/> RETENTION \$10,000				\$
					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY LIMITS OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT \$
	If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE \$
	OTHER				E.L. DISEASE - POLICY LIMIT \$

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

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.
AUTHORIZED REPRESENTATIVE