

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK



CITY OF PORTLAND

BUILDING PERMIT

This is to certify that THE ALZHEIMER'S ASSOCIATION located At 427 OCEAN AVE

Job ID: 2012-09-4944-SE

CBL: 159-G-001-001

has permission to Walk to end Alzheimer's 9/22/2012

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statutes of Maine and of the Ordinances of the City of Portland regulating the construction, maintenance and use of the buildings and structures, and of the application on file in the department.

Notification of inspection and written permission procured before this building or part thereof is lathed or otherwise closed-in. 48 HOUR NOTICE IS REQUIRED.

A final inspection must be completed by owner before this building or part thereof is occupied. If a certificate of occupancy is required, it must be

A handwritten signature in black ink, appearing to read "Jamie Bouke", written over a horizontal line.

Fire Prevention Officer

Code Enforcement Officer / Plan Reviewer

THIS CARD MUST BE POSTED ON THE STREET SIDE OF THE PROPERTY
PENALTY FOR REMOVING THIS CARD

BUILDING PERMIT INSPECTION PROCEDURES

Please call 874-8703 or 874-8693 (ONLY)

or email: buildinginspections@portlandmaine.gov

With the issuance of this permit, the owner, builder or their designee is required to provide adequate notice to the city of Portland Inspections Services for the following inspections. Appointments must be requested 48 to 72 hours in advance of the required inspection. The inspection date will need to be confirmed by this office.

- **Please read the conditions of approval that is attached to this permit!! Contact this office if you have any questions.**
- **Permits expire in 6 months. If the project is not started or ceases for 6 months.**
- **If the inspection requirements are not followed as stated below additional fees may be incurred due to the issuance of a "Stop Work Order" and subsequent release to continue.**

The project cannot move to the next phase prior to the required inspection and approval to continue, REGARDLESS OF THE NOTICE OF CIRCUMSTANCES.

IF THE PERMIT REQUIRES A CERTIFICATE OF OCCUPANCY, IT MUST BE PAID FOR AND ISSUED TO THE OWNER OR DESIGNEE BEFORE THE SPACE MAY BE OCCUPIED.



PORTLAND MAINE

Strengthening a Remarkable City, Building a Community for Life • www.portlandmaine.gov

Director of Planning and Urban Development
Jeff Levine

Job ID: 2012-09-4944-SE

Located At: 427 OCEAN AVE

CBL: 159- G-001-001

Conditions of Approval:

Fire

1. Tents shall have an approved fire resistant rating and maintain 10' between stake lines. No smoking or open flame allowed within 10'. Provide at least one 2A:10 BC fire extinguisher.
2. If the sides of the tents are to be enclosed at least two remotely located and marked exits shall be provided.
3. Fuel-fired heating equipment and propane tanks shall be installed outside of the tents and not within 5 feet of the tents or an exit discharge.
4. Cooking within the tents has not been reviewed and approved.

City of Portland, Maine - Building or Use Permit Application

389 Congress Street, 04101 Tel: (207) 874-8703, FAX: (207) 8716

Job No: 2012-09-4944-SE	Date Applied: 9/12/2012	CBL: 159- G-001-001	
Location of Construction: 427 OCEAN AVE	Owner Name: CITY OF PORTLAND	Owner Address: 389 CONGRESS STREET PORTLAND, ME 04101	Phone:
Business Name:	Contractor Name: Marlene Casta	Contractor Address: 383 US RTE 1- SUITE C, SCARBOROUGH, ME 04074	Phone: 575-7781 or 415-4112
Lessee/Buyer's Name: Alzheimer's Association	Phone:	Permit Type: SP EVT	Zone: ROS
Past Use: City Park (Payson Park)	Proposed Use: Same: City Park - to set up 3 tents: 1- 20' x 40' and 2- 20' x 30' on 9/21/12 with break down on 9/22/12 for Alzheimer Walk	Cost of Work:	CEO District:
		Fire Dept: 9/20/12 <input checked="" type="checkbox"/> Approved w/ conditions <input type="checkbox"/> Denied <input type="checkbox"/> N/A Tents Signature: <i>Bjorn [unclear]</i> (58)	Inspection: Use Group: U Type: Temp tent MUBEC of Signature: <i>[unclear]</i> 9/18/12
Proposed Project Description: Walk to end Alzheimer's 9/22/2012		Pedestrian Activities District (P.A.D.)	
Permit Taken By: Lannie		Zoning Approval	

	Special Zone or Reviews	Zoning Appeal	Historic Preservation
1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.	<input type="checkbox"/> Shoreland	<input type="checkbox"/> Variance	<input type="checkbox"/> Not in Dist or Landmark
2. Building Permits do not include plumbing, septic or electrical work.	<input type="checkbox"/> Wetlands	<input type="checkbox"/> Miscellaneous	<input type="checkbox"/> Does not Require Review
3. Building permits are void if work is not started within six (6) months of the date of issuance. False informatin may invalidate a building permit and stop all work.	<input type="checkbox"/> Flood Zone	<input type="checkbox"/> Conditional Use	<input type="checkbox"/> Requires Review
	<input type="checkbox"/> Subdivision	<input type="checkbox"/> Interpretation	<input type="checkbox"/> Approved
	<input type="checkbox"/> Site Plan	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved w/Conditions
	<input type="checkbox"/> Maj <input type="checkbox"/> Min <input checked="" type="checkbox"/> MM	<input type="checkbox"/> Denied	<input type="checkbox"/> Denied
	Date: <i>dk</i> 9/12/12	Date:	Date:

CERTIFICATION

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application is issued, I certify that the code official's authorized representative shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provision of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT	ADDRESS	DATE	PHONE
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE		DATE	PHONE



Tent/Canopy or Temporary Event Staging Permit Application

2012-9-4944

If you or the property owner owes real estate or personal property taxes or user charges on any property within the City, payment arrangements must be made before permits of any kind are accepted.

Location/Address/Park of Installation: <u>Payson Park</u>		
Date of Set up/Event 9/20 <u>9/21/12</u>		Date of Breakdown/ End of Event <u>9/22/12</u>
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# <u>159</u> <u>G</u> <u>001</u>	Property Owner: <u>City of Portland</u>	Telephone:
Lessee/Buyer's Name (If Applicable) <u>Alzheimer's Association</u>	Applicant name, address & telephone: <u>Marlene Costa</u> <u>383 US Route 1 Suite C</u> <u>Scarborough, ME 04074</u>	Fee: \$30.00
<p>The permit fee and the following items must be completed and submitted along with this application in order to receive a permit.</p> <ol style="list-style-type: none"> Certificate of Flammability Letter of approval from property owner. If the City is owner, attach a completed copy of Application to Use City Parks & Recreation Space from Parks & Recreation (756-8275). Company name of installer (contact info). Plot Plan showing the following: Tent/Canopy or temporary event staging locations, including dimensions, exits and entrances of proposed and existing, parking and existing building locations. If this is temporary staging, you will need to include product information. (Applicant may call Parks & Recreation for maps of Portland's Parks @ 756-8275). If the City is the property owner, Certificate of Insurance listing the City as additional insured. Minimum amount of coverage is \$400,000.00 		
<p>Who should we contact when permit is ready: <u>Marlene Costa</u> Address: <u>383 US Route 1 Suite C</u> Telephone: <u>207-575-7781</u> <u>Scarborough, ME 04074</u> or <u>207 415-4112</u></p>		
<p>Please submit all of the information outlined in the Tent/Canopy and Event Staging Permit Application as one package. Failure to do so will result in the automatic denial of your permit.</p>		

RECEIVED
SEP 12 2012
Dept. of Building Inspections
City of Portland Maine

In order to be sure the City fully understands the full scope of the project, the Planning and Development Department may request additional information prior to the issuance of a permit. For further information visit us on-line at www.portlandmaine.gov, stop by the Building Inspections office, room 315 City Hall or call 874-8703.

I hereby certify that I am the Owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the Code Official's authorized representative shall have the authority to enter all areas covered by this permit at any reasonable hour to enforce the provisions of the codes applicable to this permit.

Signature of applicant: <u>Marlene Costa</u>	Date: <u>9/12/12</u>
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This is not a permit; you may not commence ANY work until the permit is issued.

Certificate of Flame Resistance

REGISTERED
FABRIC
NUMBER

F-140.01

ISSUED BY
JOHNSON OUTDOORS INC.
BINGHAMTON, NEW YORK 13902
*Manufacturers of the Finest
Tent Products Described Herein*

Date of Manufacture

Dec. 1997

This is to certify that the products herein have been manufactured from material inherently flame retardant as here after specified by the material supplier.

NAME: A PLUS PARTY RENTAL

CITY: SCARBOROUGH

STATE: ME

Certification is hereby made that:

The articles described on this certificate have been manufactured with an approved flame retardant chemical in compliance with California State Fire Marshal Code, NFPA-701*, Underwriters Laboratory of Canada, and have been tested in accordance with the Federal Test Method Specifications and meet or exceed the Military Flame Specifications of MIL-C-43006G.

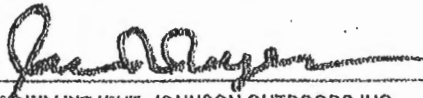
Type, color and weight of material: 15oz Vinyl White Blockout

Description of item certified: 20 X 30 EPC EUREKA FRAME SYSTEM

**Flame Retardant Process Used Will Not Be Removed By Washing And
Is Effective For The Life Of The Fabric**

Snyder Manufacturing, Inc.

Manufacturer of Flame Retardant Vinyl Laminates


TENT DEPARTMENT, JOHNSON OUTDOORS INC.

*Large Scale

Certificate of Flame Resistance



REGISTERED
FABRIC
NUMBER

F53501

Issued by

TOPTEC, INC.
1905 N.E. Main Street
Simpsonville, SC 29681

Date Manufactured

08/28/02

*This is to certify that the materials described
are inherently flame retardant.*

Name A-PLUS RENTAL DIV/DOUBLE "T" CO

Address 342 US RT 1

City SCARBOROUGH

State

ME

Zip

04074

Certification is hereby made that:

The articles described are flame-retardant, approved and registered by the State Fire Marshal and that the fabric is in conformance with the laws of the State of California and the Rules and Regulations of the State Fire Marshal. Fabric has been tested and passes NFPA701-96, CPAI84, ULC109, MVSS302.

Method of Application: The Flame Retardency of this Fabric is Inherent and Permanent.

Description of item certified: PARTY 20x40 Frame Tent

The Flame Retardant Process Used WILL NOT Be Removed By Washing.

TOPTEC, INC.

MODEL TTP204000

SERIAL # 223272B


Name of Production Superintendent



2012-9-4944

CITY OF PORTLAND, RECREATION and FACILITIES MANAGEMENT
PUBLIC PARK & SPACE APPLICATION (3 pages)
 134 Congress St. ~ Suite 2 ~Portland ~ ME ~ 04101
 207-756-8275 ~ Fax 207-756-8279
 tvn@portlandmaine.gov

**For uses of city property, there are typically: 1. fees charged for use of the area
 2. a security deposit required 3. insurance required
 (There may be fees due and applications required from other City Departments)**

TODAY'S DATE		10/17/2011 revised: 9/12/12		ORGANIZATION NAME		Alzheimer's Association					
ORGANIZATION ADDRESS			383 US Route 1 Suite 2C			CITY	Scarborough	STATE	ME	ZIP	04074
CONTACT NAME(S)		Marlene Costa Meghan O'Brien		TITLE	Alzheimer's Association Logistics Committee Chair Development Director, Alzheimer's Association Maine Chapter						
HOME #	WORK	575-7781 (M); 772-0115 (S)		CELL	415-4112 (M)		FAX	781-3312			
EMAIL				mcosta@UNUM.com		EMAIL		Mobrien1@alz.org			

PARK AREA OR PUBLIC SPACE REQUESTED		Payson Park and Back Cove pathway Closing 1 st entrance into Park (Dyer's Flat for parking)									
EVENT DAY & DATE(S)		Saturday, Sept. 22, 2012				RAIN DAY & DATE(S)		None			
EVENT START TIME (i.e. set-up start time)		5:00 am		EVENT END TIME (i.e. when event cleanup is complete)		1:00 pm		ACTUAL START & END TIME OF EVENT		8:00 am – 12:00 pm walkers on pathway between 9am and NOON	

EVENT NAME	EXPECTED ATTENDANCE
Walk to End Alzheimer's	1,000

DESCRIPTION OF EVENT:

Walk to End Alzheimer's is a fundraising walk benefiting the Alzheimer's Association, Maine Chapter. It includes walkers of all ages and consists of registration, t-shirt distribution, vendor display tables, free refreshments - breakfast, entertainment (PA system - MUSIC), the walk itself, then an awards presentation and light snacks. 3 LARGE TENTS + Canopies and tables/chairs set up on grass area (triangle).

Electricity Needed.

Two to four small canopies and tables to be set up in the large stone dust area, beside the pathway toward the center of the Preble Street Parking for free refreshments.



Dyer's Flat used for parking. A PCO needs to be hired.

IS THERE A REGISTRATION FEE?	NO - walkers collect pledges	
IF YES, HOW MUCH?	FEE	\$
	STUDENT FEE	\$

WHAT WILL BE THE ANTICIPATED NEED FOR PARKING AND WHAT IS YOUR PARKING PLAN?
We'll need parking for approximately 300 vehicles and would like to use the Dyer's Flat area. We will hire a PCO to assist.

PLEASE CHECK OFF AND ANSWER:

PLEASE SEE ATTACHED FEE SCHEDULE / DEPT. INFORMATION IF YOU ANSWER YES

	X-YES	X-NO	X-NOT SURE
* Are you setting up a canopy(s) ? (canopy is 10x10 size) How many: 3-4	X		
* Do you wish to set up a tent(s) ? (a canopy or tent larger than 10x10 needs to be approved by Recreation and a Tent Permit issued from Inspections Division; please call Inspections for information on their application process / PLEASE give them at least a 2-week notice). Recreation will contact Inspections once the tent location is approved so that the Tent Permit Application may go forward. State size(s): two 20x40 pole tents and one 20x30 pole tents Exact Location(s) of Tent Placement Requested: Payson Park triangle grass In order to drive tent stakes into the ground, DIG SAFE must be contacted: 888-344-7233.	X 3 TENTS		
* Will you be setting up tables and/or chairs ? How many tables: 45 chairs: 100	X		
* Are other items or equipment being placed on City property ? (i.e. Moon Bounce, Dunk Tank, Radio Station Van, Helium Tank, etc.) Please List: Helium Tank	X		
* Will there be refreshments at the event? Do you wish to sell food ? No (If so, you will need approval from Recreation) List food and drink: Pre-packaged granola bars, snack items and bottled water A Temporary Food Service License (from the City Clerk's Office) is needed, even if food is given away (and even if it is pre-packaged). PLEASE give the Clerk's Office at least a 2-week notice.	X 		
* Do you wish to sell non-food items (like T-shirts, crafts, cd's, etc.) ? If so, you will need approval from Recreation, and you will need to apply for a Street Goods Vendor License(s) at the City Clerk's Office. List items you wish to sell:		X	
* Are you setting up a PA (sound) system ? Are you planning on having Amplified Music ? yes If so, your event requires a concert license from the City Clerk's Office.	X 		
* Will your event require electricity ? Electricity is available at some of the parks &	X		
* Are you planning on bringing a Grill for a Barbecue ?		X	
* Will the event require reserved parking spaces / parking meters ? How many? "No Parking" signs may be purchased at Public Services, 55 Portland Street.		X	
* Will your event need safety vests, signs, barricades and/or cones ? Please list what you would like to borrow: signs and barricades A few orange vests and cones may usually be borrowed from Recreation. Barricades and signs are borrowed from Public Services, Customer Service.		X	
* Will your event require street closures ? (Please be specific under "Description of Event")	X - 1 ST ENTRANCE		
* Will your event require Police assistance? An event such as a road race, march in the		X	
* Will your event require Fire/EMS assistance?		X	
* Will your event require porta-restroom rental(s) or need existing porta-restrooms cleaned? (Some of the parks already have porta-restrooms. Event participants may use these, but a \$25 fee is assessed for events where attendance is 150 or more.)	X		
* Do you wish to have a banner over the street to advertise your event ? (Banners hung over Congress St. or Baxter Blvd). Banner inquiries directed to Vicki Allen, Recreation.		X	

INSURANCE CERTIFICATE INFORMATION

* Will your event require liability Insurance? (For an event such as a walkathon, race, festival, press conference, concert, etc., the city requires insurance coverage - general liability. The City of Portland needs to be named as additional insured in regards to the event activities on that date). If your event has been approved for serving food, Product Liability is also required, in addition to General Liability.	X		
◆ If you answered yes, please have "City of Portland, Maine" listed as additional insured on the certificate (minimum coverage: \$400,000) and have your insurance company fax a copy to Recreation: 207-756-8279 or e-mail to: tvmm@portlandmaine.gov			

RECREATION POLICIES

ELECTRICITY

All cords in the public way must be covered by rugs, mats or orange cones to avoid public hazard. If weather is inclement (drizzle, rain, snow, etc.) we require that you **not use** electricity, unless all connections and equipment are covered and protected from the elements.

PORTA-RESTROOMS / BATHROOM FACILITIES

Porta-Restrooms are required for large events and events where food is being served. Some of Portland's parks already have portable restrooms (*Preble Street Grass Area at the Preble Street Parking Lot – across from Hannaford, *Entrance to Dyer's Flat – beside Payson Park, *Deering Oaks Park – near the Playground, *East End Beach). If over 150 people are expected to attend the event, a \$25 user fee is required (paid to Recreation). The restrooms are cleaned M, W, & F. If you would like to guarantee that they are cleaned just prior to your event, then you need to call the porta-restroom company (United Site Services, 800-442-1286, M-F) to request and pay for a cleaning.

TRASH

All groups must abide by our Carry In/ Carry Out Policy. Please bring extra trash bags and/or trash receptacles and remove all trash. You will need to haul all of your trash out of the park/public space or forfeit the security deposit(s). The area will be checked following your event and if the park is clean and conditions for use adhered to, your security deposit will be returned to you. Thank you in advance!

PARKING ON GRASS AREAS / SIDEWALKS / ILLEGALLY PARKED VEHICLES

Portland Recreation has a strict policy that prohibits vehicles from parking on grass areas/sidewalks/park streets. \$10 will be deducted from your security deposit for each vehicle parked on grass/sidewalk areas or vehicles parked illegally. **Any tire ruts/damage to the grass areas would mean a forfeit of your security deposits.**

TOBACCO FREE ZONES

By city ordinance, smoking is prohibited at and within 20 feet of the following outdoor recreation and event areas: downtown squares and plazas, trails, parks, playgrounds, beaches, and athletic facilities. Please make sure you pass this information along to participants / spectators at the event.

NOTIFICATION

Please keep a copy of this permit on site at all times. City staff may require proof of permit.

REVOCABLE PERMIT

- ◆ The City reserves the unconditional right to control or cancel events to protect and/or prohibit damage to public property.
- ◆ The City reserves the unconditional right to revoke or revise an issued permit.

I HAVE READ AND UNDERSTAND ALL OF THE ABOVE POLICIES	TYPE INITIALS	MMC	DATE	09/11/2012
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ASSUMPTION OF RISK & LIABILITY

Users of the area agree to accept the grounds in an "as is" condition and shall be responsible for all risk and liability in using the park/public space area for the said event. By returning this form, (should permission be granted to use city property), the above parties agree to indemnify and hold harmless the City of Portland, its employees and agents, from and against all claims arising out of activities during said event.

I have read the Assumption of Risk & Liability Agreement	TYPE INITIALS	MMC	DATE	09/11/2012
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CREDIT CARD INFORMATION

Visa or MasterCard Number	Exp Date (Mon/Yr)
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CREDIT CARD WILL ONLY BE CHARGED FOR SECURITY DEPOSIT(S) AS NEEDED

PLEASE MAKE CHECKS PAYABLE TO "CITY OF PORTLAND"

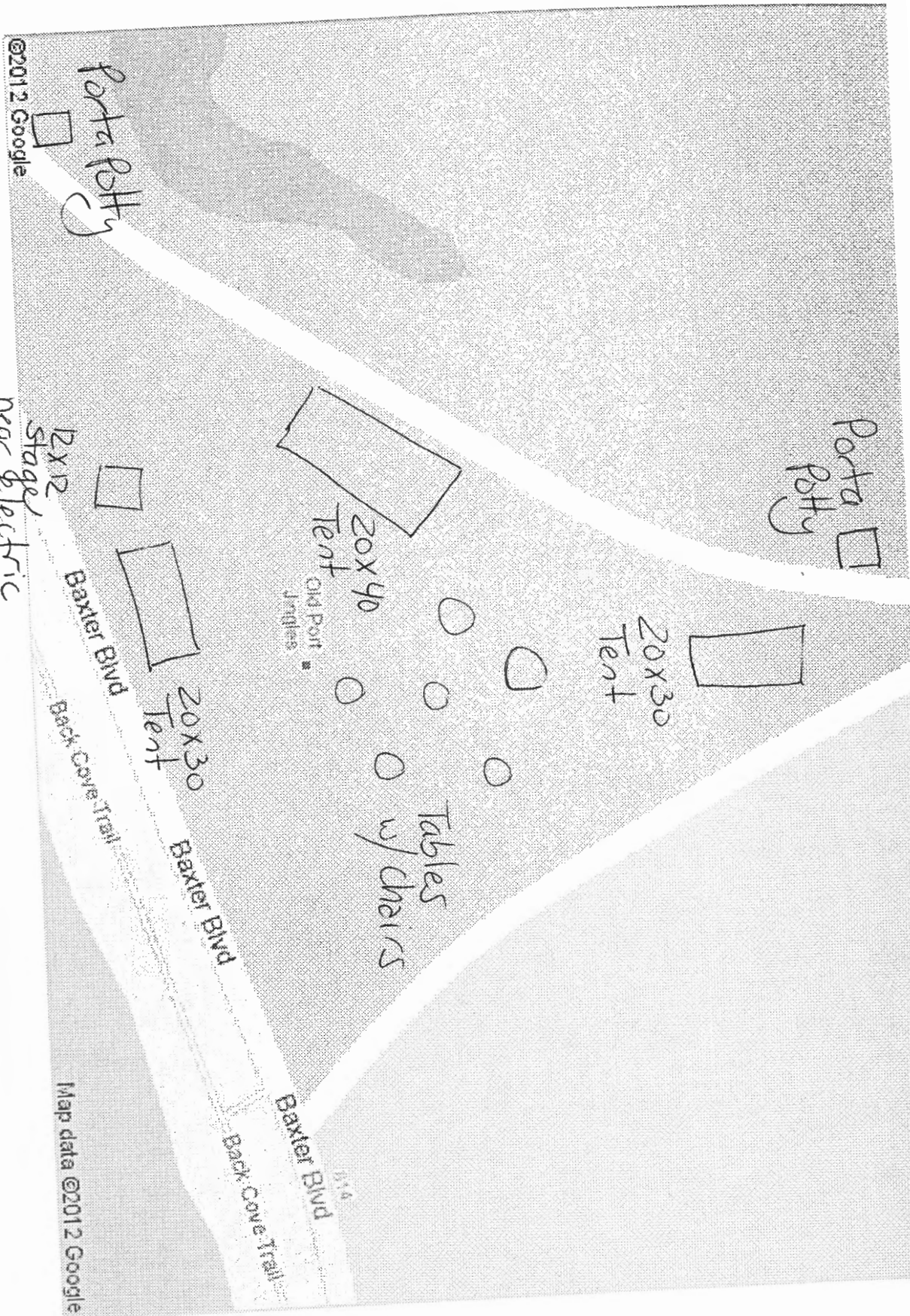
- ◆ Please make out security deposit checks separate from permit fees.

TOTAL AMOUNT(S) DUE TO RECREATION (Please make all security deposit checks out separately)

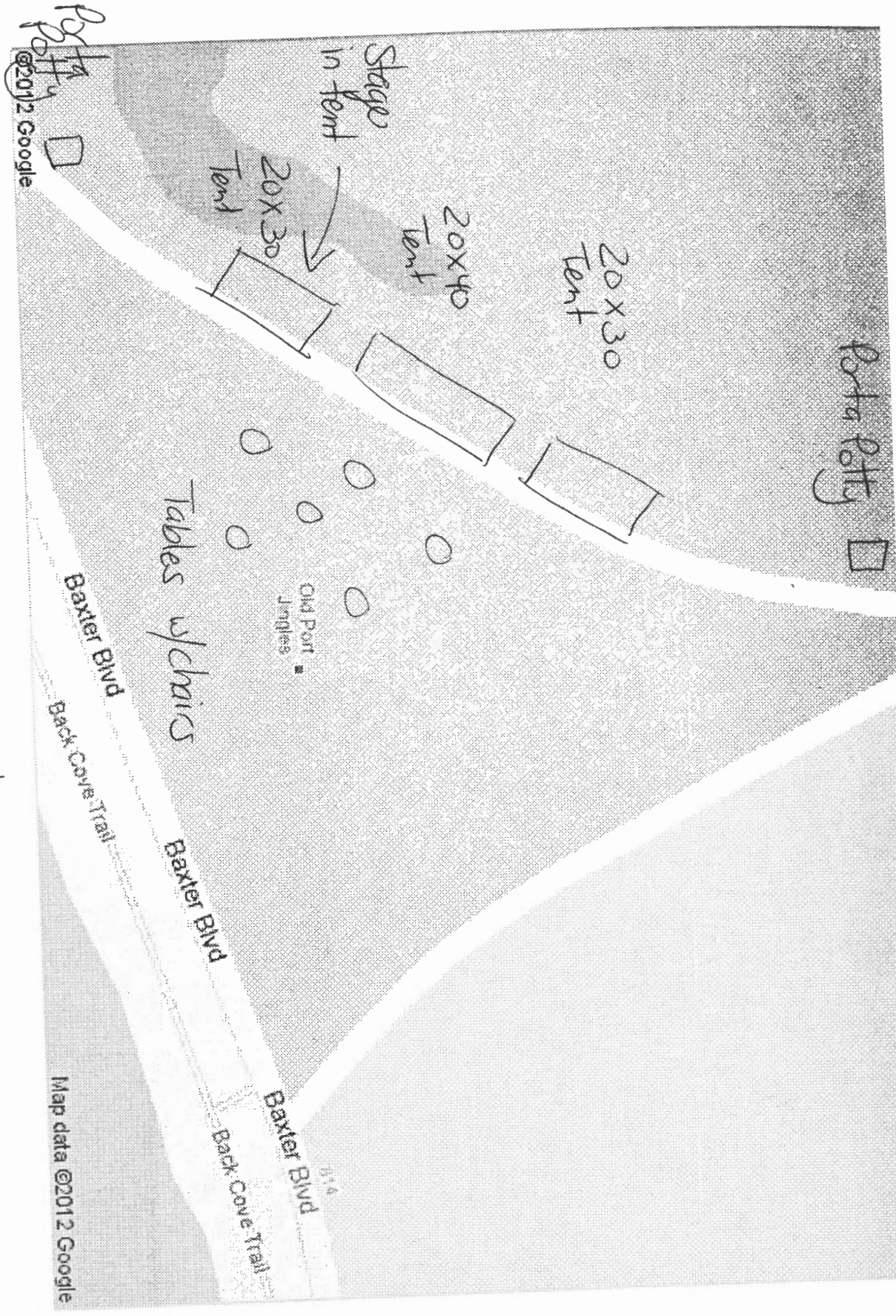
Permit Fee for use of area: \$40 first hr. plus \$35 each additional hr. (i.e. a 3 hour event totals \$110) If your event is rained out / cancelled, the bulk of the fee is returned (however \$40 is non-refundable) Number of Hours of Use: 8 hours	\$ 285 DUE	Vest, Barricade, Cone Deposit: \$10 per/item	\$
Electricity: \$5per/hr 4 hours	\$ 20 DUE	Public Space / Park Security Deposit: \$250	\$ 250 DUE
Key Deposit: \$50 per key	\$	Other (Porta-Restroom User Fee, etc.)	\$ 25 DUE

FOR OFFICE USE ONLY

DATE REC'D APPLICATION	10-18-2011	DATE REC'D INSURANCE	NEED	PERMIT FEE AMT REC'D	\$ NEED	SECURITY DEPOSIT	\$ NEED	
PAYMENT TYPE								
VISA	\$	MC	\$	CK #	CK AMOUNT	\$	CASH AMT	\$



Alzheimer's Association Event
9/22/12
Payson Park
Plan A (good weather)



Alzheimer's Association Event

9/22/12
Payson Park

Plan B
(Poor Weather / Field Conditions)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/29/12

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 Turner Barker Insurance 160 Preble Street Portland, ME 04101 Turner Barker Insurance	207-773-8156 207-773-6647	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A : Maine Employers Mutual Ins Co	FAX (A/C, No): NAIC # 19356
	INSURED Alzheimers Association Laurie Trenholm, Exec. Dir 383 US Rte 1, Suite 2C Scarborough, ME 04074	INSURER B : Zurich Insurance Company INSURER C : INSURER D : INSURER E : INSURER F :	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

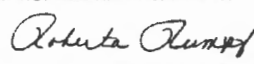
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
B	<input checked="" type="checkbox"/> GENERAL LIABILITY	<input checked="" type="checkbox"/>		PPS33250987	07/01/12	07/01/13	EACH OCCURRENCE \$ 1,000,000	
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 10,000	
	<input checked="" type="checkbox"/> H&NO & Prof, EBL						PERSONAL & ADV INJURY \$ 1,000,000	
GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC							GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Emp Ben. \$ 1,000,000	
AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS								COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$								EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			1810033400	07/01/12	07/01/13	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						<input type="checkbox"/> Y <input checked="" type="checkbox"/> N / A	E.L. EACH ACCIDENT \$ 100,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE \$ 100,000
								E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
City of Portland is included as additional insured in regards to general liability as required by written contract RE: Walk to End Alzheimer's 9/22/12

CERTIFICATE HOLDER

CANCELLATION

CITYP01 City of Portland Ted Musgrave 134 Congress St, Suite 2 Portland, ME 04101	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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