



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	3/25/2011	ORGANIZATION NAME	Juvenile Diabetes Research Foundation (JDRF)				
ORGANIZATION ADDRESS	175 Ammon Drive	CITY	Manchester	STATE	NH	ZIP	03103
CONTACT NAME(S)	Allyssa Thompson, Branch Manager						
HOME #	WORK 866-268-0832	CELL	N/A	FAX	603-222-2006		
EMAIL	maine@jdrf.org		EMAIL				

PARK AREA OR PUBLIC SPACE REQUESTED	Payson Park and Back Cove pathway, 1 st entrance into park closed and Dyer's Flat for parking				
EVENT DAY & DATE(S)	Sunday, September 18, 2011	RAIN DAY & DATE(S)	N/A		
EVENT START TIME (i.e. set-up start time)	7:00AM	EVENT END TIME (i.e. when event cleanup is complete)	4:00PM	ACTUAL START & END TIME OF EVENT	10:00AM - 3:00PM Walk Start is 11:00AM

EVENT NAME	EXPECTED ATTENDANCE
Juvenile Diabetes Research Foundation (JDRF) Walk to Cure Diabetes	1,000

DESCRIPTION OF EVENT: Please be specific regarding area of public space/park and describe Event in detail.

A fundraising walkathon to raise money for type 1 diabetes. The Walk starts at 11:00AM around Back Cove pathway. There will be activities set up in the triangle grass area at Payson Park (on Baxter Blvd. side): free food (barbeque), public speakers, musical entertainment. Three 20' x 30' tents will be setup on the grass. Two 10' x 10' canopies. Tables and chairs will be setup on the grass. A PA system for the DJ on site and electricity is required. Two gas grills for the barbeque. The 1st entrance into Payson Park off of Baxter Blvd. will need to be closed to public access (except for event staff and volunteers).

A PCO will need to be hired by organizers.

IS THERE A REGISTRATION FEE?	No. Walkers receive pledges	
IF YES, HOW MUCH?	FEE	\$
	STUDENT FEE	\$

WHAT WILL BE THE ANTICIPATED NEED FOR PARKING AND WHAT IS YOUR PARKING PLAN? *Parking will be at Dyer's Flat parking area and Payson Park parking lots*

PLEASE CHECK OFF AND ANSWER:

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

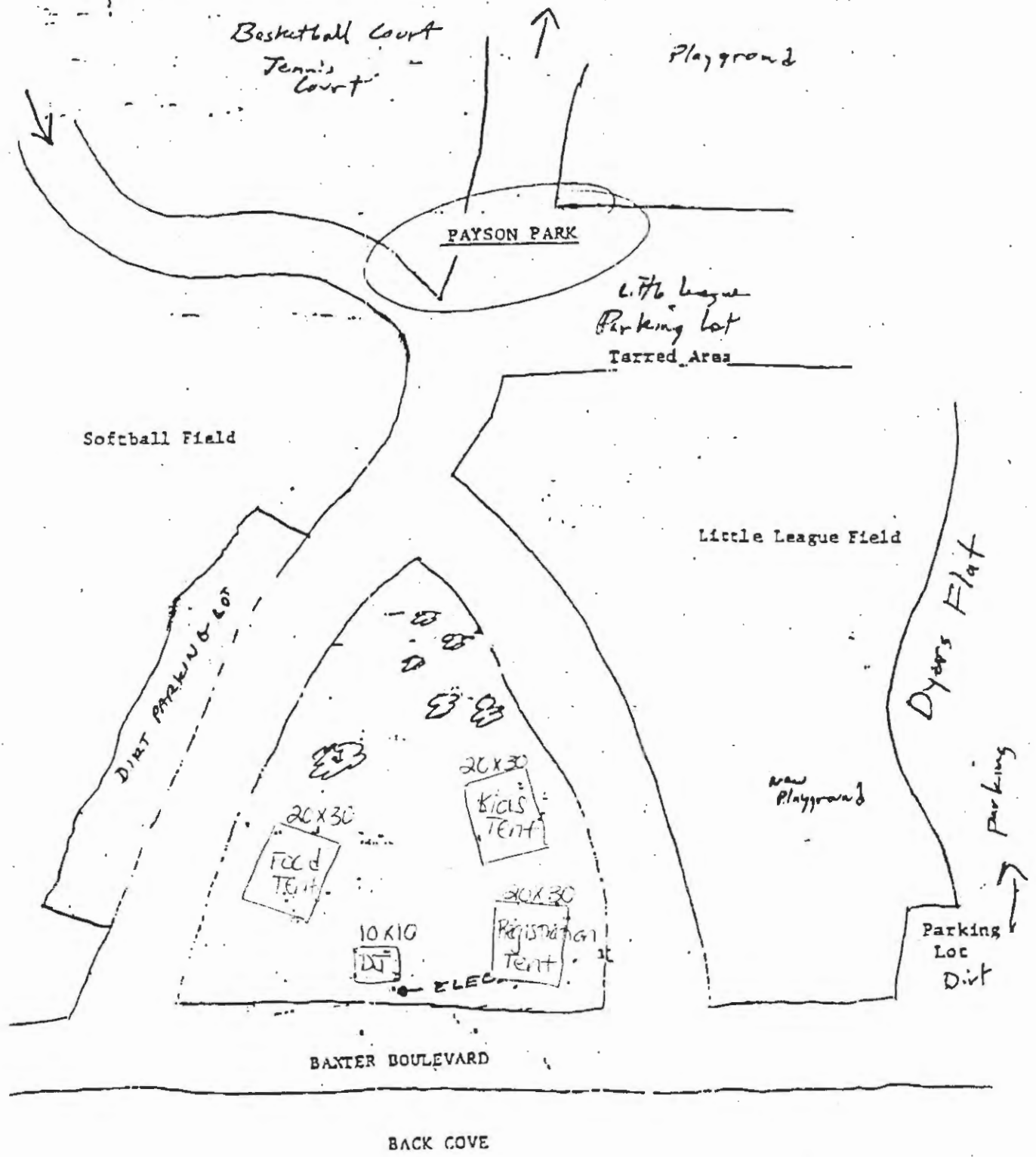
	X-YES	X-NO	X-NOT SURE
* Are you setting up a canopy(s) ? (canopy is 10x10 size) How many: 2	X		
Do you wish to set up a tent(s)? 3 (a canopy or tent larger than 10x10 needs to be approved by Recreation and a Tent Permit issued from Inspections Division; please call Inspections for information on their 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): THREE 20' X 30'	X		

7-22-08

TO: Alyssa 603-222-2006

1 page map

From: TM



Dimension of Tents: all in grassy area triangle at Payson Park on Baxter Blvd. side.

(3) 20x30' Tents

(1) 10x10' Tent



CERTIFICATE OF LIABILITY INSURANCE

JUV

DATE (MM/DD/YYYY)
3/25/2011

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).

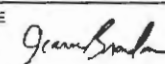
PRODUCER Wells Fargo Insurance Services of New York, Inc. 330 Madison Avenue 7th Floor New York, NY 10017	CONTACT NAME: Tammy Reed PHONE (A/C, No, Ext): 212.682.7500 E-MAIL ADDRESS:	FAX (A/C, No):
	INSURER(S) AFFORDING COVERAGE	
INSURED Juvenile Diabetes Research Foundation & All Authorized Chapters 26 Broadway New York, NY 10004	INSURER A: Travelers C&S Co. of America	NAIC # 31194
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 2519864 **REVISION NUMBER:** See below

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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	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 checked="" type="checkbox"/> LOC		P6301197C279	12/07/10	12/07/11	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000
	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) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 SEE SUPPLEMENTAL INFORMATION PAGE ATTACHED:

CERTIFICATE HOLDER City of Portland Attn: Ted Musgrave 9 Congress Street, P.O. Box 17796 Portland, ME 04112-7796	CANCELLATION 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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Additional Remarks Schedule (Continued from Page 1)

Page 2 - JDRF

Type: 2011 JDRF Maine Walk to Cure Diabetes

Location: Payson Park - Portland, Maine

Date: Sunday, September 18, 2011

Time: 7am - 4pm

Certificate Holder is an additional insured for General Liability when required by written contract executed prior to loss.

JDRF Chapter: New England Chapter-Northern New England Branch, Attn: Allyssa Thompson, 175 Ammon Drive, Suite 201, Manchester, NH 03103