

**APPLICATION FOR  
LICENSE FOR SPECIAL EVENT**

**APPLICATION MUST BE FILED AT LEAST 30 DAYS IN ADVANCE OF EVENT**

NOTE: This application must be signed by both: (1) the person who, whether as an individual or as a representative of an organization sponsoring the event, will have the primary responsibility for managing the public gathering or special event and whom the Town may contact regarding any concerns or problems that may arise during, or as a result of, the gathering or event (the "Responsible Person"); and (2) an owner of record of the property on which the gathering or event is to take place, or a legally authorized representative of such owner. The Permit Fee is \$50.

TODAY'S DATE: 1 FEBRUARY 2021

1. NAME AND DESCRIPTION OF EVENT: CT VETERANS DAY RACE

Admission charge:  yes  no \$35<sup>00</sup> amount

Anticipated number of attendees: 215

2. NAME, ADDRESS, PHONE NUMBER AND EMAIL OF THE PERSON OR ORGANIZATION SPONSORING THE PUBLIC GATHERING OR SPECIAL EVENT: PDEPAOLA SR @ GMAIL.COM

PETER DEPAOLA 82 WALL ST COVENTRY 860 478 6802

3. IF THE SPONSOR OF THE EVENT IS NOT AN INDIVIDUAL, INDICATE THE TYPE OF ENTITY (E.G., CORPORATION, PARTNERSHIP, ASSOCIATION, LLC), AND DATE AND STATE OF ORGANIZATION: CT VETERANS DAY RACE

IF SPONSOR IS A NOT-FOR-PROFIT ENTITY, SPECIFY TYPE (E.G., CHARITABLE, EDUCATIONAL, ETC.) 501-3-C NON PROFIT

4. NAME, ADDRESS, HOME AND BUSINESS PHONE NUMBERS AND EMAIL OF THE RESPONSIBLE PERSON: PETER DEPAOLA 82 WALL ST COVENTRY CT  
860 478 6802 PDEPAOLA SR @ GMAIL.COM

5. IS THE RESPONSIBLE PERSON 21 YEARS OF AGE OR OLDER? YES  NO

6. HAS THE RESPONSIBLE PERSON EVER BEEN CONVICTED OF A CRIME? YES  NO   
IF YES, STATE DETAILS OF CONVICTIONS (DATES AND NATURE OF OFFENSES)

7. NAME, ADDRESS, PHONE NUMBER AND EMAIL OF THE OWNER OF RECORD OF THE PROPERTY ON WHICH THE PUBLIC GATHERING OR SPECIAL EVENT IS TO OCCUR:

TOWN OF COVENTRY - PATRIOTS PARK, LAKE ST, COVENTRY

8. DATE(S), TIMES & LOCATION OF EVENT: 6 NOV 2021

8:00 AM - 1:00 PM PATRIOTS PARK, COVENTRY

9. WILL ALCOHOLIC BEVERAGES BE AVAILABLE? YES  NO

IF YES, HAVE APPROPRIATE APPLICATIONS BEEN FILED? YES  NO

10. WILL ANY ROADS NEED TO BE CLOSED? YES X NO     

IF YES, SPECIFY WHICH ROAD(S), INCLUDING TRAFFIC DIRECTION 10:00 - 10:50AM  
MONUMENT/LAKE & LAKE/CROSS RDS

11. WILL ANY TRAFFIC MANAGEMENT DEVICES OR SIGNS BE NEEDED OR USED?

YES X NO     

IF YES, SPECIFY THE NUMBER AND TYPES OF DEVICES Police / Fire / EMS  
ROAD GUARDS

12. WILL ANY TOWN PARKING FACILITY BE USED? YES X NO     

(If yes, approval is required from the Town Manager or Superintendent of Schools, as applicable)

LODGE &  
BAND SHELL

NOTE: The above location and/or facility must comply with all applicable ordinances and regulations of the Town of Coventry and statutes and regulations of the State of Connecticut. The issuance of a permit for the above-mentioned location and/or facility shall not be assumed or construed as granting any right or permission to do anything contrary to nay state or local statutes, regulations or ordinances, under any circumstances whatsoever.

THE APPLICANTS HEREBY AGREE TO ASSUME ALL RISK FOR ALL ACTIVITIES AUTHORIZED PURSUANT TO THIS PERMIT, THE APPLICANTS FURTHER AGREE THAT THEY, INDIVIDUALLY AND COLLECTIVELY, SHALL INDEMNIFY, DEFEND, AND HOLD THE TOWN OF COVENTRY, ITS OFFICERS, AGENTS, AND EMPLOYEES HARMLESS FROM AND AGAINST ANY LIABILITY FOR DAMAGES OR INJURIES TO PERSONS OR PROPERTY, ANY CLAIMS, SUITS, OR FINANCIAL LOSSES, OR EXPENSES THAT MAY ARISE OUT OF OR BE RELATED TO THEIR ACTIONS OR OMISSIONS, OR THE ACTIONS OR OMISSIONS OF THEIR AGENTS, EMPLOYEES OR REPRESENTATIVES.

I hereby certify that all statements contained herein are true and correct to the best of my knowledge.

[Signature]  
Signature of Responsible Person

Signature of Owner of Record

NOTE: The signature of the Responsible Person must be notarized below.

STATE OF Connecticut )  
COUNTY OF Tolland ) ss. Coventry

On this 4<sup>th</sup> day of Feb, 2024, before me, the undersigned officer, personally appeared Peter DeFavia, known to me (or satisfactorily proven) to be the Responsible Person designated above, and made oath to the truth of the statements herein contained.

In Witness Whereof, I hereunto set my hand and seal.

[Signature]  
Notary Public (or)  
Commissioner of the Superior Court

LORI TOLLMANN  
NOTARY PUBLIC  
MY COMMISSION EXPIRES FEB. 29, 2024

**APPLICATION FOR  
LICENSE FOR SPECIAL EVENT**

DEPARTMENTAL APPROVALS (indicate N/A if not applicable):

|  |                             |
|--|-----------------------------|
| <u>Chris Mark Paul</u><br>POLICE DEPARTMENT (742-7331) | <u>Feb 11, 2021</u><br>DATE |
| <u>Ann Gunn</u><br>ZONING OFFICER (742-4062)           | <u>2.18.21</u><br>DATE      |
| <u>Bill Witt</u><br>PUBLIC WORKS (742-6588)            | <u>2-24-21</u><br>DATE      |
| <u>Bob J</u><br>FIRE MARSHAL (742-4064)                | <u>2-23-2021</u><br>DATE    |
| <u>Jean McFoy</u><br>FIRE DEPARTMENT ADMIN (742-4064)  | <u>2/23/21</u><br>DATE      |
| <u>Ann Paul</u><br>RECREATION AND PARKS (742-4068)     | <u>2/22/21</u><br>DATE      |
| <u>N/A Paul</u><br>BUILDING INSPECTOR (742-4064)       | <u>2/17/2021</u><br>DATE    |
| <u>N/A GMB</u><br>HEALTH DISTRICT (742-4064)           | <u>2-18-2021</u><br>DATE    |

PERMIT FEE (\$50.00 per day) PAID? YES  NO  DATE PAID 2/4/21 AB

EVIDENCE OF ADEQUATE PUBLIC LIABILITY INSURANCE SUBMITTED? YES  NO

APPROVED: \_\_\_\_\_  
TOWN MANAGER                      DATE                      LICENSE #

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/10/2020

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).

|   |  |                                      |
|---|--|--------------------------------------|
| <b>PRODUCER</b><br>Insurance Management Group<br>12730 Coldwater Road<br>Suite 103<br>Fort Wayne IN 46845                       | <b>CONTACT NAME:</b> Margaret Mayers<br><b>PHONE (A/C, No, Ext):</b> (260) 338-2925<br><b>E-MAIL ADDRESS:</b> mmayers@insmgt.com | <b>FAX (A/C, No):</b> (765) 664-0761 |
|   | <b>INSURER(S) AFFORDING COVERAGE</b>   |                                      |
| <b>INSURED</b><br>Road Runners Club of America/2021 and Its Member Clubs<br>1501 Lee Highway<br>Suite 140<br>Arlington VA 22209 | <b>INSURER A:</b> National Casualty Company  | <b>NAIC #</b> 11991                  |
|   | <b>INSURER B:</b> Nationwide Life Insurance Company  | 66869                                |
|   | <b>INSURER C:</b>  |                                      |
|   | <b>INSURER D:</b>  |                                      |
|   | <b>INSURER E:</b>  |                                      |
|   | <b>INSURER F:</b>  |                                      |

**COVERAGES**      **CERTIFICATE NUMBER:** 2021 \$1M Event      **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.

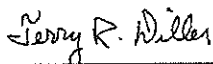
| INSR LTR | TYPE OF INSURANCE   | ADDL INSD | SUBR WVD | POLICY NUMBER    | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS   |
|----------|---|-----------|----------|------------------|-------------------------|-------------------------|--|
| A        | <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br>Legal Liability to<br><input type="checkbox"/> Participant \$1,000,000<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br><input checked="" type="checkbox"/> OTHER: Per Event Basis |           |          | KRO0000008622000 | 12/31/2020              | 12/31/2021              | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000<br>MED EXP (Any one person) \$ 5,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 5,000,000<br>PRODUCTS - COMP/OP AGG \$ 1,000,000<br>Abuse and Molestation \$ 500,000 |
| A        | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY<br><input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/>   |           |          | KRO0000008622000 | 12/31/2020              | 12/31/2021              | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$  |
|          | <input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR<br><input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br>DED    RETENTION \$   |           |          |                  |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$   |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   |           |          |                  |                         |                         | PER STATUTE    OTH-ER<br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$  |
| B        | Excess Medical & Accident (\$250 Deductible/Claim)  |           |          | BAX0000031541900 | 12/31/2020              | 12/31/2021              | Excess Liability \$10,000<br>AD & Specific Loss \$2,500  |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RRCA Event Member

Event Dates: 11/06/21  
Processed by MMM

**CERTIFICATE HOLDER****CANCELLATION**

|   |  |
|---|--|
| CT Veterans Day Patriot Race<br>82 Wall Street<br><br>Coventry CT 06238 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE<br> |
|---|--|

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