

2020 New Haven Ledges Race Request

Town of Bristol

Bristol Select Board

January 20, 2020

I've been part of the planning committee for the New Haven Ledges Race since its first year in 2009 and an active member on the Vermont Paddlers Club Board of Directors for over a decade.

This race has more or less become a tradition in the whitewater boating community throughout New England. It signifies the kickoff of the boating season in Vermont for the most part. We run the race low or high water and participants and spectators alike enjoy the day along the New Haven in Bristol, VT.

We've picked April 11th as the race date this year with April 18th as the back-up date if the water is too high or too low. The race course and format will be the same as the past several years, beginning from a start ramp below Eagle Park ending well up river of Route 116 in the pool below Bartlett Falls.

With 2020 being our 12th year, we have a really strong handle on safety and logistics for the event, both on the river and off the river. There are three locations where we set up static safety on the river. We also split the field of racers and have half of them serve as on river safety while not racing. Off river we provide shuttle service for the racers, so they aren't hauling their boats up and down the road and to minimize traffic disruptions in general. We bring in a port-a-potty to handle spectator and racer needs. We cover the race with insurance and add the Town of Bristol additionally insured through coverage via the American Canoe Association. We've been doing this since the first race. Lastly, we always have a certified EMT on hand for any incidents that would require their attention.

In years past I've provided the following for select board to be ok with the event:

- Certificate of Insurance and Bristol as additionally insured with the risk management plan
- EMTs on site and formal contact with Bristol Rescue Squad so that they are aware of the event.
- Contact the Bristol Fire Department,
- Contact the Bristol Police Department and Vermont State Police for the state permit.
- Eagle Park reservations to Val for the date of the event

If there is more needed, please let me know and I'll be more than happy to follow up. I plan to have the above items taken care of and in place by early March.

Bristol has been super gracious to let us hold this race the last 11 years. We are requesting approval to hold the race again this year on April 11th, 2020 (with a make-up date on April 18, 2020). We hope to be able to continue this tradition for years to come.

If you have any questions or concerns or advice for me, please feel free to contact me at any point here via email or you can reach me by phone - 272-6209 or email - ryanmtnman@gmail.com.

Sincerely,



Ryan McCall
New Haven Race 2020
Vermont Paddlers Club



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/01/2019


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 SADLER & COMPANY, INC. P.O. BOX 5866 COLUMBIA, SOUTH CAROLINA 29250-5866	CONTACT NAME: Brennan Martin PHONE (A/C, No. Ext): 800-622-7370 FAX (A/C, No): 803-256-4017 E-MAIL ADDRESS: brennan@sadlersports.com PRODUCER CUSTOMER ID#:															
	<table border="1"> <thead> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Arch Insurance Company</td> <td></td> <td>1150</td> </tr> <tr> <td>INSURER B:</td> <td></td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A: Arch Insurance Company		1150	INSURER B:			INSURER C:			INSURER D:	
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INSURED American Canoe Association, Inc. (ACA); Outdoor Surety Services, LLC 503 Sophia Street, Suite 100 Fredericksburg, VA 22401																

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
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> _____ <input type="checkbox"/> _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> Other	
		SBCGL0458302
		12/01/2019
		12/01/2020
		EACH OCCURRENCE: \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence): \$1,000,000 MEDICAL EXP (Any one person): Excluded PERSONAL & ADV INJURY: \$1,000,000 GENERAL AGGREGATE: \$5,000,000 PRODUCTS- COMP/OP AGG: \$5,000,000
A	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 <input type="checkbox"/> NOT PROVIDED WHILE IN HAWAII	
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS- MADE <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION	
		SBFXS 0058602
		12/01/2019
		12/01/2020
		EACH OCCURRENCE: \$4,000,000 AGGREGATE: \$4,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER / MEMBER EXCLUDED? (Mandatory in NH) Y/N <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Paddle American Club: Vermont Paddlers Club - 37 Terrace Street, Montpelier, 05602
 2020 New Haven Ledges Race: 04/11/2020 - 04/19/2020
 The certificate holder shall be an additional insured and subject to the provisions and limitations of Form CG 20 26 Additional Insured – Designated Person or Organization, but only with respect to the named insured and/or event listed above.

CERTIFICATE HOLDER	CANCELLATION
EVIDENCE OF COVERAGE - with Event Dates	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 



ADDITIONAL REMARKS SCHEDULE

AGENCY American Speciality Insurance & Risk Services, Inc.	NAME INSURED American Canoe Association, Inc. (ACA); Outdoor Surety Services LLC 503 Shophia Street, Suite 100 Fredericksburg
POLICY NUMBER: SBCGL0458302	EFFECTIVE DATE: 01/27/2020
CARRIER Arch Insurance Company	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM
 FORM NUMBER: ACORD 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

- The General Liability Policy includes Form 00 SGL0100 00 Exclusion - Designated Activity, Service or Work, with the following Designated Activity, Service or Work excluded from coverage: Use of air ramps at covered event, unless approved, in advance and in writing, by American Speciality Insurance and Risk Services, Inc. on behalf of Arch Insurance Company.

- The General Liability policy includes Form 00 SGL0100 00 Exclusion - Designated Activity, Service or Work, with the following Designated Activity, Service or Work excluded from coverage: American Canoe Association sanctioned evenrs as well as on non- water activities such as approved fundraisers, banquets and meetings that have a concert component with more than 2,500 spectators anticipated or that have events with sports/ sports demonstrations other than canoe/ kayak.

- Named Insured (continued): American Canoe Association Divisions, Activity Councils and Committees
 ACA members during any ACA sanctioned course/ workshop/ event
 Paddle America Clubs including their club members, event members, coaches, event leaders and administrators arising from club sponsored and adult suppersved on- water workshops, practices, training, instruction and American Canoe Association sactioned events as well as non- water activities such as approved fundraisers, banquets and meetings.
 American Canoe Association Affiliate Clubs and Organizational Affiliates, event members, coaches, event leaders and administrators but only with respect to loses arising from sanctioned events and sanctioned workshops.
 ACA Certified Instructors, certified instructor trainers and certified instructor trainer educators arising out of their performance as instructors and trainers, but only with respect to losses arising from ACA instruction received during sanctioned courses/ workshops/ events.



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							BODILY INJURY (Per person)	
							BODILY INJURY (Per accident)	
							PROPERTY DAMAGE (Per accident)	
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CERTIFICATE HOLDER	CANCELLATION
RELATIONSHIP: Property Owner/ Lessor Town of Bristol, VT 1 South Street, PO Box 249 Bristol, VT 05443	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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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

<p>1. Name of Additional Insured Person(s) or Organizations(s): Any person or organization you are required to add as an additional insured to this policy by written contract or written agreement which is currently in effect or coming into effect during the term of this policy; and Executed prior to the occurrence of any "property damage", "bodily injury", or "personal and advertising injury".</p>
<p>(Information required to complete this Schedule, if not shown above, will be shown in the Declarations.)</p>

A. Section II - Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- 1. In the performance of your ongoing operations; or
- 2. In connection with your premises owned by or rented to you.

However:

- 1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
- 2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to **Section III - Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

- 1. Required by the contract or agreement; or
- 2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

Date Added: 01/11/2019 02:18:30 PM

CG 20 26 04 13