

STATE OF VERMONT AGENCY OF TRANSPORTATION
APPLICATION FOR AUTHORITY TO CONDUCT A CHARITABLE SOLICITATION ON A STATE HIGHWAY

TO BE COMPLETED BY APPLICANT

Non-Profit / Municipal Organization Bristol Rescue Squad, Inc.

Applicant Mark Rickner Chief of Service Phone (802) 453-2472
Official / Officer

Address 45 Monkton Road City Bristol Zip 05443

I/We apply for authorization to administer a solicitation on Vermont State Highway
*North St./Plank Road *West Street by High School
On 07/04/2022 at N S E W of Mile Marker
Month Day Year Feet Circle one *East St. by Mountain St.

Attached is a certificate of insurance verifying that the organization possesses Worker's Compensation insurance, if required by statute; Automobile Liability insurance with limits not less than \$300,000 Combined Single Limit and Commercial General Liability insurance coverage with limits not less than \$300,000 per occurrence both naming the State of Vermont as an additional insured, and endorsement by a Police department having jurisdiction on this roadway.

I/We agree to comply with any and all participant and traffic sign requirements attached to the permit.

Signature of Applicant(s) Date 4/25/22

Endorsement by Police Department: The Name of department

has been made aware of the intended highway solicitation and the requirements of 23 VSA Section 1056. I/we request that the Agency [] Grant: [] Deny : [] Grant with the following conditions: this application.

Conditions if recommended

Signature and Title of Police Official : Date:

TO BE COMPLETED BY THE AGENCY OF TRANSPORTATION

The Agency of Transportation [] Grants [] Denies authority to the above-named applicant to conduct a solicitation on Vermont State Highway with these conditions:

- 1) No solicitation will be conducted during nighttime hours, or during rain or snow storms.
2) No one under the age of 16 will be allowed to participate in the solicitation.
3) The sponsor agrees in writing to comply with any and all attached participant and traffic safety requirements. A typical layout with required signs is attached.
4) A completed permit application containing any required local municipal and law enforcement endorsements is on file with the District at least two weeks before the date of the event.
5) Additional Attached.

SIGNATURE , DTA# DATE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/26/2022

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).

PRODUCER Gaines Insurance Agency, Inc. 154 Monkton Road Vergennes, VT 05491	CONTACT NAME: Sheila Tourangeu PHONE (A/C, No., Ext): 802-877-2878 E-MAIL ADDRESS: Sheila@gainesinsurance.com	FAX (A/C, No): 802-877-2682	
	INSURER(S) AFFORDING COVERAGE		
INSURED Bristol Rescue Squad, Inc. P.O. Box 227 Bristol, VT 05443	INSURER A: National Union Fire Ins. Cos.		NAIC # 19445
	INSURER B: Liberty Mutual Ins. Co.		002282
	INSURER C:		
	INSURER D:		
	INSURER E:		
INSURER F:			

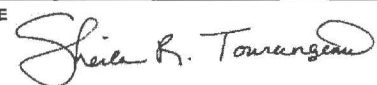
COVERAGES **CERTIFICATE NUMBER:** 20170622111602044 **REVISION NUMBER:**

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"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	N	N	VFNU-TR-0011746	06/01/2021	06/01/2022	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 \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Professional Liability \$ 1,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY	N	N	VFNU-TR-0011746	06/01/2021	06/01/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	N	N	VFNU-TR-0011746	06/01/2021	06/01/2022	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 4,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	N	WC531S477421-059	06/01/2021	06/01/2022	PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

Proof of Insurance for a coin drop in the town of Bristol.

CERTIFICATE HOLDER Town of Bristol 1 South Street PO Box 249 Bristol, VT 05443	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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