

# **NEW BUSINESS**

**2-1-10**

Duncan Christie  
105 Pine Hill Road  
PO Box N7  
Westport, MA 02790  
508 636-8305

January 21, 2010

Office of the Board of Selectmen  
Middleborough, MA 02346

Dear Sirs:

On behalf of the Colonial Retriever Field Trial Club, I request permission for the club to discharge firearms during our AKC Licensed Retriever Field Trial on Sunday, May 7, 2010. Our trial will be run on the land owned by Cumberland Farms that we have used in the past and we will obtain a permit from the Massachusetts Division of Fisheries and Wildlife.

Please feel free to contact me at the address shown above if you have any questions.

Sincerely,



Duncan Christie  
Colonial Retriever  
Field Trial Club

# Northbrook Academy

Town of Middleborough  
Board of Selectmen  
Town Hall  
Middleborough, MA 02346

January 15, 2010

Dear Board of Selectmen,

The following is an application for rental of the Grand Ballroom by Northbrook Academy in Raynham, MA.

Paul K. Harrison of Rock Street, Middleborough is the Headmaster of Northbrook Academy and the individual whose signature appears on page 9 of this application.

Northbrook Academy is seeking the use of the Grand Ballroom as performance space for a spring musical theater production of "Annie". The performance would take place on the evening of Friday May 21<sup>st</sup>. We will ask use of the PA system and the piano. While we require the use of chairs for the audience, we will be supervising the work of Northbrook students to to set them up and put them away, (page 8).

We anticipate that the cost of the rental for the evening performance, daytime rehearsal and stage set-up will be one hundred fifty dollars (page7), excepting any discount offered through Mr. Harrison's residence.

The insurance carrier for Northbrook Academy is:

William F. Borhek Insurance  
P.O. Box 29, Halifax, MA.

This office will FAX, to the Office of the Selectmen, the information as required on pages 10 and 11 of the application.

Any questions or inquiries may be directed to Paula Boyle at Northbrook Academy 53 Baker Road, Raynham , MA 02767 via telephone 508-824-5306 or [P\\_Boyle@NorthbrookAcademy.org](mailto:P_Boyle@NorthbrookAcademy.org).

Our thanks for your consideration of this application,



Cynthia Barber  
Music Faculty

ABS  
This is  
inaccurate  
The left  
message  
w/n. A.  
to correct  
C. Barber

APPLICATION AND UTILIZATION AGREEMENT  
TOWN HALL  
MIDDLEBOROUGH, MASSACHUSETTS

\*PLEASE SUBMIT PAYMENT WITH APPLICATION\*

DATE OF APPLICATION January 15, 2010  
ORGANIZATION/INDIVIDUAL Northbrook Academy  
ADDRESS 53 Baker Rd.  
CITY, STATE, ZIP Rayham, MA 02767 TEL # 508-824-5306  
CO-APPLICANT (BARTENDING SERVICE) \_\_\_\_\_  
OWNER NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY, STATE, ZIP \_\_\_\_\_ TEL. # \_\_\_\_\_

DATE(S) OF EVENT May 21, 2010 APPROXIMATE NUMBER OF PARTICIPANTS 40  
(ATTACH SEPARATE SHEET IF NECESSARY)  
TIME OF DAY(S) REQUIRED 4-10 PM TO \_\_\_\_\_

Be sure to include any set-up or dismantling day(s)/time requirements.

BRIEFLY DESCRIBE TYPE OF ACTIVITY Middle School Musical Theater  
performance

ASSIGNED SPACE \_\_\_\_\_ MEETING ROOM  GRAND BALLROOM \_\_\_\_\_ GROUNDS If using grounds, will building access be required for sanitary facilities? \_\_\_\_\_

\*Note - There is no air conditioning available in the Grand Ballroom

Are you requesting a one-day alcoholic beverage license? NO Licensing fee of \$ \_\_\_\_\_ plus \$100.00 required at time of application. This will be refunded if license denied prior to event or activity.

Food will be served NO Name of Caterer \_\_\_\_\_ Telephone # \_\_\_\_\_  
\*If food is to be served, please contact the Health Department for the appropriate permits.

We expect to bring in the following additional equipment/furnishings spot light, microphones  
scenery

Any required insurance policy/indemnification agreement must be attached to application.

Rental Deposit (Bond) \$100.00 Check # 1092 (must be tendered with application and will be returned within two-weeks if no damage to building, grounds or equipment has been reported).

Rental Cost \$50.00 One-day alcoholic beverage license fee \_\_\_\_\_ Personnel Cost \$141.90 Total Cost \$201.90  
10% \$14.19 Admin. Fee

Name of Designated Town Official volunteering to perform security service \_\_\_\_\_  
Signature of Volunteer \_\_\_\_\_

Application Approved by Board of Selectmen (date) \_\_\_\_\_ Fees Waived \_\_\_\_\_ Fees Due \_\_\_\_\_

I/we \_\_\_\_\_ hereby acknowledge return of our \$100.00 bond payment.

## AGREEMENT

This Agreement made this 10<sup>th</sup> day of December, 2009 by and between the **Town of Middleborough** acting by and through its Board of Selectmen (the "Town") and **Oak Point II LLC**, a Delaware limited liability company with a place of business at 200 Oak Point Drive, Middleboro, MA 02346 ("Oak Point").

WHEREAS Oak Point is the successor to Gary Darman, Trustee of White Oak Island Trust as owner of the mobile home park (manufactured housing community) located in Middleboro, Massachusetts and known as Oak Point; and

WHEREAS Gary Darman, Trustee of White Oak Island Trust entered into an agreement (the "Agreement") dated July 8, 1996 with the Town relating to the construction, maintenance and replacement of a private sewerage treatment facility including collection, treatment and disposal systems (the "facility") which serves the Oak Point mobile home park (manufactured housing community); and

WHEREAS the Agreement provided for the establishment of a reserve account for money deposits and/or letter(s) of credit as security to insure that the facility as built is maintained, repaired and when necessary, components are replaced; and

WHEREAS the parties desire to amend the Agreement to allow Oak Point to provide for security by a method different from the security provided for in the Agreement.

NOW THEREFORE the undersigned hereby covenant and agree to amend the Agreement by adding the following new paragraphs:

2A. Oak Point in lieu of establishing a reserve account and/or providing a letter of credit pursuant to the Agreement shall give the sum of \$100,000.00 to the Town's Treasurer and Collector of Taxes. The Town shall have the right to use the money at any time in order to fund replacement, maintenance or repair of the facility including related engineering and/or architectural costs and expenses which replacement, maintenance or repair has been confirmed as necessary by the engineering consultant hired to monitor the facility in accordance with regulations of the Commonwealth of Massachusetts Department of Environmental Protection if Oak Point or its successors or assigns neglect or refuse to perform or provide such repair, maintenance or replacement if such repair,

maintenance or replacement has not commenced or been effected within seventy-two (72) hours after notice is delivered to Oak Point or its successors or assigns by the Town which notice shall detail the specific repair, maintenance or replacement which has been confirmed as necessary. Oak Point or its successors or assigns after any such use of the \$100,000.00 sum by the Town shall immediately give to the Town's Treasurer and Collector of Taxes a sum of money sufficient to replace the amount so used by the Town.

2B. The Agreement and this amendment shall be binding upon Oak Point and its successors and assigns in ownership of the Oak Point mobile home park (manufactured housing community).

The terms and conditions of the Agreement are ratified and confirmed, said Agreement as amended hereby to remain in full force and effect.

Executed as a sealed instrument the date first above written.

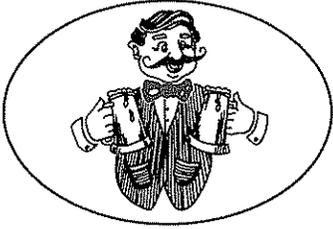
Oak Point Property II LLC  
By: Oak Point Holdings, LLC, its sole member  
By: Plain Street Associates, Inc., member  
By:

  
Name: Gary Darman  
Title: Manager and President

Town of Middleborough  
By:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Board of Selectmen



## The Bartending Service of New England, LLC.

Monday, January 25, 2010

Board of Selectmen  
Nickerson Ave.  
Middleborough, MA. 02346

Honorable Board:

This letter serves as a request for a special one day all alcohol license. The event is the Stacey Ann Leroy Foundation Fundraiser dance and is being held in the Town Hall Auditorium. The date of the event is March 6, 2010 and the hours of service are from 7:00 p.m. until 12:00 a.m. The expected number of guests is 200

Copies of the appropriate insurance binders are on file with the Town.

If there are any questions or concerns, please do not hesitate to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read 'William H. Fuller'. The signature is stylized and cursive.

William H. Fuller  
President  
The Bartending Service of New England, LLC



# CERTIFICATE OF LIABILITY INSURANCE

OPID TH  
BARTE-1DATE (MM/DD/YYYY)  
01/21/10

<b>PRODUCER</b> Anderson Cushing Ins Agency Div. of Farrell Backlund LLC PO Box 549 Middleboro MA 02346 Phone: 508-947-3036 Fax: 508-947-6182	<b>THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW</b>	
	<b>INSURERS AFFORDING COVERAGE</b>	<b>NAIC #</b>
<b>INSURED</b>  The Bartending Service of New England LLC PO Box 425 Middleboro MA 02346	INSURER A: Scottsdale Insurance Company	
	INSURER B: Pacific Insurance Co	
	INSURER C: Evanston Insurance Company	
	INSURER D:	
	INSURER E:	

### COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR/ADD'L LTR/INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Blkt Add'l Ins	CPS0972225	03/01/09	03/01/10	EACH OCCURRENCE	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000
					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
	<b>AUTOMOBILE LIABILITY</b> <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)	\$
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
					OTHER THAN AUTO ONLY: EA ACC	\$
					AUTO ONLY: AGG	\$
C	<b>EXCESS / UMBRELLA LIABILITY</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$0	EXGA144208	03/01/09	03/01/10	EACH OCCURRENCE	\$ 1,000,000
					AGGREGATE	\$ 1,000,000
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below				WC STATUTORY LIMITS	
					OTHER	
					E.L. EACH ACCIDENT	\$
					E.L. DISEASE - EA EMPLOYEE	\$
					E.L. DISEASE - POLICY LIMIT	\$
B	<b>Liquor Liability</b> <input checked="" type="checkbox"/> Blkt Add'l Insured	ZQ0006250	03/01/09	03/01/10	Each Occ	1,000,000
					Gen Aggr	1,000,000

#### DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Bartending Service. A Workers Compensation certificate will be issued directly by the carrier.  
 \*\*Event to be held at the Town Hall Auditorium Nickerson Ave on the 6th of March from the hours of 7:00-12:00\*\*

#### CERTIFICATE HOLDER

MIDDLEB

Town of Middleboro  
 10 Nickerson Ave  
 Middleboro MA 02346

#### CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

ACORD 25 (2009/01)

The ACORD name and logo are registered in the U.S. Patent and Trademark Office. All rights reserved.

# THE STACEY ANN LEROY

## F O U N D A T I O N

*To support opportunities for women to grow toward their full potential.*

January 29, 2009

Carol Pickering  
*President*

Mary Donovan  
*Vice-President*

Madelyn Maksy  
*Treasurer*

Betsy Cole  
*Secretary*

Patty O'Brien &  
Stephanie Hewins  
*Community Service  
Co-Chairs*

Prudence Cass  
*Community Education  
Chair*

Carolann Danielezyk  
*Social Events Chair*

Patrice Cahoon  
*Fundraising Chair*

Heidi Aylward  
*Marketing Chair*

Bryanna Tokarz  
*Gala Chair*

Susan Spieler  
*Golf Tournament  
Chair*

Dear Board of Selectmen,

This letter is to serve as a request for the rental of the Town Hall for an event hosted by the Stacey Ann LeRoy Foundation. The Stacey Ann LeRoy Foundation is non-profit organization in the greater Middleborough community. Our mission is to provide opportunities for women to grow toward their full potential. The attached summary sheet on the Foundation includes our mission and vision statements along with a brief description of some of the programs and events that we sponsored in 2009. In 2009 we provided \$2000.00 of scholarships to Middleboro and Apponequet High School senior girls. Our goal is to provide \$4000.00 of scholarships in 2010.

This non-profit Foundation has been developed to support the greater Middleborough community. As such, I would like to request that the Selectmen consider waiving the cost of the rental of the Town Hall for this event.

We greatly appreciate the support that we have already received from the community and are looking forward to helping to make a difference in the world in which we live in.

Sincerely,



Carol Pickering

President

# THE STACEY ANN LEROY

## F O U N D A T I O N

*To support opportunities for women to grow toward their full potential.*

January 29, 2010

### A Special Recognition to our Supporters

Carol Pickering  
*President*

Mary Donovan  
*Vice-President*

Madelyn Maksy  
*Treasurer*

Betsy Cole  
*Secretary*

Patty O'Brien &  
Stephanie Hewins  
*Community Service  
Co-Chairs*

Prudence Cass  
*Community Education  
Chair*

Carolann Danielczyk  
*Social Events Chair*

Patrice Cahoon  
*Fundraising Chair*

Heidi Aylward  
*Marketing Chair*

Bryanna Tokarz  
*Gala Chair*

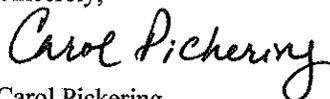
Susan Spieler  
*Golf Tournament  
Chair*

On behalf of the Stacey Ann LeRoy Foundation's executive board, our community, and the many women we have reached this year, I'd like to take this opportunity to wish you a Happy New Year. I also extend our deepest gratitude for your support in 2009, as this was our first year of operations, and it was an overwhelming success!

The board met recently to begin planning for 2010. We also took some time to look back on 2009. As we did this, we suddenly realized we were no longer looking at an inventory of goals...*we were now looking at a record of major accomplishments!* We are proud, amazed, and pleased to be able to share our many accomplishments and achievements with you. It is important to note that each event, large and small, required coordination and effort from several board members, volunteers, donors, and sponsors. We owe deep thanks to our supportive friends, committed families, and some very hard working community groups who worked with us. We also want to send a special thank you to those special and big-hearted business owners and volunteers.

Without you, this work is not possible. Need increases in tough economic times. While several of you struggled yourselves, you found it in you to give your time and your monetary support. You are all amazing! The work below is an overview of all that our supporters contributed to.

Sincerely,



Carol Pickering  
President

#### *2009 Accomplishments:*

- ★ Community Debut Dinner Dance
- ★ 1<sup>st</sup> Annual Golf Tournament Fundraiser
- ★ Downtown Middleboro beautification & flower donations with Mimi Duphily
- ★ American Red Cross Memorial Blood Drive sponsorship
- ★ Middleboro High School Class of '09 Scholarship
- ★ Apponequet Regional High School Class of '09 Scholarship
- ★ 4<sup>th</sup> of July Parade
- ★ Middleboro & Lakeville Food Drive for Saint Vincent de Paul Food Pantry
- ★ Middleboro Youth Softball (MYS) team sponsorship
- ★ Championship sweatshirts for the SALF MYS team
- ★ girlygirl P.A.R.T.S. Ovarian Cancer Walk
- ★ "Safe Driving" basket for the Travis Memorial Poker Run
- ★ Christmas Wishes family sponsorship
- ★ Gift Drive for Christmas Wishes for moms and dads
- ★ Back-to-Business Community Education Class with Linda Waters

# THE STACEY ANN LEROY

## F O U N D A T I O N

*The Stacey Ann LeRoy Foundation is a non-profit organization committed to unlocking the door to opportunity for women through:*

*Monthly Educational Workshops open to all women in our community,  
Social Events planned to allow all women in our community the opportunity to network and take part in a variety of activities with other women,  
Community Services Opportunities intended to better our community and support our local resources, and  
Fundraising Opportunities developed to support our programs.*

---

*The Mission:*

*To support opportunities for women to grow toward their full potential.*

---

*The Vision:*

*The Foundation will provide opportunities for women to expand their social network, mentor others or be mentored as well as participate in community service activities and educational forums. Women of the foundation will be able to develop, lead and participate in support groups that meet the needs of women within our community. Through these varied opportunities, foundation women will be supported by other women, as they grow toward their full potential.*

*The Stacey Ann LeRoy Foundation feels there are both a need, and a community advantage to supporting and empowering women in our community to live to their fullest potential. Middleboro, and the greater area, has been growing quickly for years. Now, more than ever, the area requires community support. As the community grows, more demands are put on existing services, necessitating more support. The Stacey Ann Leroy Foundation intends to fill a much-needed gap, because we believe that empowered and successful women can have significantly positive impacts in our community.*

---

*Meet the Executive Board Members:*

*Carol Pickering, President & Co-Founder*

*Madelyn Maksy, Treasurer*

*Patrice Cahoon, Fundraising Chair*

*Heidi Aylward, Marketing Chair*

*Patty O'Brien, Community Service Co-Chair*

*Carolann Danielczyk, Co-Secretary & Social Events Co-Chair*

*Bryanna Tokarz, Gala Chair*

*Susan Spieler, Golf Tournament Chair*

*Mary Donovan, Vice President & Co-Founder*

*Prudence Cass, Community Education Chair*

*Phyllis O'Brien, Membership Chair*

*Stephanie Ormerod, Community Service Co-Chair*

*Betsey Cole, Co-Secretary*

*Joanne Borges, Social Events Co-Chair*

APPLICATION AND UTILIZATION AGREEMENT  
TOWN HALL  
MIDDLEBOROUGH, MASSACHUSETTS

\*PLEASE SUBMIT PAYMENT WITH APPLICATION\*

DATE OF APPLICATION 1/8/10

ORGANIZATION/INDIVIDUAL The Stacey Ann Le Roy Foundation

ADDRESS 16 Peirce Lane

CITY, STATE, ZIP Middleboro, MA 02346 TEL # 508-789-0844

CO-APPLICANT (BARTENDING SERVICE) The Bartending Service of New England

OWNER NAME Bill Fuller

ADDRESS P.O. Box 425

CITY, STATE, ZIP Middleboro, MA 02346 TEL # 508-923-4744

DATE(S) OF EVENT Mar. 6, 2010 APPROXIMATE NUMBER OF PARTICIPANTS 275  
(ATTACH SEPARATE SHEET IF NECESSARY)

TIME OF DAY(S) REQUIRED 4 TO 12 event 7-10

*Be sure to include any set-up or dismantling day(s)/time requirements.*

BRIEFLY DESCRIBE TYPE OF ACTIVITY a dinner dance fundraiser for a local non-profit organization

ASSIGNED SPACE  MEETING ROOM  GRAND BALLROOM  GROUNDS If using grounds, will building access be required for sanitary facilities? \_\_\_\_\_

\*Note - There is no air conditioning available in the Grand Ballroom

Are you requesting a one-day alcoholic beverage license? yes . Licensing fee of \$ 25 plus \$100.00 required at time of application. This will be refunded if license denied prior to event or activity.

Food will be served yes Name of Caterer Crispi's Telephone # 508-697-6733  
\*If food is to be served, please contact the Health Department for the appropriate permits.

We expect to bring in the following additional equipment/furnishings DJ equipment

Any required insurance policy/indemnification agreement must be attached to application.

Rental Deposit (Bond) \$100.00 Check # \_\_\_\_\_ (must be tendered with application and will be returned within two-weeks if no damage to building, grounds or equipment has been reported).

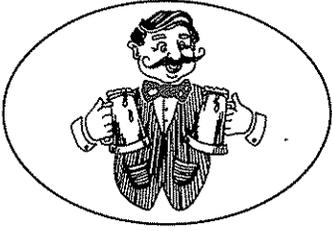
Rental Cost \_\_\_\_\_ One-day alcoholic beverage license fee \_\_\_\_\_ Personnel Cost \_\_\_\_\_ Total Cost \_\_\_\_\_

Name of Designated Town Official volunteering to perform security service \_\_\_\_\_

Signature of Volunteer \_\_\_\_\_

Application Approved by Board of Selectmen (date) \_\_\_\_\_ Fees Waived \_\_\_\_\_ Fees Due \_\_\_\_\_

I/we \_\_\_\_\_ hereby acknowledge return of our \$100.00 bond payment.



## The Bartending Service of New England, LLC.

Monday, January 25, 2010

Board of Selectmen  
Nickerson Ave.  
Middleborough, MA. 02346

Honorable Board:

This letter serves as a request for a special beer and wine one day license. The event is the Middleboro Lions Club Fundraiser and is being held in the Town Hall Auditorium. The date of the event is April 9, 2010 and the hours of service are from 7:00 p.m. until 11:00 p.m. The expected number of guests is 250-300

Copies of the appropriate insurance binders are on file with the Town.

If there are any questions or concerns, please do not hesitate to contact me.

Sincerely,

A handwritten signature in cursive script, appearing to read 'W. H. Fuller'.

William H. Fuller  
President

The Bartending Service of New England, LLC



# CERTIFICATE OF LIABILITY INSURANCE

OP ID TH  
BARTÉ-1

DATE (MM/DD/YYYY)

01/21/10

<b>PRODUCER</b> Anderson Cushing Ins Agency Div. of Farrell Backlund LLC PO Box 549 Middleboro MA 02346 Phone: 508-947-3036 Fax: 508-947-6182	<b>THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW</b>	
	<b>INSURERS AFFORDING COVERAGE</b>	<b>NAIC #</b>
<b>INSURED</b>  The Bartending Service of New England LLC PO Box 425 Middleboro MA 02346	INSURER A: <b>Scottsdale Insurance Company</b>	
	INSURER B: <b>Pacific Insurance Co</b>	
	INSURER C: <b>Evanston Insurance Company</b>	
	INSURER D:	
	INSURER E:	

## COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Blkt Add'l Ins	CPS0972225	03/01/09	03/01/10	EACH OCCURRENCE	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000
					MED EXP (Any one person)	\$ 5,000
					PERSONAL & ADV INJURY	\$ 1,000,000
					GENERAL AGGREGATE	\$ 2,000,000
					PRODUCTS - COM/POP AGG	\$ 2,000,000
	<b>AUTOMOBILE LIABILITY</b> <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)	\$
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
					OTHER THAN AUTO ONLY: EA ACC	\$
					AGG	\$
C	<b>EXCESS / UMBRELLA LIABILITY</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 0	EXGA144208	03/01/09	03/01/10	EACH OCCURRENCE	\$ 1,000,000
					AGGREGATE	\$ 1,000,000
						\$
						\$
						\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below <span style="float: right;">Y/N <input type="checkbox"/></span>				WC STATU-TORY LIMITS	OTH-ER
					E.L. EACH ACCIDENT	\$
					E.L. DISEASE - EA EMPLOYEE	\$
					E.L. DISEASE - POLICY LIMIT	\$
B	<b>Liquor Liability</b> <b>Blkt Add'l Insured</b>	ZQ0006250	03/01/09	03/01/10	Each Occ	1,000,000
					Gen Aggr	1,000,000

### DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Bartending Service. A Workers Compensation certificate will be issued directly by the carrier.

Event at the Town Hall Auditorium Nickerson Ave on April 9th from the hours of 7:00pm until 12:00 am

### CERTIFICATE HOLDER

MIDDLEB  Town of Middleboro 10 Nickerson Ave Middleboro MA 02346	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>10</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
	AUTHORIZED REPRESENTATIVE 

ACORD 25 (2009/01)

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