For the use of the Recreation Facility
Recreation Commission
Town of Lyme
PO Box 126
Lyme NH 03768

If this is NOT a Recreation sanctioned event you need to comply with the following insurance requirements.

Functions resulting in significant personal financial gain are not permitted. The Town is to be named on the certificate of insurance. (Comprehensive General Liability Insurance: the renter shall have comprehensive general liability basis in an amount no less than $2,000,000, combined single limit personal injury and property damage for each occurrence) and, where applicable, certification or similar documentation that they are fully qualified to conduct the proposed activity. All activities at the Lyme Recreation Facility must be open to all Lyme residents. "Free will" contributions or donations to non-profit organizations and/or individuals sponsoring activities (e.g. cost of refreshments, etc.) to cover the costs of the activity are not considered "fees".

INDEMNIFICATION AND HOLD-HARMLESS. To the fullest extent permitted by law, User shall protect, indemnify, save, defend and hold harmless the Town of Lyme, including its officials, agents, volunteers and employees ("Indemnified Parties"), from and against any and all liabilities, obligations, claims, damages, penalties, causes of action, costs, interest and expenses, including but not limited to reasonable attorney and paralegal fees, which Indemnified parties may become obligated or suffer by reason of any accident, bodily injury, personal injury, death of person, or loss of or damage to property, arising indirectly or directly under, out of, in connection with, or as a result of this Agreement or the activities of User or its agents, employees, guests, vendors, contractors or subcontractors, and even if allegedly or actually caused in whole or in part by any negligent or intentional act or omission of Indemnified Parties.

All material must be submitted 15 days before the event date.

Please fill this form out and submit it to assessing@lymenh.gov or mail it to PO Box 126 Lyme NH 03768. **Make sure you attach a separate sheet with a detailed event explanation.**

Once the form is received it will go to the Recreation Commission to be reviewed.

Once this is processed you will be notified.

Please make sure you include all contact information on this form.

Request for Recreation Commission sanctioned sporting event

Request for use: List sport:

List facility: School gym ___ Tennis_ Basketball___ Field____

Start time: _____ End time: _____

Start date: _____ End date: _____

you may reserve school facility for 8 weeks at a time

Number of people: Number of vehicles:

Name:

Address: _____

Phone Number: _____

E-mail address:_____

Alternate on site contact person: _____

You must be a Lyme resident requesting a sporting event for the greater good of the Lyme Community and it must follow all Recreation Commission by-laws.

The onsite contact person will be responsible for following rules and by laws of the recreation commission and/or school facility rules and regulation. This privilege may be revoked at any time with no notice given if this sporting event group does not follow Recreation and/or school policy at all times.

I understand the rules and regulations I must follow:
Signature of responsible person: _____

Facility use fee and deposit: The use of the facility may incur charges for police duty and/or cleaning.

Charge for detail officer: $_____

Charge for school facility: $_____

Remarks:

If sporting event is approved by Recreation Commission it will fall under the umbrella of the Town of Lyme insurance coverage. (This insurance will not cover football or hockey events)

Approved____ Disapproved___ Recreation Commission:

This function will require a detail officer:

Approval and charge from Police Department"_____

This function will require the following special services:

Approval and charge from Lyme School _____

COMMENT: It is recommended the person/group/entity using the Town's facility(ies) be required to provide any additional insured policy endorsement(s) required to effectuate the Town's additional insured status.

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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	CONTACT NAME:
	PHONE (A/C, No, Ext): FAX (A/C, No):
	E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A :	
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED

This box should contain the legal name and business/official address of the entity using the Town's facility(ies) and with whom the Town has entered into a facilities use agreement.

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	[X] COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE $ 1,000,000
	[ ] CLAIMS-MADE [X] OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) $
		Y		This additional insured box should be marked. We've seen this be a check mark or "Y" for yes. the certificate holder is an additional insured on the general liability policy.			MED EXP (Any one person) $
							PERSONAL & ADV INJURY $
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE $
	[X] POLICY [ ] PRO-JECT [ ] LOC						PRODUCTS - COMP/OP AGG $
	OTHER						$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) $
	ANY AUTO						BODILY INJURY (Per person) $
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident) $
	HIRED AUTOS / NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident) $
							$
	UMBRELLA LIAB / OCCUR						EACH OCCURRENCE $
	EXCESS LIAB / CLAIMS-MADE						AGGREGATE $
	DED / RETENTION $						$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH)	N/A					E.L. EACH ACCIDENT $
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE $
							E.L. DISEASE - POLICY LIMIT $

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

This box should clearly state the Town of Lyme and its officials, agents, employees, and volunteers are named as an additional insured on the insured's commercial general liability policy. For example:

"The Town of Lyme, NH and its officials, agents, employees, and volunteers are named as an additional insured on the insured's commercial general liability policy with respect to the insured's use of and activities in and upon the Town's premises and structures thereon occurring on [enter date]."

Must list date of event

CERTIFICATE HOLDER

This box should include the Town of Lyme, NH and its official address. For example:

Town of Lyme, NH
One High Street
Lyme, NH 03768

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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POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY
CG 20 10 07 04

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):	Location(s) Of Covered Operations
This box should contain the Town of Lyme, NH and its officials, agents, employees and volunteers.	This box should specify the facility being used by the group/ entity and include the date(s) of use.
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

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:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

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