



OFFICE OF THE  
**SELECT BOARD**  
**TOWN OF MAYNARD**  
MUNICIPAL BUILDING  
195 MAIN STREET  
MAYNARD, MASSACHUSETTS 01754  
Tel: 978-897-1301 Fax: 978-897-8457

**APPLICATION FOR USE OF TOWN FIELD OR PROPERTY**

**NAME:**

**NAME OF GROUP:**

**NAME THE PROPERTY/FIELD TO BE USED:**

**DATE OF EVENT:**

**TIME OF EVENT (Start and End):**

**PHONE NUMBER:**

**CELL NUMBER:**

**EMAIL:**

**Description of event:** \_\_\_\_\_

**Requests for town resources:**

\_\_\_\_\_

Items may be available from town departments, but may require labor costs and advance scheduling. Items may include: Road blocks; Podium; speakers; microphones; flags; POW Chair; Police details.

A Certificate of Liability Insurance naming the Town of Maynard as additionally insured is expected, and must be Faxed, emailed or delivered to the Select Board's Office before your event. Please reference the attached coverage amounts for more information.

**Office of the Select Board**

**Phone: 978-897-1301**

**Email: [gwilson@townofmaynard.net](mailto:gwilson@townofmaynard.net)**

**Fax# 978-897-8457**

Certificates of Insurance shall be provided from all contractors and/or vendors affording the following minimally-required coverages:

- 1) General Liability with liability coverage for personal injury, bodily injury and property damage including Products and Completed Operations with limits not less than \$1,000,000 per occurrence and a minimum of \$2,000,000 aggregate. Such insurance shall be written on an occurrence basis. This policy shall provide coverage on a primary and non-contributory basis and should name the Town of Maynard as an "Additional Insured".
- 2) Automobile Liability (applicable for any automobile operating exposure) with limits of not less than \$1,000,000 covering all owned, non-owned, hired, rented or leased vehicles. The Town of Maynard should be named as an "Additional Insured".
- 3) Workers' Compensation and Employers' Liability Insurance including (i) Workers' Compensation Insurance providing statutory coverage as required by the Commonwealth of Massachusetts, and (ii) Employers' Liability Insurance coverage with limits of not less than \$500,000 per accident. Each contractors, subcontractors, and consultants performing work on or about the Premises shall have similar policies covering their employees. Proof of Coverage Only.
- 4) Umbrella Liability of at least \$2,000,000 per occurrence with a \$2,000,000 Annual Aggregate. The Town of Maynard should be named as an "Additional Insured".

Additional coverages required if warranted by exposure:

- 6) Liquor Liability of at least \$1,000,000 per occurrence with a \$3,000,000 Annual Aggregate. The Town of Maynard should be named as an "Additional Insured".