

8220 Loop Road
Baldwinsville, New York 13027
315-635-5999
parks@townoflysander.org

Subject to all terms and conditions contained herein, the Town of Lysander hereby grants the following:

EVENT NAME:	Earth Day Holf Marathon, Relay & 5K
EVENT DATES & TIMES:	Novil 19, 2025
LOCATION:	Ernni Farms/Baldwinsisle, NY 13027
ADDITIONAL FACILITIES	
REQUESTED:	
LICENSEE:	Willow Running USA
ADDRESS:	Villow Running USA POBOX 123, Sodies Point, NY 14555
PRIMARY CONTACT:	Michael M. Samoraj
EMAIL: WILLOWRUNNIN	5 NY@ GMAILICOM CELL#: 315-663-5539
WORK#:	HOME#:
SECONDARY CONTACT:	Heather Winders
EMAIL: HWINDERSCE	MATE: com CELL#: 315-729-6796
WORK#:	HOME#:

#### **Terms and Conditions:**

1. The Licensee covenants and agrees to indemnify, defend and hold harmless, to the fullest extent permitted by law, the Town of Lysander, its officers, agents and employees and representatives in connection with this Agreement, from and against any and all loss or expense that may arise by reason of liability for damage, injury or death, or for invasion of personal or property rights, of every name and nature including but not limited to: (i) claims of property damage; (ii) claims of personal injury to Licensee if self employed, Licensee's employees, agents, or sub-Licensees; (iii) claims of personal injury to third parties; and (iv) reasonable attorneys' fees, whether incurred as the result of a third party claim or to enforce this contract: arising out of or resulting directly or indirectly from the performance of the work or the enforcement of this Contract, irrespective of whether there is a breach of a statutory obligation or rule of apportioned liability; and whether casual or continuing trespass or nuisance, and any other claim for damages arising at law and equity alleged to have been caused or sustained in whole or in part by or because of misfeasance, omission of duty, negligence or wrongful act on the part of the Licensee. It is expressly understood and agreed between the parties that the entire hold harmless provision is intended to require the Licensee to defend and indemnify the Town for misfeasance, omission of duty, negligence or wrongful act on the part of the Licensee and not for misfeasance, omission of duty, negligence or wrongful act on the part of the Town.



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#### **Terms and Conditions:**

- Town of Lysander Insurance Requirements
  Independent Contractor shall purchase and maintain insurance of the following types of coverage and limits of liability with insurance carriers licensed in New York State, and shall be rated no lower than "A- VII" by the most recent A.M. Best's Key Rating Guide e, unless otherwise agreed to by the Town:
  - 1) Commercial General Liability (CGL) with limits of Insurance of not less than \$1,000,000 each occurrence and \$2,000,000 Annual Aggregate
    - a) If the CGL coverage contains a General Aggregate Limit, such General Aggregate shall apply separately to each project.
    - b) CGL coverage shall be written on ISO Occurrence form CG 00 01 1093 or a substitute form providing equivalent coverage and shall cover liability arising from premises, operations, independent contractors, products-completed operations, and personal and avertising injury.
    - c) Consultant, Owner and all other parties required shall be included as Additional Insured included Completed Operations on the CGL, using ISO Additional Insured Endorsement CG2010 (11/85) or CG2010 (04/13) AND CG2037 (04/13) or CG2037 (04/13) AND CG2038 (04/13) or an endorsement providing equivalent coverage to the additional insureds. It shall apply as Primary and non-contributing Insurance before any other insurance or self-insurance, including any deductible, maintained by, or provided to the additional insured.
    - d) Consultant shall maintain CGL coverage for itself and all additional insureds for the duration of the project and maintain Completed Operations coverage for itself and each additional insured for at least 3 years after completion of the Work.
    - e) Policy may not contain any exclusions relating to NY Labor Law or municipal work
  - 2) Automobile Liability
    - a) Business Auto Liability with limits of at least \$1,000,000 each accident.
    - b) Business Auto coverage must include coverage for liability arising out of all owned, leased, hired and non-owned automobiles.
    - c) Consultant, Owner and all other parties required shall be included as additional insured on the auto policy.
- 3) Commercial Umbrella
  - a) Umbrella limits must be at least \$2,000,000.
  - b) Umbrella coverage must include as insureds all entities that are additional insureds on the CGL.
  - c) Umbrella coverage for such additional insureds shall apply as primary before any other insurance or self-insurance, including any deductible, maintained by, or provided to, the additional insured other than the CGL, Auto Liability and Employers Liability cover ages maintained by the Contractor/Subcontractor.
  - e) Policy may not contain any exclusions relating to NY Labor Law or municipal work
- 4) Workers Compensation and Employers Liability Statutory coverage complying with New York Workers' Compensation Law Section 57 General Municipal Law Section 125, Contractor must submit one of the following:
  - CE-200 Certificate of Attestation of Exemption from NYS Workers' Compensation available at www.web.state.ny.us, OR
  - C-105.2 Certification of NYS Workers' Compensation Insurance, OR
  - U-26.3 State Insurance Fund version), OR
  - SI-12 Certificate of NYS Workers' Compensation Self Insurance, OR
  - GSI-105.2 Certificate of NYS Workers' Compensation Group Self-Insurance
- 5) Disability Benefits Coverage Statutory coverage complying with NYS Workers' Compensation Law Section 220 (8) under General Municipal Law Section 125, Contractor must submit one of the following:
  - CE-200 Certificate of Attestation of Exemption from NYS Disability Benefits Coverage available at www.web.state.ny.us, OR
  - DB120.1 Certification of Disability Benefits Insurance, OR
  - DB155 Certificate of Disability Self-Insurance



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#### **Terms and Conditions:**

- 6) Abuse and/or Misconduct Liability Coverage
  - a) Limits not less than \$1,000,000 each occurrence and \$2,000,000 Aggregate.
- 7) Waiver of Subrogation
  Consultant waives all rights against Owner th

Consultant waives all rights against Owner their agents, officers, directors and employees for recovery of damages to the extent these damages are covered by commercial general liability, commercial umbrella liability, business auto liability or workers compensation and employers liability insurance maintained per requirements stated above.

Attached to each certificate of insurance shall be a copy of the Additional Insured Endorsement that is part of the Consultant's Commercial Policies. These certificates and the insurance policies shall contain a provision that coverage afforded under the policies will not be canceled or allowed to expire until at least 30 days prior written notice has been given to the Town.

- . Licensee is responsible for being familiar with and conforming to the provisions of Part 18 of the NYS Sanitary Code; Part 800 of the State EMS Code; and all other NYS local laws or regulations which may apply to the event. Although EMS may not be required by Part 18, it is recommended that emergency first aid is made available. You may contact the Parks and Recreation Department to determine EMS responsibility. Any costs incurred shall be the responsibility of the licensee.
- The possession and consumption of intoxicants at Town of Lysander Parks and Recreation Department properties and sanctioned events is prohibited unless otherwise agree to by the Town of Lysander. All publicity related to the event must clearly convey this policy. Licensee is responsible for insuring that this policy is adhered to at the event including preventing the admission of individuals with more than the per mitted amounts of alcohol. If alcoholic beverages are to be sold at event, Licensee or vendors under contract with Licensee must obtain a permit from the New York State Alcoholic Beverage Control Board, and a Liquor Liability Insurance Policy no less than five (5) days in advance. A copy of this permit must be submitted to the Town of Lysander Parks and Recreation Department prior to date of event. Licensee must provide security at all sites dispensing alcoholic beverages and must ensure against the selling of any alcoholic beverages to minors and to visibly intoxicated persons. All refreshments are to be dispensed in non-glass containers.
- . All food concession operations must obtain an Onondaga County Health Department permit prior to the event. Adherence to Onondaga County Health Department regulations is the responsibility of the Licensee. For Health Permit information, call 315-435-6607.
- . Licensee will provide at his/her own expense any personnel which may be considered necessary by the Parks and Recreation Department for the operation of contracted event. Such personnel could include parking attendants, cashiers, ticket-takers, sanitation and facilities attendants, security as well as any other personnel deemed necessary by the Department.
- Licensee will provide to the Parks and Recreation Department, no later than 60 days prior to the event, detailed description of the actual event, promotional plans and attendance. The Parks and Recreation Department reserves the right to set attendance capacity limits to close the gates on the day of the event if capacity is reached. If the Parks and Recreation Department does make the decision to close the gates, Licensee is responsible for the stopping of the sale of tickets, enforcing this decision, placing manpower and signs at traffic intersections specified by the Parks and Recreation Department to warn approaching cars that the event has been closed and notifying the media to announce the closure of the event. Maximum capacity?
- 0. Subject to Section 4 of this Agreement. Licensee will be held responsible and be invoiced for any damage done to park property and facilities that may occur during the event. Payment must be received no later than two weeks after invoiced by the Parks and Recreation Department OR licensee forfeits future use of Town of Lysander Park facilities. Licensee is responsible for care of all equipment and personal property stored on park property before, during or after said event and waives responsibility of licensor should such equipment be damaged or lost.
- 1. Town of Lysander Park facilities comply with Federal standards and regulations requiring accessibility of programs and facilities to the disabled. It is the responsibility of the Licensee using these facilities to make arrangements to accommodate disabled persons attending a particular program or event, including such services as assisting non-ambulatory patrons to their seats.
- 2. Licensee will comply with all traffic and parking control guidelines as established by the Parks and Recreation Department prior to the event.

## A STI 1794 NEW YORK

#### SPECIAL EVENT LICENSE

8220 Loop Road Baldwinsville, New York 13027 315-635-5999 parks@townoflysander.org

#### **Terms and Conditions:**

- 3. Licensee will not permit any handbills or flyers to be posted on park property or cars or distributed to the public in attendance at the event, without receiving approval from the Parks and Recreation Department Administration.
- 4. Licensee will provide, at own expense, portable restroom facilities to supplement permanent restroom facilities. The number of such units will be determined by the Parks and Recreation Department and specified elsewhere in this license.
- 5. Licensee agrees that it shall comply with all licensing requirements of the American Society of Composers, Authors and Publishers (ASCAP) and Broadcast Music, Inc. (BMI) regarding the performance or broadcast of copyrighted music at said event.
- 6. All terms and conditions of this license may not be assigned, subcontracted, leased or sold by the Licensee without receipt of the prior written permission from the Parks and Recreation Director.
- 7. Lysander Parks and Recreation hereby reserves the right to require proof that the person purporting to represent any firm or organization does, in fact, have the authority to bind said firm or organization.
- 8. Lysander Parks and Recreation hereby expressly reserves the right to, with or without notice, have its personnel enter onto the facility for the purpose of Department business.
- 9. An approved, signed copy of this license must be submitted by the licensee to any Parks and Recreation Department employee upon request on the day of the contracted event.
- 20. Licensee is responsible for providing pre-numbered tickets for gated events. In addition to facility rental, the Licensee may be responsible to pay up to 15% of all admission, parking, food & beverage revenues, and solicited donations, exclusive of tax, with levy based upon factors including style of event, profit and loss statement for event, economic impact of event and promotional value to Lysander Parks and Recreation. Sales report shall be remitted when submitting post-event payments. This payment is due within 30 calendar days of the event, unless otherwise directed by the commissioner. Required?
- 11. Licensee agrees to collect, report and remit any admission taxes to Local, State and/or Federal governments as required by law. The Licensee hereby agrees that it is solely responsible to determine which taxes, if any, are applicable.
- 2. Lysander Parks and Recreation expressly reserves the right to cancel or postpone any scheduled event where in its sole opinion there exist factors that may jeopardize the public and/or facilities involved. The Department further reserves the right to exer cise any controls over the contracted event which are felt to be in the public interest. Furthermore, the Department will not be held liable for any and all damages created by acts of nature during scheduled event.
- '4. Lysander Parks and Recreation reserves the right to evaluate and/or re-evaluate each event annually and move the location and/or date of an event without prior notice. Additionally, the Department reserves the right to deny a request to hold an event.



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#### **Performance Obligations:**

DESCRIPTION	DUE DATE:
Signed Special Event License	
Certificate of Liability Insurance	
New York State ABC Permit	
Liquor Liability Insurance	
Approved Plans: Security, EMS, Parking, Traffic Control, Sanitation, Layout, etc.	
Incident Action Plan	
Onondaga County Health Permit	
Town of Lysander Vendor Permit	
Gross Gate Report	
Post Event Payments	



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#### **Financial Obligations:**

All payments made payable in the form of Check, Money Order, Cashiers Check, or Credit Card to Town of Lysander Parks and Recreation De-

• •	partm	ent; 8220 Look Road; Baldwin	sville, New York 13027.	a reoroadon De
	DESCRIPTION	AMOUNT	DUE DATE	
	Site Use	\$		
	nt Payments: services, fees, and receipt of the event.	s invoiced by Town of Lysand	ler Parks and Recreation Department 30-business	days after the
	DESCRIPTION	AMOUNT	DUE DATE	
	Personnel	\$	X	·
	Utilities		x	
	Equipment	\$	x	
	Supplies	\$	X	<del>**</del>
	Penalty Fees	\$	x	
	Gross Revenue Receipts	\$	x	
	TOTAL	\$		
own of I	ntained herein are not adhered to by th	ment reserves the right to term e Licensee. and and agree to comply with the	00 penalty assessment per item. inate this license and cancel the event if any of the ne terms and conditions of this Special Event Lice  Town Supervisor or Agent	



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#### **Event Details and Specific Agreements:**

EVENT NAME:	Earth	Day Half M	ierathor, Rele	4 5 K	
EVENT DATES & TIMES:	April	19,2025	8:00 AM -	12:00 Noon	<u> </u>
SET-UP DATES & TIMES:	Horil	Pl. 2025	6:45 Am -	1:00 PM	
PROJECTED ATTEND- ANCE:	Spectators:	Participants:	Officials:	Volun	iteers:
MAXIMUM TICKETS:	1000	Admission F	ee: \$35- \$70	Parking Fee:	0
ALCOHOL SALES:	No				
ON-SITE CONTACT:	Micha	el M. Sam	oraj Cell Phone #:	315-663-	5539
PARKS & REC. CON- ΓΑCT:	kevin /	will	Cell Phone #:	·····	
1. EVENT DESCRIPTION  2 person half w  2. MUSICAL ENTERTAIN		g event, mile lay (6.55 mile might have			milas)a ance play
music from	our smal	I PA system	v '		
3. CONCESSIONS (List ver	ndors, type of items	sold, description of set-u	p, size; Attach separate pa	age if necessary):	
Weurlow	ler food 1	ree for our re	innero-Fooda	bruck for Spe	dators
i. ENTERTAINMENT:	N/A	· V			
5. AMUSEMENTS:	N/A			······································	
5. RADIO/TELEVISION O	N-SITE (Amplifie	l music, giveaways, game	s, gimmicks):	)	
7. OTHER:					



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#### PARKING AND TRAFFIC CONTROL PLAN:

THE THE TRUE OF THE TENTO.							
EVENT NAME:	Earth	Day Half Ma	nothon Delay &	5K			
EVENT DATES & TIMES:	April 19.		Am - 12:00 Noo				
PROJECTED ATTEND- ANCE:	Spectators:	Participants: 750	Officials:	Volunteers:			
MAXIMUM TICKETS:	1000	Admission Fee:	Par #35 - #70	rking Fee: ©			
ON-SITE CONTACT:	mehaelM	. Samoraj	C 11 Th	5-663-5539			
PARKS & REC. CON- TACT:	Keirn P	resrill	Cell Phone #:				
1. PARKING							
• HOURS: 6:45A	m - 9:15 Ar	η					
• GATES: O							
· CONTROLS: Sheri	ffs (5)			:			
· FLOW: Mostveh	iclesarrio	e from R\$ 370 tu	monto Vannel:	then outs adjacent Farm fields			
• ATTENDANTS:		<u>'</u>		Farm fields			
• SAFETY MEASURES: _	All vehicles	will exitaria	from Vann ROa	way from runers to			
COMMUNICATION:		stacked into the	1 0 - 40	d v			
• SIGNS & POSTINGS:	V O		/ /				
2. TRAFFIC CONTROL							
• HOURS: <u>6:45</u> -	-8:15 AM						
• LOCATIONS (attach map	if necessary):(o	mer of Rt 370/	Vanned - also	on Vana Pd. as			
well as on du	X road used	for Parking and	inside lot (far	im field)			
• CLOSINGS: No	roads me	edto be closed	()				
· PATROL: She	riff.	· · · · · · · · · · · · · · · · · · ·		4			
• COMMUNICATION:	Cellphone	mostly-walk	ie talkie's for o	flicials			
• SIGNS & POSTINGS:	Plentyof	signago pos	itioned where	needed.			



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#### **SECURITY PLAN:**

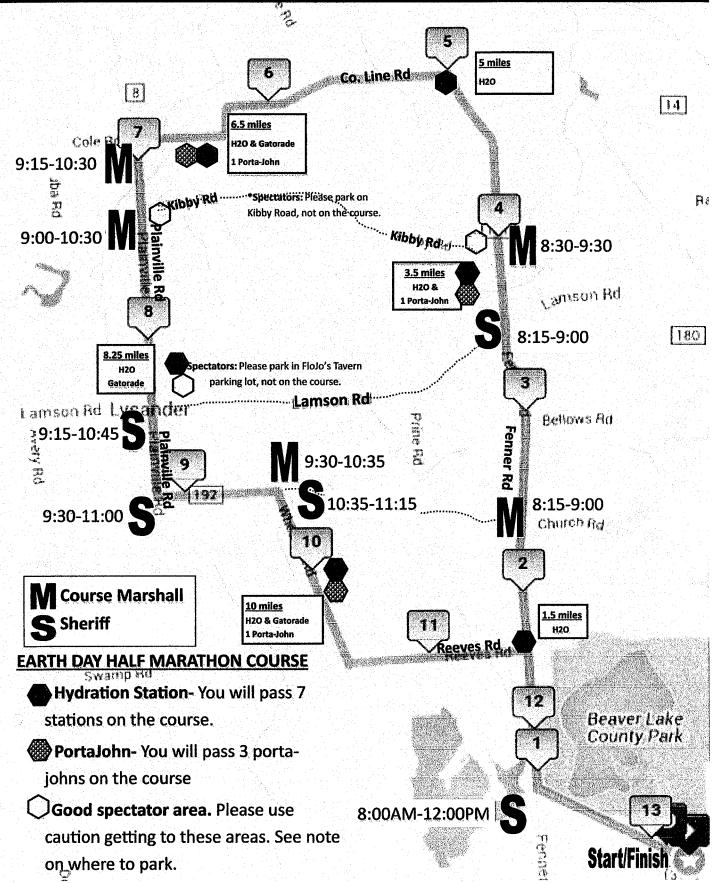
EVENT NAME:	EarthDa	y Hall Mara	thon, Relay & :	5 K´
EVENT DATES & TIMES:	April 19,	0 2025 8:00	12 Noon	
PROJECTED ATTEND- ANCE:	Spectators:	Participants: 750	Officials:	Volunteers:
MAXIMUM TICKETS:	1000	Admission Fee:	₹35- ₹70 Parl	cing Fee:
ON-SITE CONTACT:	michael Fo	morog:	Cell Phone #: 315	-663-5539
PARKS & REC. CON- TACT:	michael So Weirn M	errill	Cell Phone #:	
1. SECURITY				
• HOURS: <u>~ ~ / .</u>	<u> </u>			
• AGENCY: <u>\(\right\)</u>	A	· · · · · · · · · · · · · · · · · · ·		
• ROLE: <u>N/</u>	A			
POSTS:	/ A			
• SAFETY MEASURES:_	N/A			
• COMMUNICATIONS:	NA			
• TRANSPORTATION:	NA		· · · · · · · · · · · · · · · · · · ·	
OTHER:				
2. LAW ENFORCEMNET				
• HOURS: 6:45 A	m-12:15pm			
• AGENCY: Onen	•	Shariffs DOST		
· ROLE: Provide	0 4	e primarily to	1 1-1	silval
POSTS (attach map if necessary)		providel	10 10	
• CONTROLS:	V	<i>y</i>		Lead
• COMMUNICTAION:	alloh	one - Mike So	umoraj RD, Be	tob Lehman Slerg



### EARTH DAY HALF MARATHON COURSE

2023

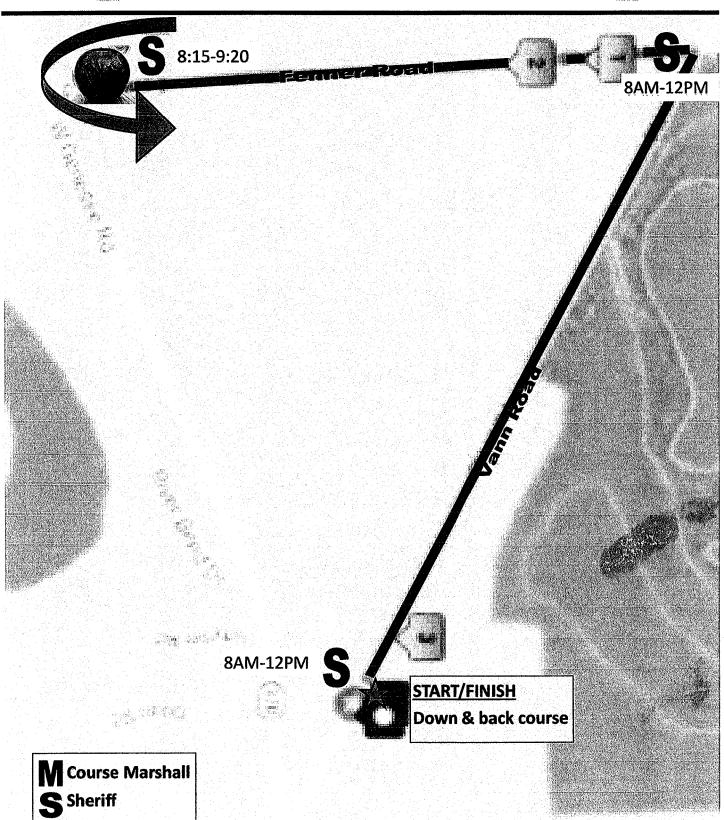






## **5**EARTH DAY 5K COURSE





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Incident Objectives:		ARIVE
Organizationali Assignmenti List	lincidontiNamo	المعدودة في المور (الله
Assignment List	Blate Propagati	
Incident Radio Communications Plan	Time Prepared	2002
Wedical Plan	(Sharattonal Porisi	11 11
Organizational Chart		
Incident Intelligence Summary:	Land Times	Toom - 1 to om
Incident Check-in List (8-1/2x-11)		
Incident Check-In List (8 1/2x/4)	Toppantiblankforms	
UnitLog	eliek ine auton arthe tight Besure that	
Operational Planning Worksheet (All Risk)	Youthave saved a copy/because you	
Operational Planning Worksheet (Wiidland)	earthingoithe changes	
Incident Safety Analysis		
Support Vehicle Inventory		
Air Operations Summary		
Demobilization Check-Out		
Health and Safety Message		

Incident Objectives	1. Incident Name	2. Date Prepared	Time Prepared			
	1. Incident Name Earth Day Haf Marath Relay + 5K	1/30/2025	3:00 PM			
4. Operational Period (Date and	Time) 7:00 444 - /					
5. General Control Objectives fo						
			· · · · · · · · · · · · · · · · · · ·			
Provide access	to parking for	all particip	anto e staff			
Provide easy ch						
Create a safe	course for Ha	ef Marthon	3 5 Koveret			
Maintain comm	unicatios with st	taff sheriffs,	and reduced to	m		
Monitor event	from start of fe	nish parties	scertain that act	y		
	rue (orgas, cone	, ·		~		
U	•					
<ol><li>Weather Forecast for Operation</li></ol>						
Supreally mid spril in CN lemps songe from 45-60° pain & potentially snow always a consideration of weather conditions warrant we would potentially delay or postgeone the weather						
the arrange						
The event. 7. General Safety Message	·					
If templatures add more hydra	are above yound trois stations on the	for mit April	I we would how course.			
Attachments (check if attache	d)					
		S 206)				
✓ Assignment List (ICS 204)						
Communications Plan (IC	West					
9 Prenare	ed by (PSC)	10. Approved by (IC)				
ICS-202 Mike	Samus ay / 12D	. o. Applotod by (10)				

ORGANI	ZATION ASŞIGNMENT LIST	9. Operations Section			
1. Incident Name	h Day Half Marathon Helay + 5K	Chief			
2. Date 4/19/2020		Deputy			
4. Operational Period	4/19/2025 7:0040-1:00,20	a. Branch I - Division/Groups			
<ol><li>Incident Con</li></ol>	nmander and Staff	Branch Director			
Incident Commander	muchael Samoraj (315-613-5539)	Deputy			
Deputy	Betsy behman /315-289-4549	Division/Group			
Safety Officer	Aluti Williams (315-427-8098)	Division/Group			
PIO		Division/Group			
Liaison Officer		Division/Group			
6. Agency Rep	resentative	Division/Group			
Agency	Name	b. Branch II - Division/Groups			
		Branch Director			
		Deputy			
		Division/Group			
		C. Branch III - Division/Groups			
		Branch Director			
		Deputy			
		Division/Group			
7. Planning Se	etion	Division/Group			
Chief		Division/Group			
Deputy		Division/Group			
Resource Unit		Division/Group			
Situation Unit		D. Branch IV - Division/Groups			
Documentation Unit		Branch Director			
Demobilization Unit		Deputy			
		Division/Group			
Technical Specialists (nam	e) (specialty)	Division/Group			
		10. Finance Section			
		Chief			
8. Logistics Sec	ction	Deputy			
Chief		Time Unit			
Deputy		Procurement Unit			
Service Branch Dir.		Comp/Claims Unit			
Support Branch Dir.		Cost Unit			
Supply Unit					
Facilities Unit		Prepared by (Resource Unit Leader)			
Ground Support Unit					
Communications Unit					
Medical Unit					
Security Unit		]			
Food Unit		1			

Willow Running USA Earth Day Half Marathon, Relay & 5K April 19, 2025 Baldwinsville, NY 13027

#### **Incident Action Plan**

Runner's safety is ALWAYS our number one concern for each and every race event we offer. We have organized over 150 race events since inception (2014) with no serious incidents to report. This will be the 11<sup>th</sup> year for the Earth Day Half Marathon, Relay & 5K event in Baldwinsville, NY. We remain vigilant in planning for the "unexpected" when it comes to potential injury or worse.

For our upcoming Earth Day Half Marathon, Relay & 5K event @ Emmi Farms we have Onondaga County Sheriff's at all key road intersections. We will have volunteers with safety vest at "soft" intersections. Each of the Hydration Stations will have an adult present that will have my cell number and will be instructed to communicate with me should there be an incident or if someone on the course needs assistance. We will have the Greater Baldwinsville Ambulance stationed at the Start/Finish (Emmi Farms) in case they are needed to respond to any incident. As the Race Director for this event I will be in direct communication with all mentioned above. I will be out on the race course monitoring the events and will be checking in with key personal throughout the event. Myself or another will trail the event following the last group of runners/walkers until they reach the finish line.

Mike Samoraj/

Willow Running USA

Additional Sufe;

Ps Race Director I will have mobile walkies talkie and been the same communication channel as the sheriffs and our medical assistance providers (6BAC) in addition to cellphone communication abilities



#### **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 2/25/2025

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.

	DUCER					Andrukat			
Mirabito-Gresham Insurance & Bonds Agency, LLC 16 Oswego St			PHONE (A/C, No, Ext): (315) 635-7600 215 FAX (A/C, No): (315)			15) 635-7900			
Bal	dwinsville, NY 13027			E-MAIL ADDRESS: kathy.andrukat@mirabitogresham.com					
					IN	SURER(S) AFFOI	RDING COVERAGE		NAIC#
			<u> </u>	INSURE	RA: Philade	elphia Inden	nnity Ins. Co		18058
INSU	JRED			INSURE	RB:				
	Willow Running USA ,LLC			INSURE	RC:				
	PO BOX 123 Sodus Point, NY 14555	INSURE	RD:						
	200001011111111111111111111111111111111	INSURER E :							
				INSURE	RF:	:	<u>:                                      </u>		
			E NUMBER:				REVISION NUMB		
C	HIS IS TO CERTIFY THAT THE POLICIE  NDICATED. NOTWITHSTANDING ANY R  ERTIFICATE MAY BE ISSUED OR MAY  XCLUSIONS AND CONDITIONS OF SUCH	EQUIREN PERTAIN POLICIES	MENT, TERM OR CONDITION, THE INSURANCE AFFOR S. LIMITS SHOWN MAY HAVE	N OF A	ANY CONTRA Y THE POLIC REDUCED BY	CT OR OTHER IES DESCRIB PAID CLAIMS.	R DOCUMENT WITH ED HEREIN IS SUB	RESPEC <sup>*</sup>	T TO WHICH THIS
LTR	TYPE OF INSURANCE	ADDL SUB INSD WV	POLICY NUMBER		(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	4 000 000
Α	X COMMERCIAL GENERAL LIABILITY		E3 /4 E0 EC =				EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR	X	EV159525		3/14/2025	12/14/2025	DAMAGE TO RENTED PREMISES (Ea occurre		300,000
							MED EXP (Any one per		1,000,000
							PERSONAL & ADV INJ		3,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:  X POLICY PRO- JECT LOC	-					GENERAL AGGREGAT		3,000,000
	OTHER:				٠.		PRODUCTS - COMP/O	PAGG \$	0,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LII (Ea accident)	MIT \$	
	ANY AUTO						BODILY INJURY (Per p	erson) \$	
	OWNED AUTOS ONLY SCHEDULED AUTOS		·				BODILY INJURY (Per a	ccident) \$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
								. \$	<u>.</u>
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	· .
	EXCESS LIAB CLAIMS-MADE	-					AGGREGATE	\$	
	DED RETENTION \$						PER	OTH- ER	·
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  ANY PROPRIETORIA PITALER SYSTEMS  Y/N								
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E.L. EACH ACCIDENT	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below	.					E.L. DISEASE - EA EMI		· .
	DESCRIPTION OF OPERATIONS DEIOW				-		E.L. DISEASE - POLICY	r LIMIT   \$	
	•						,		
		1	* .				·		
4.19 Tow	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC .25 Running Event In of Lysander is named as an additiona nises, Lessors of Equipment, Sponsors	ıl insured	I ( to the extent covered by			•		and / or l	essors of
	,			*					
CE	RTIFICATE HOLDER			CAN	CELLATION				
Town of Lysander 8220 Loop Rd					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
	Baldwinsville, NY 13027	AUTHORIZED REPRESENTATIVE							