

# TOWN OF STONINGTON

SELECTMAN'S OFFICE  
DANIELLE CHESEBROUGH  
FIRST SELECTMAN

152 Elm Street • Stonington, Connecticut 06378  
(860) 535-5050 • Fax (860) 535-1046  
[dchesebrough@stonington-ct.gov](mailto:dchesebrough@stonington-ct.gov)

BOARD OF SELECTMEN  
SPECIAL MEETING  
3:00 p.m.  
APRIL 23, 2020  
STONINGTON TOWN HALL  
VIRTUAL MEETING

Streaming live on the Town of Stonington's Facebook page  
-OR-

Dial: 1-408-418-9388 (Toll Free)  
Enter Access code: 718 465 721#

## AGENDA

1. Call to Order
2. Pledge of Allegiance
3. Approval of the Minutes
4. Correspondence
5. Appointment/Reappointment/Resignation
  - Appointment – Recreation Commission (**action item**)
  - Appointment – Director of Community and Economic Development (**action item**)
6. Old Business
  - Update on COVID-19
7. New Business
  - Discussion – Affordable Housing Plan - Planning Grant and Resolution (**action item**)
  - Request – Use of Donahue Park (**action item**)
  - Request – Use of 4<sup>th</sup> District Voting Hall/49 N. Stonington Rd Parking Lots (**action item**)
  - Discussion – Sustainable Stonington (Pollinator Pathways Program)
8. Comments from the Public
9. Comments from the Selectmen
10. Adjourn

Visit us at [www.stonington-ct.gov](http://www.stonington-ct.gov)

March 25, 2020

The Stonington Board of Selectmen held a special meeting on this date at the Stonington Town Hall at 4:00 p.m. This meeting was also streamed virtually on Facebook live as well as via audio on a conference line. First Selectman Danielle Chesebrough was live on the Facebook feed while Selectwoman June Strunk and Selectwoman Debbie Motycka Downie joined via audio through the conference call line. No public or press were present in the room. Public and press were able to view via Facebook live as well as audio through a conference call.

**(1) Call to Order**

Ms. Chesebrough called the meeting to order at 4:00 p.m.

**(2) Pledge of Allegiance**

**(3) Public Hearing – 2020 Community Development Block Grant**

Ms. Chesebrough called the Public Hearing to order at 4:02 p.m. Ms. Chesebrough asked if anyone wished to speak regarding the 2020 Community Development Block Grant. Ms. Julie Savin gave a brief overview of the grant stating that if approved the funding would come from public service dollars and would support local diversion programs and youth homelessness. She stated that the Town of Stonington has been the sponsoring municipality and pass through for the eastern portion of the State of Connecticut since 2018. Throughout the past twelve months, 401 diversions have occurred from shelters which placed individuals into permanent housing. This was a direct result of the Community Development Block Grant funding to five public service agencies in the area who oversee homeless diversion. Of the 401 diversions, 95% were successful in keeping the individuals placed in permanent housing.

Ms. Michelle Larese-Casanova stated that Human Services had not received any written testimony in advance of the Public Hearing for or against the Community Development Block Grant. Ms. Savin thanked Mr. Jim Sullivan, Director of Finance, for his support as well as the Town for stepping up and overseeing this process.

No members of the public wished to speak for or against the grant. With no further discussion, Ms. Chesebrough adjourned the Public Hearing at 4:12 p.m.

**(4) Discussion – Items Related to 2020 Community Development Block Grant**

A motion was made by Ms. Downie, seconded by Ms. Strunk and voted unanimously to approve the 2020 Community Development Block Grant including the following:

- Citizen Participation Plan
- Certificate to Affirmatively further fair housing
- Exhibit 4.1A - Financing Plan and budget
- Exhibit G1 - Cooperation Agreement
- Exhibit G2 - CDBG Resolution
- Exhibit G4 - Certification by Applicant
- Fair Housing Resolution

**(5) Comments from the Public**

None

**(6) Approval of the Minutes**

A motion was made by Ms. Downie, seconded by Ms. Strunk and voted unanimously to approve the regular meeting minutes of March 11, 2020 and special meeting minutes of March 17, 2020.

**(7) Correspondence**

None

**(8) Appointment/Reappointment/Resignation**

**Appointment – Mystic River Boathouse Park Implementation Committee**

A motion was made by Ms. Downie, seconded by Ms. Strunk and voted unanimously to appoint Rick Broberg as an alternate to the Mystic River Boathouse Park Implementation Committee.

**Appointment – Zoning Board of Appeals**

A motion was made by Ms. Downie, seconded by Ms. Strunk and voted unanimously to appoint Diana Lurie Boersma as an alternate to the Zoning Board of Appeals.

**(9) Old Business**

**Update on COVID-19**

Ms. Chesebrough emphasized the importance of the social distancing guidelines of six feet. She stated that residents can still go outside, go to pharmacy and grocery store but should be cautious to always remain six feet away from others at all times.

**(10) New Business**

None

**(11) Comments from the Public**

None

**(12) Comments from the Selectmen**

- Ms. Downie reminded everyone to ring their bells nightly at 8:00 p.m. and to continue to support small businesses.
- Ms. Strunk stated that the church bells at St. Mary's and St. Michael's have been programmed to ring nightly at 8:00 p.m. She added that she has heard from residents regarding those from out of Town coming back into their secondary homes and reminded everyone about following social distancing guidelines of six feet.
- Ms. Chesebrough stated that she and other regional municipal leaders sent a letter to Governor Lamont asking for stronger guidelines for those coming in from out of town to self-quarantine for fourteen days. Ms. Chesebrough thanked Michael Payne of PC Restoration, a Stonington based emergency mitigation company, who recently sanitized six apartment units and the community room for free at Edith K. Richmond. She reminded everyone that there is a nightly Community Bell Ringing Event at 8:00 p.m.

**(13) Adjourn**

There being no further business to come before this Board, the meeting adjourned at 4:24 p.m.

Stacey Haskell  
Recording Secretary

April 16, 2020

The Stonington Board of Selectmen held a special meeting on this date at the Stonington Town Hall at 3:00 p.m. This meeting was also streamed virtually on Facebook live as well as via audio on a conference line. First Selectman Danielle Chesebrough was live on the Facebook feed while Selectwoman June Strunk and Selectwoman Debbie Motycka Downie joined via audio through the conference call line. No public or press were present in the room. Public and press were able to view via Facebook live as well as audio through a conference call.

**(1) Call to Order**

Ms. Chesebrough called the meeting to order at 3:00 p.m.

**(2) Pledge of Allegiance**

**(3) Old Business**

**Update on COVID-19**

Ms. Chesebrough gave an overview of COVID-19 during comments from the selectmen.

**(4) New Business**

**Discussion – Tax Deferment Program [Governors Executive Order 7S] and Resolution**

In accordance with Governor Lamont's Executive Order 7S each municipality must determine a program to offer support to eligible taxpayers affected by the COVID-19 pandemic. Linda Camelio, Tax Collector, gave an overview of the program that the Town will be offering.

Ms. Camelio gave an overview stating that the programs including deferment, deferment with application or low interest rate. The deferment program with application allows for 90 days (July 1-Oct 1<sup>st</sup>) of no payment or interest until the 91<sup>st</sup> day. On the 91<sup>st</sup> day, Oct 2<sup>nd</sup>, the interest amount would fall back to the original due date of July 1<sup>st</sup> with 6% interest added. Those in need of the deferment such as residents who have been laid off, furloughed and business owners who have been forced to close would fill out a one-page document to apply.

Ms. Chesebrough spoke separately with different members of the Board of Finance, to think about the residents who are in need and felt that the deferment with application is the best option. The program is for those who are in need of tax deferment. At the time of the meeting only four towns were offering both programs, seven were offering low interest and twenty-one were offering deferment.

A motion was made by Ms. Downie, seconded by Ms. Strunk and voted unanimously to approve the Tax Deferment Program with application and the resolution.

In discussion, Ms. Downie and Ms. Strunk thanked Ms. Camelio for her clear analysis and for taking on the additional workload within her office.

**(5) Comments from the Public**

None

**(6) Comments from the Selectmen**

- Ms. Downie had concerns regarding the noise ordinance in Town. She stated that the current noise ordinance is not enforceable and would like to make improvements to it. She stated that she attended a residential walk through, as the liaison to Inland Wetlands and Watercourse Commission, of a property with Candace Palmer and will provide her thoughts in a report to the Commission. Lastly, she asked about when the Transfer Station will go back to regular operations without appointments.

Ms. Downie thanked residents for all of the community outreach with mask making and helping their neighbors.

- Ms. Strunk stated that the K-12 Building Committee will hold a virtual meeting to pay outstanding invoices. She noted what an incredible community we live in with everyone helping and working together.
- Ms. Chesebrough stated that the Transfer Station will continue operating under the same schedule with the need for appointments. It is likely that this process will stay in effect through May. She added that the process was made at the request of Transfer Station staff due to large volumes of residents who were not social distancing.

In regards to COVID-19, she added that she attends weekly virtual meetings with regional, state and health departments which has been very useful. A reopening commission has been established for the State of CT with different industries and groups being represented. She stated we are likely looking at a slow rollout of openings beginning at the end of May.

Lastly, a local mask making group, the Mask Makers of CT, reached out to see if the Town could be a drop off site as they were seeking donations of fabric. Within less than 24 hours over ten bags of cotton/flannel sheets and fabrics were donated on the steps of Town Hall. A big thank you to everyone that donated and to the mask makers for all they are doing to help.

**(7) Adjourn**

There being no further business to come before this Board, the meeting adjourned at 3:26 p.m.

Stacey Haskell  
Recording Secretary

**TOWN OF STONINGTON  
APPLICATION FOR BOARD/COMMISSION/AUTHORITY**

Name: Kristia Clarke

Address: 115 Library Street Mystic CT 06355

Phone Number: 401.255.5204 Email: KSKacewicz@gmail.com

Party Affiliation: Independent

Commission/Board interested in serving on: Public Communications Ad Hoc Committee

Background information which you feel might be relevant to your application: I spent 3 years at the Dana Farber Cancer Institute on the Communications / Media Relations team.

Give any specific reasons why you are interested in this Commission/Board: The way that people communicate has changed so much in recent years and I think its very important for the town to keep up.

Are you aware of the Conflict of Interest Ordinance? Yes

Are you aware of the time commitment necessary to be a member of this Commission or Board? Yes

Have you attended any of the Commission/Board meetings? No

TOWN OF STONINGTON  
APPLICATION FOR BOARD/COMMISSION/AUTHORITY

Name: Stephanie Kindel Hartell  
Address: 17 Oak Dr., Stonington, CT 06378  
Phone Number: 860-961-9365 Email: stephkindel@gmail.com  
Party Affiliation: Republican  
Commission/Board interested in serving on: Recreation Commission

Background information which you feel might be relevant to your application: \_\_\_\_\_

I am a public school teacher + have lived in  
Stonington for seven years.

Give any specific reasons why you are interested in this Commission/Board: \_\_\_\_\_

I have two young kids, so I am beginning to use  
Stonington's playgrounds + parks + will be using recreation programs  
through the COMO this spring. It feels like the right time to begin volunteering.

Are you aware of the Conflict of Interest Ordinance? Yes

Are you aware of the time commitment necessary to be a member of this Commission or

Board? yes

Have you attended any of the Commission/Board meetings? no

## AFFORDABLE HOUSING PLAN – PLANNING GRANT

### MUNICIPAL INFORMATION

Name of the Municipality: Town of Stonington

Address: 152 Elm Street, Stonington, CT

Zip Code 06378

Name and Title of Authorized Official: Danielle Chesebrough, First Selectman

Telephone: 860-535-5050 Fax Number: 860-535-1046 Email: dchesebrough@stonington-ct.gov

Name and Title of Contact Person/Title: Keith A. Brynes, Town Planner

Telephone: 860-535-5095 Fax Number: 860-535-1023 Email: kbrynes@stonington-ct.gov

If you are using a consultant to write this application, please provide the following:

Consultant Name \_\_\_\_\_ Phone # \_\_\_\_\_

Company (if applicable) \_\_\_\_\_

Address: \_\_\_\_\_ Fax # \_\_\_\_\_

### ASSISTANCE REQUEST

#### 1. PROJECT INFORMATION

1a. Federal Employer Identification Number: 06-6002101

1b. Grantee's Fiscal Year: From July 1st To June 30th

1c. Amount of Assistance Requested: \$15,000

1d. Please provide a Project Budget as Attachment #1. (see Exhibit 1: Budget Form)

#### 2. LOCAL APPROVAL

2a. Submit a certified resolution adopted in the last 60 days by the Town's legislative body (or, in the case of a town where the town meeting is the legislative body, the Board of Selectmen):

- Authorizing submission of this grant application;
- Identifying the individual who can sign the grant application and administer the grant.

The certified resolution should be signed by the City or Town Clerk and embossed with the corporate seal. (Please provide as Attachment #2)



**3. APPLICANT CERTIFICATION**

My signature below, for and on behalf of Town of Stonington, indicates  
Name of Municipality  
acceptance of the following and further certifies that:

1. I have the authority to submit this grant application;
2. I have read, understand, and will comply with the General Grant Conditions;
3. I understand that funding associated with this grant application is one-time in nature and that there is no obligation for additional funding from the Department of Housing or the State of Connecticut;
4. I understand that should this grant application be approved, such state funds shall be expended no later than June 30, 2021;
5. I understand that requests to extend the grant end date shall be submitted in writing to the Department of Housing no later than ninety (90) days before the grant end date of June 30, 2021;
6. I understand that unexpended funds shall be returned to the State of Connecticut within sixty (60) days of the grant end date;
7. I understand that if this organization meets the requirements of the State Single Audit Act, Sections 4-230 through 4-236, as amended, of the Connecticut General Statutes, the organization is required to submit a State Single Audit, at its own expense, no later than six (6) months after the end of the audit period. If this organization is not required to submit a State Single Audit, the organization is required to submit a final accounting of the grant expenditures within sixty (60) days of the grant end date; and
8. I hereby certify that the statements contained in the responses to this application and accompanying documents are true to the best of my knowledge and belief and that I know of no reason why the applicant cannot complete the project in accordance with the representations contained herein.

Certifying Representative:

1. Type Name and Title: Danielle Chesebrough, First Selectman
2. Signature: \_\_\_\_\_
3. Date: \_\_\_\_\_



CONNECTICUT DEPARTMENT OF HOUSING			
Project Financing Plan & Budget			
Original (Mark X):	X	Revision#:	
Applicant: <b>Town of Stonington</b>	Fed ID#:	<b>06-6002101</b>	
Project: <b>Stonington Affordable Housing Plan</b>	Project #:		
Program: <b>Affordable Housing Plan Grant</b>	Budget Start:	Budget End:	

	<u>DOH Share</u> GRANT	<u>TOWN Share</u>	<u>Private/Other</u>	<u>TOTAL</u>
<b>SOURCES OF FUNDS</b>				
DOH: <i>DOH, SBC 12/2020</i>	\$ 15,000			\$ 15,000
DOH:				\$ -
Other: <i>Applicant/Town</i>		\$ 8,000		\$ 8,000
Other:				\$ -
Other:				\$ -
<b>Total Sources</b>	\$ 15,000	\$ 8,000	\$ -	\$ 23,000

	<u>DOH/Town Funds</u>	<u>Private/Other</u>	<u>TOTAL</u>
<b>USES OF FUNDS</b>			
	DOH Share	Town Share	
			\$ -
Data Collection - market study/analysis	\$ 7,000.00		\$ 7,000.00
Community Engagement - Facility/Lease Fee	\$ 5,000.00		\$ 5,000.00
Printing/Publication		\$ 1,500.00	\$ 1,500.00
Other Planning Costs	\$ 3,000.00	\$ 4,000.00	\$ 7,000.00
			\$ -
			\$ -
Salaries			\$ -
Other Administration Costs			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
Contingency		\$ 2,500.00	\$ 2,500.00
<b>Total Uses</b>	\$ 15,000.00	\$ 8,000.00	\$ 23,000.00

**Applicant Name:**

*I request approval of this Project Financing Plan and Budget in accordance with the terms and conditions of the Assistance Agreement/Notice of Grant Award (NOGA) and as the duly authorized individual representing the applicant, affirm that the project will be operated in accordance with this budget:*

\_\_\_\_\_

\_\_\_\_\_

Date

*The Project Financing Plan and Budget is hereby approved in the amounts and for the time period indicated.*

\_\_\_\_\_

\_\_\_\_\_

Program Director, DOH

Date

\_\_\_\_\_

\_\_\_\_\_

Seila Mosquera-Bruno, Commissioner

Date



# TOWN OF STONINGTON

BOARD OF SELECTMEN  
152 ELM STREET  
STONINGTON, CT 06378

## RESOLUTION

The Legislative Body of the Town of Stonington met on April 23, 2020 and adopted a resolution by the vote of \_\_\_\_\_ to \_\_\_\_\_ which:

- A. Authorizes submission of the Planning Grant application under the Affordable Housing Plan Technical Assistance Program; and
- B. Identifies, Danielle Chesebrough, First Selectman as an individual authorized to sign the grant application. Summary of such grant application is attached to and made a part of this record.
- C. Specifically accepts and certifies items #1 - 8 of Section 3 of the grant application:

ADOPTED BY THE BOARD OF SELECTMEN OF THE TOWN OF STONINGTON,  
CONNECTICUT THIS 23<sup>rd</sup> DAY OF APRIL, 2020.

Attested to by:

Name: \_\_\_\_\_

Title: TOWN CLERK \_\_\_\_\_

Date: \_\_\_\_\_

Seal:

APPLICATION FOR USE OF TOWN PROPERTY  
of the  
TOWN OF STONINGTON

Town facility to be used: Donahue Park

Description of the event to be held: \_\_\_\_\_

St. Michael School 11<sup>th</sup> Annual 5k & 1-mile  
Fun Run/Walk

Date of the event:

10-10-20 Saturday

Time of the event:

From: 8am To: 12pm

Contact person:

Danielle Yates  
Name

860-639-0750  
Phone Number

In consideration for the use of Town property listed above (agency/organization) St. Michael School agrees that it will indemnify and hold harmless the Town and its respective officers, agents and employees from any loss, costs, damages, expenses, judgments and liability whatsoever kind or nature howsoever the same maybe caused resulting directly or indirectly by any act or omission of the agency/organization, anyone directly or indirectly employed by any of them or anyone for whose acts any of them may be liable resulting in bodily injury including sickness and death, personal injury or damage to property directly or indirectly, including the loss of use resulting there from as permitted by law unless and to the extent caused by the Town's wilful acts.

Doris Smessina  
Signature of Responsible Party

3-3-20  
Dated

Doris Smessina  
Printed name of Responsible Party

Received by the Town of Stonington:

[Signature]  
Name  
4/9/20  
Date

# Certificate of Coverage

Date: 3/13/2020

**Certificate Holder**  
 The Norwich Roman Catholic Diocesan Corporation  
 Chancery Office  
 201 Broadway  
 Norwich, CT 06360-4328

**This Certificate is issued as a matter of information only and confers no rights upon the holder of this certificate. This certificate does not amend, extend or alter the coverage afforded below.**

**Covered Location**  
 St. Michael the Archangel School  
 63 Liberty Street  
 Pawcatuck, CT 06379

**Company Affording Coverage**  
 THE CATHOLIC MUTUAL RELIEF  
 SOCIETY OF AMERICA  
 10843 OLD MILL RD  
 OMAHA, NE 68154

**Coverages**

**This is to certify that the coverages listed below have been issued to the certificate holder named above for the certificate 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 coverage afforded described herein is subject to all the terms, exclusions and conditions of such coverage. Limits shown may have been reduced by paid claims.**

	Type of Coverage	Certificate Number	Coverage Effective Date	Coverage Expiration Date	Limits	
	Property				Real & Personal Property	
	<b>D. General Liability</b>  <input checked="" type="checkbox"/> Occurrence <input type="checkbox"/> Claims Made	8578	7/1/2020	7/1/2021	Each Occurrence	500,000
General Aggregate					1,000,000	
Products-Comp/OP Agg						
Personal & Adv Injury						
Fire Damage (Any one fire)						
Med Exp (Any one person)						
	Excess Liability	8578	7/1/2020	7/1/2021	Each Occurrence	500,000
					Annual Aggregate	
	Other				Each Occurrence	
					Claims Made	
					Annual Aggregate	
					Limit/Coverage	

**Description of Operations/Locations/Vehicles/Special Items** (the following language supersedes any other language in this endorsement or the Certificate in conflict with this language)  
 St. Michael School is using Donahue Park for their 11th annual St. Michael School 5K road race and 1 mile fun run/walk on Saturday, October 10, 2020 from 8:00 a.m. to 12:00 p.m. Liability coverage only extends to the Town of Stonington for claims occurring at Donahue Park, due to the negligence of St. Michael School, during the date and times Donahue Park is being used by St. Michael School. Combined single limit of \$1,000,000 per occurrence.

**Holder of Certificate**

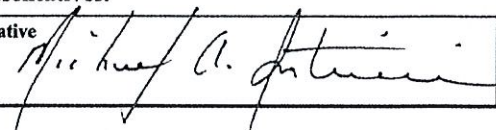
**Cancellation**

**Additional Protected Person(s)**

Town of Stonington  
 152 Elm Street  
 Stonington, CT 06378

**Should any of the above described coverages be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the holder of certificate named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.**

Authorized Representative



0190003018

## ENDORSEMENT

(TO BE ATTACHED TO CERTIFICATE)

Effective Date of Endorsement: 10/10/2020

Cancellation Date of Endorsement: 10/11/2020

Certificate Holder: The Norwich Roman Catholic Diocesan Corporation  
Chancery Office  
201 Broadway  
Norwich, CT 06360-4328

Location: St. Michael the Archangel School  
63 Liberty Street  
Pawcatuck, CT 06379

Certificate No. 8578 of The Catholic Mutual Relief Society of America is amended as follows:

### SECTION II - ADDITIONAL PROTECTED PERSON(S)

It is understood and agreed that Section II - Liability (only with respect to Coverage D - General Liability), is amended to include as an Additional Protected Person(s) members of the organizations shown in the schedule, but only with respect to their liability for the Protected Person(s) activities or activities they perform on behalf of the Protected Person(s).

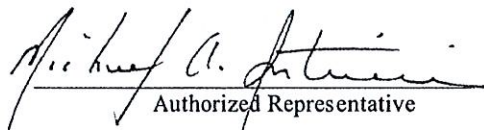
It is further understood and agreed that coverage extended under this endorsement is limited to and applies only with respect to liability assumed by contract or agreement; and this extension of coverage shall not enlarge the scope of coverage provided under this certificate or increase the limit of liability thereunder. Unless otherwise agreed by contract or agreement, coverage extended under this endorsement to the Additional Protected Person(s) will not precede the effective date of this certificate of coverage endorsement or extend beyond the cancellation date.

### Schedule - ADDITIONAL PROTECTED PERSON(S)

Town of Stonington  
152 Elm Street  
Stonington, CT 06378

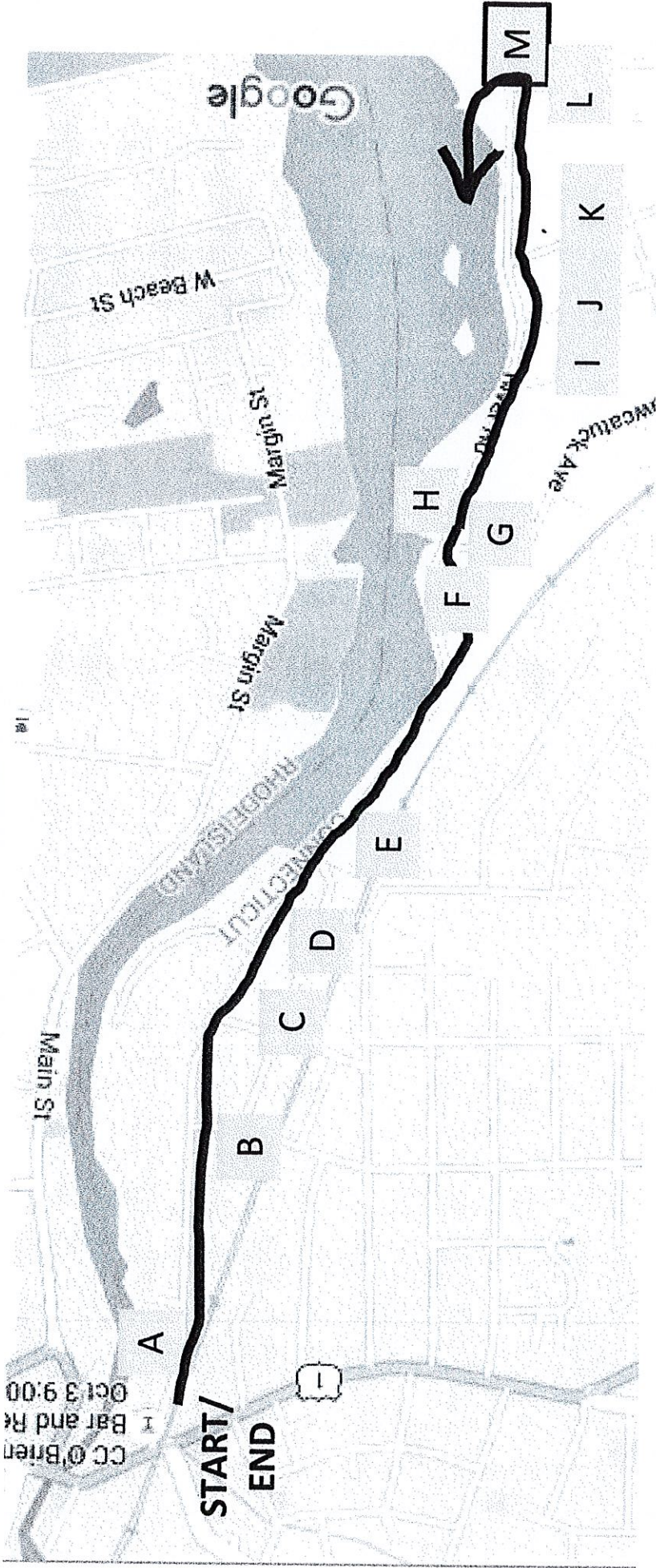
Remarks (the following language supersedes any other language in this endorsement or the Certificate in conflict with this language):

St. Michael School is using Donahue Park for their 11th annual St. Michael School 5K road race and 1 mile fun run/walk on Saturday, October 10, 2020 from 8:00 a.m. to 12:00 p.m. Liability coverage only extends to the Town of Stonington for claims occurring at Donahue Park, due to the negligence of St. Michael School, during the date and times Donahue Park is being used by St. Michael School. Combined single limit of \$1,000,000 per occurrence.

  
Authorized Representative

10/10/2020

### COURSE MAP



- A = 3 MILE
- B = Palmer St.
- C = Mitchell St.
- D = ½ Mile mark - Water Station (1-Milers turn around here)
- E = Prospect St.
- F = 1 MILE
- G = Clark St.
- H = 2 MILE
- I = Bigelow St.
- J = Huntington St.
- K = Mystic St.
- L = Mark St.
- M = TURN AROUND at Mailbox #112 on River Road

Start: CC O'Brien's

Finish: Donahue Park

5K: Turn around at 112 River Road (M)

1-Mile: Turn around at water station (D)

APPLICATION FOR USE OF TOWN PROPERTY  
of the  
TOWN OF STONINGTON

Town facility to be used: Donahue Park, Pawcatuck

Description of the event to be held: 22<sup>nd</sup> Annual

Pawcatuck River Duck Race

Date of the event:

Time of the event:

Postponed :  
New Date

~~SAT April 25, 2020~~

From: 8am To: 5pm

SAT JUNE 27, 2020

Contact person:

Erica Agnello  
Name

401.596.7761  
Phone Number

In consideration for the use of Town property listed above (agency/organization) DRC agrees that it will indemnify and hold harmless the Town and its respective officers, agents and employees from any loss, costs, damages, expenses, judgments and liability whatsoever kind or nature howsoever the same maybe caused resulting directly or indirectly by any act or omission of the agency/organization, anyone directly or indirectly employed by any of them or anyone for whose acts any of them may be liable resulting in bodily injury including sickness and death, personal injury or damage to property directly or indirectly, including the loss of use resulting there from as permitted by law unless and to the extent caused by the Town's wilful acts.

Erica Agnello  
Signature of Responsible Party

12/27/19.  
Dated

Erica Agnello  
Printed name of Responsible Party

Received by the Town of Stonington:

[Signature]  
Name

1/27/20  
Date

April dates ~~were~~ approved at Bos meeting of 1/27/20

→ Due to Covid-19, New date is now June 27, 2020







**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)  
4/21/2020

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).


<b>PRODUCER</b> Lathrop Insurance Agency 85 A Beach Street Westerly, RI 02891	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): <b>(401) 596-2525</b>		FAX (A/C, No):
	<b>E-MAIL ADDRESS:</b>		
	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	INSURER A : <b>Chubb</b>		
	INSURER B :		
	INSURER C :		
<b>INSURED</b>  Westerly Pawcatuck Chamber 1 Chamber Way Westerly, RI 02891	INSURER D :		
	INSURER E :		
	INSURER F :		
	INSURER F :		

**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
<b>A</b>	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			<b>CLURID951755213N</b>	<b>12/16/2019</b>	<b>12/16/2020</b>	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>1,000,000</b> MED EXP (Any one person) \$ <b>5,000</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>2,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b>  COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						\$ \$ \$ \$ \$ \$
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						\$ \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		<b>N/A</b>				PER STATUTE    OTH-ER E.L. EACH ACCIDENT \$ 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)  
 For Duck Race 6/27/20-Town of Stonington and Stonington Police Dept. are additional insureds

<b>CERTIFICATE HOLDER</b>  Town of Stonington 152 Elm Street Stonington, CT 06378	<b>CANCELLATION</b>  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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APPLICATION FOR USE OF TOWN PROPERTY  
of the  
TOWN OF STONINGTON

Town facility to be used: 4<sup>th</sup> District Voting Hall Parking Lot  
Description of the event to be held: A Premier Wooden Boat Show -  
to be held at Mystic Seaport Museum

Date of the event:

Time of the event:

~~Postponed 8/20~~  
June 25<sup>th</sup> - 28<sup>th</sup>, 2020

From: 9am To: 5pm

New dates: August 12 - 16, 2020

\* Parking Needed - 7am - 7pm

Stanton or Susan

860-535-1337

Name

Phone Number

Sim  
P.O. Box 281 Old Mystic CT 06372

In consideration for the use of Town property listed above (agency/organization) Wooden Boat Publications, INC. agrees that it will indemnify and hold harmless the Town and its respective officers, agents and employees from any loss, costs, damages, expenses, judgments and liability whatsoever kind or nature howsoever the same maybe caused resulting directly or indirectly by any act or omission of the agency/organization, anyone directly or indirectly employed by any of them or anyone for whose acts any of them may be liable resulting in bodily injury including sickness and death, personal injury or damage to property directly or indirectly, including the loss of use resulting there from as permitted by law unless and to the extent caused by the Town's wilful acts.

✓ Laura Sherman

✓ 12/16/19

Signature of Responsible Party

Dated

✓ Laura Sherman

Printed name of Responsible Party

Received by the Town of Stonington:

[Signature]  
Name

2/10/20  
Date

June dates were approved at BOS meeting of 2/12/20.

→ Due to COVID-19, New date is Aug 12-16, 2020.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
4/8/2020

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).

<b>PRODUCER</b> The Merle B. Grindle Agency P.O. Box 814  Blue Hill ME 04614		<b>CONTACT NAME:</b> Sally McVay <b>PHONE (A/C, No, Ext):</b> (207) 374-2871 <b>FAX (A/C, No):</b> (207) 374-2226 <b>E-MAIL ADDRESS:</b> sally.mcvay@mbgrindle.com <b>PRODUCER CUSTOMER ID#:</b> 00006359	
<b>INSURED</b> WoodenBoat Publications Inc. Attn: Jim Miller PO Box 78 Brooklin ME 04616		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Hanover Insurance Company <b>NAIC #</b> 22292 <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	

**COVERAGES** CERTIFICATE NUMBER: CL1342502083 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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY						EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			ZHP9183902	6/16/2019	6/16/2020	MED EXP (Any one person) \$ 10,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC			Projected renewal of ZHP9183902	6/16/2020	6/16/2021	PERSONAL & ADV INJURY \$ 0 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ EIBE \$ Medical payments \$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	DEDUCTIBLE						\$
	RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						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 (Attach ACORD 101, Additional Remarks Schedule, if more space is required)**  
 This certificate provides evidence of general liability insurance for the use of the parking lot at former Stonington Public Schools Administration building, 49 N Stonington Rd, Old Mystic, CT, owned by the Town of Stonington, CT during the WoodenBoat Show covering the period 8/12/20 through 8/16/20. Please refer to policy contract for provisions, exclusions and limitations

**CERTIFICATE HOLDER** **CANCELLATION**

Town of Stonington 152 Elm Street Stonington, CT 06378	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  Sally McVay/SAL <i>Sally J. McVay</i>
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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
4/8/2020

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 The Merle B. Grindle Agency P.O. Box 814  Blue Hill ME 04614	CONTACT NAME: Sally McVay	
	PHONE (A/C, No., Ext): (207) 374-2871 FAX (A/C, No.): (207) 374-2226 E-MAIL ADDRESS: sally.mcvay@mbgrindle.com PRODUCER CUSTOMER ID #: 00006359	
INSURED  WoodenBoat Publications Inc. Attn: Jim Miller PO Box 78 Brooklin ME 04616	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Hanover Insurance Company	22292
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES CERTIFICATE NUMBER: CL1342502083 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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY						EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			ZHP9183902	6/16/2019	6/16/2020	MED EXP (Any one person) \$ 10,000
				Projected renewal of ZHP9183902	6/16/2020	6/16/2021	PERSONAL & ADV INJURY \$ 0
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS						EIBE \$
	<input type="checkbox"/> NON-OWNED AUTOS						Medical payments \$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR						AGGREGATE \$
	EXCESS LIAB						\$
	<input type="checkbox"/> CLAIMS-MADE						\$
	DEDUCTIBLE						\$
	RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						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 (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
This certificate provides evidence of general liability insurance for use of the Mystic 4th district voting hall parking lot, owned by the Town of Stonington, CT. This certificate covers dates 8/12/2020 through 8/16/2020. Please refer to contract for provisions, exclusions and limitations.  
Sally McVay/SAL

CERTIFICATE HOLDER  Town of Stonington 152 Elm Street Stonington, CT 06378	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  Sally McVay/SAL <i>Sally J. McVay</i>