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## RECEIVED CITY CLERK'S OFFICE APPLICATION FOR MOVABLE SIGNAGE ON PUBLIC PROPERTY

2023 OCT 23 A 9: 33

Application Fee \$100.00 2023 UCI 23 A 9: 33	FOR CITY CLERK'S OFFICE ONLY
Date: 10/22/23	Date Recorded
10	Expiration Date:
To the City Council of the City of Newburyport:	Amount Paid
To the City Council of the City of Newburyport.	
The undersigned requests that he/she may be granted permission public property and private rights-of-way open to the public. This permissed location, and will be subject to all of the terms, condition Newburyport Code of Ordinances, and any applicable State and Federaby the City Council and/or City Departments, including, but not lin below.	nission will only be effective for the s, and limitations set forth in the al laws and any condition prescribed
Name of applicant <u>Jennie</u> Catens	
Home address of applicant 34 Johnson Street	
City, State, Zip of applicant Newbayport, HA C	01950
Telephone of applicant 978 - 609 - 0531	
Name of business Cookie Jac Kitchen	
Address of business 38 Washington St, New	bungport, MA 01950
Telephone of business 978 - 992 - 1273	
Description of the location and movable sign to placed on the Public V	Way.
on the corner of winter an	d Washington
Street, a fame sign	
RELEASE AND INDEMNITY AGREEMENT TO ENCUMBER	A PUBLIC WAY
I, the undersigned Applicant or Duly Authorized Agent, hereby agree harmless, the City of Newburyport, a municipal corporation of the Coits officers, employees, agents and servants from all actions, causes of costs, loss of services, expenses and compensation associated with the as described herein.	ommonwealth of Massachusetts, and of action, claims, demands, damages,
Signature of Applicant or Duly Authorized Agent	Date $10/22/23$



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/09/2023

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 SUBROGATIONIS 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 EASTERN INSURANCE GROUP LLC/PHS 08087059 The Hartford Business Service Center 3600 Wiseman Bivd San Antonio, TX 78251  INSURED  INSURER S: INSURER B: INSURE
PHONE (866) 467-8730   FAX (AIC, No):  The Hartford Business Service Center 3600 Wiseman Blvd   E-MAIL ADDRESS:  INSURER A: Hartford Underwriters Insurance Company 30104   INSURER B: INSURER C: INSU
The Hartford Business Service Center 3600 Wiseman Blvd San Antonio, TX 78251    E-MAIL   ADDRESS:   INSURER(S) AFFORDING COVERAGE   NAIC#
E-MAIL   ADDRESS:   INSURER(S) AFFORDING COVERAGE   NAIC#
ADDRESS   INSURER(S) AFFORDING COVERAGE   NAIC#
INSURER S: INSURER S: INSURER S: INSURER S: INSURER S: INSURER B: INSURE B: INSURER B: I
The Cookie Jar Kitchen  38 WASHINGTON ST  NEWBURYPORT MA 01950-2466    INSURER B :
38 WASHINGTON ST NEWBURYPORT MA 01950-2466  INSURER C: INSURER D: INSURER E: INSURER F:  COVERAGES  CERTIFICATE 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.  INST  TYPE OF INSURANCE  ADDL. SUBR WYD  ADDL. SUBR WYD  POLICY EFF (MM/DD/YYYY)  (MM/DD/YYYY)  (MM/DD/YYYY)  MED EXP (Any one person)  \$1,000,000  DRANGE TO RENTED PREMISES (Ea occurrence) PREMISES (Ea occurrence) \$1,000,000  DRANGE TO RENTED PREMISES (Ea occurrence) \$1,000,000  PREMISES (Ea occurrence) \$2,000,000  PREMISES (Ea occurrence
NEWBURYPORT MA 01950-2466  INSURER D: INSURER E: INSURER F:  COVERAGES  CERTIFICATE NUMBER: INSURER F:  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.  INSURER F:  REVISION NUMBER:  REVISION NUMBER:  POLICY EPRIOD  THE POLICY EPRIOD  MICH STEPPEN OF THE POLICY PERIOD  MICH STEPPEN OF THE P
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COVERAGES  CERTIFICATE 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  TYPE OF INSURANCE  ADDL INSR  COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE  CLAIMS-MADE  CLAIMS-MADE  X  GEN'L AGGREGATE LIMIT APPLIES PER:  X  POLICY PRO- JECT  LOC  OTHER:  REVISION NUMBER:  REVISION NUMBER:  REVISION NUMBER:  REVISION NUMBER:  REVISION NUMBER DADVE FOR THE POLICY PERIOD.  THE INSURANCE DATA MAY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS  WHICH IS INSURANCE AND COMMENT OR ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS  CERTIFICATE NAME DADVING THE POLICY PERIOD.  (MM/DD/YYYY)  (MM/DD/YYYY)  EACH OCCURRENCE  \$1,000,000  DAMAGE TO RENTED PREMISES (Ea occurrence)  \$1,000,000  PERSONAL & ADV INJURY  \$1,000,000  PERSONAL & ADV INJURY  \$1,000,000  PRODUCTS - COMP/OP AGG  \$2,000,000  PRODUCTS - COMP/OP AGG  \$2,000,000
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CLAIMS-MADE   X   OCCUR   X   General Liability   X   O8 SBA AK4HU7   O4/01/2022   O4/01/2023   PREMISES (Ea occurrence)   \$1,000,000   MED EXP (Any one person)   \$10,000   PERSONAL & ADV INJURY   \$1,000,000   PERSONAL & ADV INJURY   \$1,000,000   PRODUCTS - COMP/OP AGG   \$2,000,000   PRODUCTS - COMP/OP AGG   PRODUCTS - COMP/OP AGG   \$2,000,000   PRODUCTS - COMP/OP AGG   PRODUCTS - COMP/OP
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X POLICY PRODUCTS - COMP/OP AGG \$2,000,000 OTHER:
OTHER:
COLUMN CONTRACTOR CONT
COMBINED SINGLE LIMIT \$1,000,000
AUTOMOBILE LIABILITY \$1,000,000 (Ea accident)
ANY AUTO BODILY INJURY (Per person)
A ALL OWNED SCHEDULED AUTOS 08 SBA AK4HU7 04/01/2022 04/01/2023 BODILY INJURY (Per accident)
HIRED NON-OWNED PROPERTY DAMAGE
AUTOS A AUTOS (Per accident)
LIMPORTATION OCCUR EACH OCCURRENCE
UMBRELLA LIAB CLAMB
EXCESS LIAB CLAIMS-MADE AGGREGATE
DED RETENTION \$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY STATUTE ER
AND EMPLOYERS' LIABILITY ANY Y/N E.L. EACH ACCIDENT
PROPRIETOR/PARTNER/EXECUTIVE N/ A E.L. DISEASE -EA EMPLOYEE
OFFICER/MEMBER EXCLUDED? (Mandatory in NH)
If yes, describe under
DESCRIPTION OF OPERATIONS below  Data Breach - Defense & Liab
A Data Breach - Defense & Liab 08 SBA AK4HU7 04/01/2022 04/01/2023 Limit \$50,000 Covg
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Those usual to the Insured's Operations. The Business Liability Coverage Part includes a Blanket Additional Insured City of Newburyport By Contract
Endorsement, Form SL 30 32.
CERTIFICATE HOLDER City of Newburyport SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED
City of Newburyport  60 PLEASANT ST  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

Susan S. Castaneda

NEWBURYPORT MA 01950-2627