

The High School
241 High Street
Newburyport, Massachusetts 01950

Lauren Gee
Director of Guidance

Jeanna Guardino
Special Ed Team Coordinator

Kyle Hodsdon
Director of Athletics

Michael Testa
Associate Principal

Andrew Wulf
Principal

April 29, 2024

Dear City Council,

On behalf of the Newburyport Public Schools Performing Arts Department we are requesting permission for Kona Ice to be present at the 5th Annual 2024 Newburyport Public Schools K-12 Performing Arts Waterfront Festival on Saturday, May 18, 2024 from 12-4 PM. This is the 5th annual event, generously sponsored by the Newburyport Education Foundation and the Institution for Savings. It would be our 7th, but sadly we were unable to perform for two years due to COVID.

All of the proper paperwork and requests went through The Waterfront Trust for this event, and with their permission and the continued assistance of City Hall and the DPW we are thrilled to be celebrating the performing arts in our schools!

At the request of students and their families, this year we thought it would be nice to have the Kona Ice truck come. Nikki Vazeos, the owner, and Newburyport resident is able to come to the Waterfront Park area from 1-4PM. Nikki graciously donates a portion of her profits to the organization where she is serving.

I have reached out to MaryJo Haley, the city's Parking Enforcement Supervisor, and she has the perfect (and safe) spot in mind for this--the dirt lot where the bathrooms used to be. Construction vehicles are staged there during the work week--but it is empty on the weekends. Mary Jo has offered to block it off for us. It directly abuts the park so there would not be a risk of kids running into the parking lot and being put in any dangerous situation.

We apologize for the late request. We are still learning all the ins and outs of proper protocol at the city level. We appreciate your support as we know this will bring an added layer of fun and spirit to anyone attending the festival!

Attached please find the insurance binder for Kona Ice (The Hadlan Group) listing City of Newburyport. Please let me know if any further information is needed.

Thank you,

Stephanie A. Phillips

K-12 Performing Arts Curriculum Coordinator

Newburyport Public Schools



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/25/2024

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).


PRODUCER Northern Kentucky Insurance 5915 Centennial Circle Florence KY 41042		CONTACT NAME: Amie Turner PHONE (A/C, No, Ext): (859)586-8580 FAX (A/C, No): (859)586-8616 E-MAIL ADDRESS: amie@cornerstoneinsllc.com	
INSURED The Hadjan Group 4 Jones Dr Newburyport MA 01950		INSURER(S) AFFORDING COVERAGE INSURER A: Great American Alliance Company INSURER B: Great American Assurance Company INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 26832 26344	

COVERAGES **CERTIFICATE NUMBER:** 2024-2025 **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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	BOP3806114	04/25/2024	04/25/2025	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMPIOP AGG \$ 4,000,000 Additional Insured \$ 2,000,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		CAP3806115	04/25/2024	04/25/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Uninsured motorist BI- \$ 1,000,000
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A				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)
Certificate holder is listed as an additional insured with regards to the operations of the named insured.

CERTIFICATE HOLDER The City of Newburyport 60 Pleasant St, Newburyport MA 01950	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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