



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/23/2023

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 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 Streever Agency Inc. 84 Milton Ave Ballston Spa NY 12020	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black;">CONTACT NAME: Jason R. Connors</td> </tr> <tr> <td style="border-bottom: 1px solid black;">PHONE (A/C, No. Ext): (518) 885-6777</td> </tr> <tr> <td style="border-bottom: 1px solid black;">E-MAIL ADDRESS: Jason@connorsandstreever.com</td> </tr> </table> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; border-bottom: 1px solid black;">INSURER(S) AFFORDING COVERAGE</td> <td style="width: 20%; border-bottom: 1px solid black;">NAIC #</td> </tr> <tr> <td style="border-bottom: 1px solid black;">INSURER A: MESA UNDERWRITERS SPECIALTY INSURANCE</td> <td style="border-bottom: 1px solid black;">36838</td> </tr> <tr> <td style="border-bottom: 1px solid black;">INSURER B:</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;">INSURER C:</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;">INSURER D:</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;">INSURER E:</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;">INSURER F:</td> <td style="border-bottom: 1px solid black;"></td> </tr> </table>	CONTACT NAME: Jason R. Connors	PHONE (A/C, No. Ext): (518) 885-6777	E-MAIL ADDRESS: Jason@connorsandstreever.com	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: MESA UNDERWRITERS SPECIALTY INSURANCE	36838	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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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						
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black;"><input type="checkbox"/> CLAIMS-MADE</td> <td style="border-bottom: 1px solid black;"><input checked="" type="checkbox"/> OCCUR</td> </tr> </table>	<input type="checkbox"/> CLAIMS-MADE	<input checked="" type="checkbox"/> OCCUR	X		MP0031003013554	9/30/2022	9/30/2023	EACH OCCURRENCE \$ 1,000,000				
	<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:	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000												
	AUTOMOBILE LIABILITY <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black;"><input type="checkbox"/> ANY AUTO</td> <td style="border-bottom: 1px solid black;"><input type="checkbox"/> SCHEDULED AUTOS</td> </tr> <tr> <td style="border-bottom: 1px solid black;"><input type="checkbox"/> OWNED AUTOS ONLY</td> <td style="border-bottom: 1px solid black;"><input type="checkbox"/> NON-OWNED AUTOS ONLY</td> </tr> <tr> <td style="border-bottom: 1px solid black;"><input type="checkbox"/> HIRED AUTOS ONLY</td> <td style="border-bottom: 1px solid black;"><input type="checkbox"/> AUTOS ONLY</td> </tr> </table>	<input type="checkbox"/> ANY AUTO	<input type="checkbox"/> SCHEDULED AUTOS	<input type="checkbox"/> OWNED AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY	<input type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
<input type="checkbox"/> ANY AUTO	<input type="checkbox"/> SCHEDULED AUTOS												
<input type="checkbox"/> OWNED AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY												
<input type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> AUTOS ONLY												
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED 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				<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black;"><input type="checkbox"/> PER STATUTE</td> <td style="border-bottom: 1px solid black;"><input type="checkbox"/> OTH-ER</td> </tr> </table> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$	<input type="checkbox"/> PER STATUTE	<input type="checkbox"/> OTH-ER				
<input type="checkbox"/> PER STATUTE	<input type="checkbox"/> OTH-ER												

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
CERTIFICATE HOLDER IS INCLUDED AS ADDITIONAL INSURED.

EVENT: FIRST FRIDAY

EVENT TIME: EVERY FIRST FRIDAY OF THE MONTH FROM OCTOBER 2022 THRU SEPTEMBER 2023 EXCEPT FOR 04/07/2023 WHICH HAS BEEN REPLACED WITH SATURDY 04/22/2023.

CERTIFICATE HOLDER VILLAGE OF BALLSTON SPA 66 FRONT STREET BALLSTON SPA NY 12020	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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AGENCY CUSTOMER ID: _____

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page _____ of _____

AGENCY Streever Agency Inc.		NAMED INSURED Ballston Spa Business and Professional Association	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

EVENT DATE: JUNE 10, 2023 thru SEPTEMBER 30, 2023.



March 16, 2023

Mayor Frank Rossi, Jr
66 Front Street
Ballston Spa, NY 12020

Dear Mayor Rossi,

The Ballston Spa Business and Professional Association will be holding an Earth Day-themed "First Friday" event on Saturday, April 22, 2023.

We respectfully request permission to hold our "pop-up" event in Wiswall Park, to serve as a hub for the event. The event will include having tents and tables from the BSBPA and other local businesses from approximately 8am - 3pm on the day of the 22nd.

Enclosed please find a completed special event notification form and a certificate of insurance naming the Village of Ballston Spa as additional insured.

If you have any further questions or concerns, please feel free to contact me or the BSBPA office at info@ballston.org, 518 885-2772.

Sincerely,

Maggie Schlegel
BSBPA Resident Board Member
304-780-9739
maggie@ballston.org

SPECIAL EVENTS NOTIFICATION

1. A Special Event Notification must be filled out for any public or private gathering of 500 or more people and less than 5,000 people.
2. This is for notification purposes only.
3. Authorization will be issued at the time the written notice is completed and submitted to The Village of Ballston Spa Clerk's office.
4. If event(s) is for more than one scheduled day, a schedule shall be attached to the application. Only one application will be required.
5. Any event involving street closures will require Village review prior to approval.

SPECIAL EVENT NOTIFICATION: The special event notice must include the following information

- Date of Notice 27Mar2023
- Date(s) of Event: 22Apr2023
- Event Starting Time: 08:00AM
NOT BEFORE 7:00 am
- Event Ending Time: 03:00PM
NOT AFTER 12:00 am
- Name of Event: BSBPA "First Friday" Earth Day Pop-Up
- Location of Event: Wiswall Park
- Name of Owner of Facilities or Property: Village of Ballston Spa
- Facilities manager or contact information: N/A
- List of roads and routes of travel to event: N/A
- If closing roads, attach a map and list locations of traffic controls an detours along with closing and opening time: N/A
- Name, title and contact information of person filing application:
Maggie Schiegel, BSBPA Resident Board Member, (304) 780-9739, maggie@ballston.org
- If application is a corporation, list name of corporation, contact person and contact information:
N/A
- If applicant resides outside Saratoga County, list name, address and contact information:
N/A
- Name, address, contact Information of promoter: BSBPA, PO Box 386, Ballston Spa, NY 12020
- Number of people expected to attend event: 500

SIGNATURE OF PERSON FILLING OUT NOTICE: Margaret E Schiegel

SIGNATURE OF VILLAGE OFFCER/EMPLOYESS RECEIVING NOTICE: _____

DATE: _____