

Franklin Recreation Commission

Meeting of September 6, 2023 at 7:30 PM
Meeting will be held at Town Hall

Agenda

- ✓ **Call to Order**
- ✓ **Recognition of Visitors**
- ✓ **Review/Approve Minutes from the previous Meeting**
- ✓ **Review/Approve Financials**
 - ✓○ **Music in the Park update**
- ✓ **Old Business**
- ✓ **New Business**
- **Safety Issues**
- **Correspondence**
- **Adjournment**

In accordance with federal law and U.S. Department of Agriculture policy, this institution is prohibited from discrimination on the basis of race, color, national origin, sex, age, or disability. (Not all prohibited bases apply to all programs.) To file a complaint of discrimination, write USDA Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington DC 20250-9410, or call 800-795-3272 (voice) or 202-720-6382 (TDD).

Franklin Recreation Commission

Minutes of September 6, 2023

Meeting called to order by Secretary Hiscox, 7:30 PM

- Visitors: Dan & Diane Labich wanted to thank the FRC for assuming the oversight of the Music in the Park program, also brought up a desire to construct a “real stage” not only for the Music in the Park program but that can also be used by other groups. A 16x20’ or 20x20 ‘would be ideal. The stage, hastily built and used for this season, has been partially disassembled with materials used elsewhere in the Park.
- Minutes from the August 2, 2023 Meeting were distributed. Greg B motioned to accept the Minutes as presented. This was seconded by Kyle G and passed unanimously.
- Financial Report was not available again
- Additions to Agenda – None
 - Old Business
 - Rich H reported that the resurfacing of the tennis and Basketball courts had been completed along with the addition of Pickle Ball lines.
 - Rich H reported that the dugouts on the Volunteer Field (SB) had been started and will be completed soon.
 - New Business
 - Rich H motioned to authorize Lee J to spend up to \$600 on two replacement nets for the tennis courts and center straps for each as well. This Motion was seconded by Greg B and passed without further discussion or dissent.
 - A discussion was held regarding getting the small Basketball court milled, compacted, repaved and install a regulation Pickle Ball net complete with painting as the next CIP project to be undertaken.
 - Lee J motioned to allot \$500 from the FRC budget line item to the FES PTO for the current Playground Replacement Project. This was seconded by Kyle G and passed without further discussion or dissent.
- Safety Concerns,
 - Nothing new reported
- Correspondence,
 - none.
- Adjournment, A Motion to Adjourn was made by Lee J, seconded by Greg B and passed without further discussion. The Meeting Adjourned at 8:30 PM.

Attendees; Rich Hiscox, Greg Bourdon, Kyle Gora, Scott Dorsey, and Lee Johnson.

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Done
Coulton
Building Inspr.

9/6/23 7:30 AM

CTO See RH

VISITORS DAN & DIANE LABICH

-MITP- THANK YOU TO FCC FOR FACILITATING

-STAGS- PARTIALLY DISMANTLED.

for 3rd SEASON NOW STAGS-

16 x 20 on 20 x 20

MINUTERS: MTA GB 2ND KG - P U

FINANCIALS - N/A

OLD B. TENNIS/BB COURTS DONE

VOLFIELD - STARTED

Now B.

MTA LEE-J UP \$600 - 2 new NOTES

AND CENTON STAIRS. 2ND GB P U

-OLD-BB COME TO PTB

LJ MTA \$500 TO FPTD FOR

THE PLAYGROUND EQUIP. 2ND KG P U

MTA LJ 2ND GB P U

8:30 AM

RH, GB, SD, LJ, KG



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/01/2023

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 Fairway Underwriters Inc 112 North Pepperell Road Hollis, NH 03049 Ryan Coulter	800-662-2141	CONTACT NAME: Ryan Coulter PHONE (A/C, No, Ext): 800-662-2141 FAX (A/C, No): 978-454-8740 E-MAIL ADDRESS: ryan@fairwayunderwriters.com
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Vantapro Specialty Insurance		44768
INSURER B: United States Fire Insurance Company		
INSURER C:		
INSURER D:		
INSURER E:		
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
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> SML 100/300 PLL 1M GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER	X		5077-2094-00	09/01/2023	09/01/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMPOP AGG \$ 1,000,000
	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						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Accident Medical			US1962374-00	09/01/2023	09/01/2024	Limit \$ 25,000 Deductible \$ 250

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The certificate holder shall be an additional insured, but only with respect to the liability arising out of negligence of the named insured. All Policy terms and conditions apply. Coverage for Participant Legal Liability requires that every participant signs a waiver/release. Coverage applies to:

CT Bombers

CERTIFICATE HOLDER Town of Franklin and all it's Boards & Commissions 7 Meetinghouse Hill Road Franklin, CT 06254	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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/30/2023

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 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 Westpoint Insurance Group, a division of Webb Financial Group, LLC P.O. Box 1495 Bridgeview IL 60455	CONTACT NAME:
	PHONE (A/C, No, Ext): (800) 318-7709
INSURED Marty Gomez C/O For The Love Of The Game Baseball Camp P.O. Box 261 Lebanon CT 06249	FAX (A/C, No): (708) 636-3915
	E-MAIL ADDRESS:
INSURER(S) AFFORDING COVERAGE	
INSURER A: HDI Global Specialty SE	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

COVERAGES

CERTIFICATE NUMBER: CL2353025127

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	X		HDGL003700826	06/27/2023	07/30/2023	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$
	<input checked="" type="checkbox"/> INCLUDES ATHLETIC						PERSONAL & ADV INJURY \$ 1,000,000
	<input type="checkbox"/> PARTICIPANTS						GENERAL AGGREGATE \$ 3,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ 1,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						\$
	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"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS						\$
	<input type="checkbox"/> NON-OWNED AUTOS						
	UMBRELLA LIAB						EACH OCCURRENCE \$
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE \$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N					E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					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)
Additional insured status applies where required by written contract.

Coverage is only for the sport type(s) applied for on the application and reported to the insurance carrier.

CERTIFICATE HOLDER

CANCELLATION

Town of Franklin
7 Meetinghouse Hill Road
Franklin, CT 06254

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

Chris Webb/HAM