

# **Franklin Recreation Commission**

## **Minutes of April 3, 2024**

Meeting called to order by Secretary Hiscox, 7:31 PM

- Visitors: Jeff Glidden, Franklin Lions Club.
  - Jeff indicated the Lions would like to hold their annual Tuff Run on the Weekend of August 17-18, 2024. Jeff also indicated that upon approval of the dates he would supply a COI for the event.
    - Greg B motioned to approve the use of the Park for the 2024 Tuff Run on August 17-18 as requested. This Motion was seconded by Lee J and was approved unanimously.
- Minutes from the March 6, 2024 Meeting were distributed. Lee J motioned to accept the Minutes as presented. This was seconded by Greg B and passed unanimously.
- Financial Report was not available
- Additions to Agenda – None
  - Old Business
    - Greg B reported he had not received the requested proposal for cement pads under the bleachers in the Park as of yet.
    - Rich H distributed the finalized 2024-25 Budget Request that had been discussed and developed at the last meeting.
  - New Business
    - Rich H reported that he had received the COI from Norwich Tech concerning their use of the SLBB field.
    - Rich H presented a request from the CT Bombers for use of the fields for the 2024 season including practices, games, tournaments, and Fall-Ball. The request was accompanied by a COI.
      - Greg B Motioned to approve the CT Bombers request. This Motion was seconded by Lee J and passed without further discussion or dissent.
    - Rich H presented a request from SFCLL for the use of the fields for the 2024 season. A COI accompanied the request as well.
      - Lee J Motioned to approve the request. Greg B seconded the Motion and it passed without further discussion or dissent.
    - Rich H reported that First Selectman Alden Miner has publicized that as part of the Memorial Day activities at the Park there will be a Softball Game between the Franklin Volunteer Fire Dept. and the Recreation Commission. He has communicated that we (The Rec Comm.) will have to find representatives to play.
    - Rich H reported that the Academy of the Holy Family would like to use the Volunteer field for their one and only home Softball game on Tuesday April 9<sup>th</sup>. If approved, they will supply the required COI.
      - Greg B Motioned to approve the one-time use of the field. This Motion was seconded by Lee J and passed unanimously.
    - Rich H reported that the Port-O-Johns will be delivered this week. A handicapped unit for the Park and a standard unit for the Soccer field.



- Rich H reported that the Park wells had been treated and will be flushed. There is a water test scheduled for Friday the 12<sup>th</sup> and if they pass water will be turned on.
  - In a related matter we need to replace the faucet in the bathroom closest to the concession stand at the LL Field. Rich will pick one up and install it.
- Rich H reminded all that the FES PTO 5K fundraiser will be held in the Park on Saturday May 4<sup>th</sup>.
- Rich H reported that over the last weekend, and Monday evening, all four ball fields had been Roto-tilled, York raked, and dragged. Not the best outcome but all were in better shape then they had been and are in playable condition.
- Safety Concerns,
  - Rich reported that there was a major washout on the track around the soccer field. He has spoken to Alden about it and it is his (Alden's) to repair it this weekend.
- Correspondence,
  - None.
- Adjournment, A Motion to Adjourn was made by Lee J, seconded by Greg B, and passed without further discussion. The Meeting was Adjourned at 8:03 PM.

Attendees; Rich Hiscox, Greg B, and Lee Johnson.

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**

Meeting of April 3, 2024 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**
- ✓• **Old Business**
- ✓• **New Business**
- ✓• **Safety Issues**
- ✓• **Correspondence**
- ✓• **Adjournment**

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4/3/24

CFO 731 AM

• VISIONS: JEFF G FLC

'24 TUFF RUN 8/17-19/24

MTA GB, 2<sup>ND</sup> LT PU

• MINUTES 3/6/24

MTA LT 2<sup>ND</sup> GB PU

• FINANCIALS NOT AVAIL.

• OLD BUSINESS

GB NOTHING ON PADS

~~MTA GB 2<sup>ND</sup> LT PU~~

~~MTA GB 2<sup>ND</sup> LT PU~~

RT DIST 2024-25 FINANCIAL BUDGET REV.

• NEW BUSINESS

RT REPORT COI NORWICH TOWN

RT PROPOSAL A ROR CBSA FOR

2024 CLOW USE & COI. MTA GB 2<sup>ND</sup> LT PU

RT PROPOSAL A ROR SFCLL FOR

2024 CLOW USE & COI MTA LT 2<sup>ND</sup> GB PU

RT REMOVED FROM DAY S.B. GAMES

BETW FVFD & REC COMAR. REC COMAR

WILL NEED TO FIND ROPS TO PLAY.

RT REPORT. AWF 1 HOME GAMES WANT  
TO USE VOL FIELDS 4/2/27. MTA GB 2<sup>ND</sup> LT PU

RT PORT JOHNS FRI 4/5

RT WOL TEST NEXT FRI 4/12

RT FES PTO JK SAT 5/4

RT ALL 4 FIELDS RT/42/DUGG.

~~RT~~ - WT SCHOOL SCHO MTA LT 2<sup>ND</sup> GB PU 8/23

RT  
GB  
LT



## RE: Agenda for 2/7/24

To Alden Miner <firstselectman@franklinct.gov> • Heather Glidden <selectmanassist@franklinct.com>

Please find attached the proposed 2024-25 Recreation Commission Budget as requested.

Richard R Hiscox  
302 Lebanon Road  
N Franklin CT 06254  
860-908-0330

On 03/05/2024 8:25 AM EST Alden Miner <firstselectman@franklinct.gov> wrote:

Hi Rich Please send in Rec dept budget for 2024 when you can Thanks!! Alden

Alden Miner  
Town Of Franklin  
Office Of The First Selectman  
860-642-8602  
Cell – 860-886-3114  
Email – [firstselectman@franklinct.com](mailto:firstselectman@franklinct.com)

**From:** Richard HISCOX <richh32@comcast.net>

**Sent:** Sunday, February 4, 2024 6:46 PM

**To:** Ayer, Steven <ayer.steven@yahoo.com>; Greg Bourdon <bourdon4444@hotmail.com>; Dorsey, Scott <sryandorsey@yahoo.com>; Franklin <civiccms@civicplus.help>; Lynda Feder-Craney <townclerk@franklinct.com>; Gorra, Kyle <kyle.gorra@gmail.com>; Hastings, Todd <todd.r.hastings@icloud.com>; Johnson, Lee <nannlee@comcast.net>; Alden Miner <firstselectman@franklinct.com>; Miner, josh <joshieminor@yahoo.com>

**Subject:** Agenda for 2/7/24

Please find attached the Agenda for this Wednesday's Meeting (2/7/24).

Richard R Hiscox  
302 Lebanon Road  
N Franklin CT 06254  
860-908-0330

- 2800-Rec Comm Budget Request 2024-25.docx (21 KB)



## BUDGET REQUESTS FOR FISCAL YEAR 2024-2025

LINE ITEM # 2800.10

DEPARTMENT: Recreation

LINE-ITEM DESCRIPTION: Recreation Commission

LAST YEAR'S APPROVED BUDGET: \$19,050.00

THIS YEAR'S REQUESTED BUDGET: \$21,000

### Proposed Budget;

Utilities	2,600.00
Maintenance	1,300.00
Programs	1,400.00
Purchased Services	4,100.00
Maintenance Supplies	3,600.00
Minor Capitol Expenses	8,000.00

Given the current inflationary cycle combined with the cost increases on virtually everything associated with the depleted supply change we feel a 10% increase is a prudent request. The FRC tries to be as prudent as possible with expenditures and will not hesitate to turn funds back if they are unneeded.

Additional funds requested to be ADDED to the CIP lines as follows:

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Over the past several years the Recreation Commission has been frugal to a fault. We have repeatedly underspent and turned funds back. This has proven to be a well meaning error. We need to start funding a number of projects for the betterment of our community. While the choices we are putting forward are ALL worthy of support, in most cases the funds requested are a downpayment to be supplemented over the next few budget cycles in order to bring to culmination.

3100.25 Repairs to the Senior League Baseball Field,	\$20,000
3100.108 Reseal the Pavilion	\$7,500
Rebuild Walking Track in Giddings Park	\$40,000
Lighting project foe Volunteer Field	\$25,000
New, expandable, playscape for Giddings Park	\$150,000
Scoreboards for the two small diamond fields	\$15,000
Rebuild small BB Court to be Pickleball & BB	\$25,000
Build a Multi-Purpose Stage on the Lower field	\$10,000
Various Building repairs in Giddings Park	\$20,000





STATOFC-04

JCZEPIEL

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
3/11/2024

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).

<b>PRODUCER</b> AssuredPartners New England, Inc. One Financial Plaza Hartford, CT 06103	<b>CONTACT NAME:</b> Doreen Lessard, AIS, ACSR, CPIW, DAE <b>PHONE (A/C, No, Ext):</b> (860) 426-6179 <b>FAX (A/C, No):</b> (860) 426-6179 <b>E-MAIL ADDRESS:</b> Doreen.Lessard@AssuredPartners.com														
<b>INSURED</b> State of Connecticut Dept of Administrative Services Ins. & Risk Mgmt. Board, 450 Columbus B Hartford, CT 06103	<table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A: Safety National Casualty</td><td>15105</td></tr><tr><td>INSURER B: Westchester Surplus Lines Ins</td><td>10172</td></tr><tr><td>INSURER C:</td><td></td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Safety National Casualty	15105	INSURER B: Westchester Surplus Lines Ins	10172	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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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  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:  <input 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			XPR4068573	12/31/2023	12/31/2024	EACH OCCURRENCE \$ 5,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			G46851614007	12/31/2023	12/31/2024	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000
	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 \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Liability Insurance is excess of \$4,000,000 self-insured retention (SIR). Worker's Compensation is Self-Insured in Accordance with Statute.

State of Connecticut, Norwitch Tech to use Town of Franklin baseball fields for practice on weekdays from March 18, 2024 through May 17, 2024.

## CERTIFICATE HOLDER

## CANCELLATION

Town of Franklin and All It's Boards and Commissions  
7 Meetinghouse Road  
North 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

Mike Ross





302 Lebanon Road,  
North Franklin CT 06254

April 3, 2024

Franklin Recreation Commission  
Town of Franklin  
7 Meetinghouse Hill Road  
Franklin CT 06254

Commission Members;

The CT Bombers Softball Association would like to request your permission to utilize various playing fields for practices, scrimmages, tournament games, and Fall-Ball as we have been accorded in the past. If granted, we will as in the past coordinate with the local (SFC) Little League.

We are specifically requesting the use of Giddings Park for the weekend of;  
May 18 & 19, 2024

Weekends after Labor Day in September and October

These specific requests would include the use of the concession stand at Volunteer Field.

Attached is a copy of our Certificate of Insurance for 2024 which names the Town of Franklin CT and all its Departments Boards and Commissions as co-insured parties.

We thank you for your consideration and hope we can continue to work together to maintain and improve the facilities Franklin has to offer.

With best regards;

Richard R Hiscox, President  
CT Bombers Softball Association





# 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:		

INSURED Fastpitch Nation Inc PO Box 1176 Simsbury, CT 06070	
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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 LTB	TYPE OF INSURANCE	ADDL INSR	SUBR INSD	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"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER: <input 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 <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 \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	X		5077-2094-00	09/01/2023	09/01/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per 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 COMBINED SINGLE LIMIT (Per accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE \$ AGGREGATE \$ 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

## CANCELLATION

Town of Franklin and all it's Boards & Commissions  
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



Jeremiah and Beverly Kvasnik <miahnbey@yahoo.com>

3/20/2024 7:20 PM

## SSFC LL 2024 Field Usage

To Richard Hiscox <richh32@comcast.net>

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Rich,

SFC formally requests to use the Franklin Little League, Senior League, teeball, and softball fields. Attached is our 2024 insurance forms listing the Town of Franklin as an additional Insured.

Let me know if you need anything else.

Jeremiah Kvasnik  
SSFC President

- 
- LLB Insurance Certificate 2071112-2024-1 - Accident Insurance.pdf (733 KB)
  - LLB Insurance Certificate 2071112-2024-1 - Crime Insurance.pdf (377 KB)
  - LLB Insurance Certificate 2071112-2024-1 - Liability Insurance.pdf (733 KB)



CERTIFICATE OF INSURANCE						DATE (MM/DD/YY) 02/28/24	
<b>PRODUCER</b>  <b>Keystone Risk Managers, LLC</b> <b>1995 Point Township Drive</b> <b>Northumberland, PA 17867</b>				<b>CERTIFICATE #:</b> 2071112-2024-1		2 07 11	
				<b>INSURERS AFFORDING COVERAGE:</b>			
<b>ADDITIONAL NAMED INSURED:</b>  SCOTLAND SPRAGUE FRANKLIN CANTERBURY LL 215 Baltic Hanover rd Baltic, CT 06330				<b>INSURER A:</b> Interstate Fire & Casualty Company			
				<b>INSURER B:</b> National Union Fire Insurance Company of (Non-Liability) Pittsburgh, PA			
				<b>INSURER C:</b> AIG Specialty Insurance Company			
				<b>INSURER D:</b> Markel American Insurance Company			
<p>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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.</p> <p>* SUBJECT TO \$5,000,000 AGGREGATE SUBLIMIT OF LIABILITY FOR ALL LEAGUES, COMBINED, UNDER THE MASTER D&amp;O POLICY, FOR ALL LOSS ARISING FROM ALL CLASS ACTION CLAIMS AND COMMON LEAGUE CLAIMS, AS MORE FULLY DESCRIBED IN ENDORSEMENT #31 OF THE MASTER D&amp;O POLICY.</p> <p>** SUBJECT TO \$5,000,000 AGGREGATE SUBLIMIT OF LIABILITY FOR ALL LEAGUES, COMBINED, UNDER THE MASTER CYBER POLICY, FOR SPECIFIED DEFENSE COSTS, AS MORE FULLY DESCRIBED IN ENDORSEMENT #14 OF THE MASTER CYBER POLICY.</p>							
INSR LTR	ADD'L NAMED INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
A	X	<b>GENERAL LIABILITY</b>	UST030987240	01/01/2024	01/01/2025	EACH OCCURRENCE	\$1,000,000
		X OCCURRENCE				GENERAL AGGREGATE	\$2,000,000
		X INCL PARTICIPANTS				PRODUCTS/COMP OPS AGGREGATE	\$1,000,000
		X SEXUAL ABUSE				Sexual Abuse OCCURRENCE	\$1,000,000
						Sexual Abuse AGGREGATE	\$1,000,000
MEDICAL PAYMENTS	Any One Person						
C	X	<b>DIRECTORS &amp; OFFICERS</b>	014674121	01/01/2024	01/01/2025	EACH LOSS	\$1,000,000*
						AGGREGATE	\$1,000,000
C	X	<b>CYBER LIABILITY COVERAGE</b>	014681404	01/01/2024	01/01/2025	<b>LIMIT OF LIABILITY CLAIMS MADE</b>	\$100,000 PER LEAGUE AGGREGATE
	S&P	SECURITY AND PRIVACY LIABILITY INSURANCE	\$100,000 PER LEAGUE SUBLIMIT OF LIABILITY** \$1,000 PER LEAGUE RETENTION		POLICY INCEPTION	POLICY INCEPTION	
		REGULATORY ACTION SUBLIMIT OF LIABILITY	\$100,000 PER LEAGUE SUBLIMIT OF LIABILITY \$1,000 PER LEAGUE RETENTION				
EM	EVENT MANAGEMENT INSURANCE	\$100,000 PER LEAGUE SUBLIMIT OF LIABILITY** \$1,000 PER LEAGUE RETENTION		NOT APPLICABLE	POLICY INCEPTION		
D	X	<b>INLAND MARINE/PROPERTY FLOATER</b>	MKLM7IM0054394	01/01/2024	01/01/2025	EACH LOSS	\$35,000 Deductible: \$500
A	X	<b>CRIME</b>	UST030998240	01/01/2024	01/01/2025	EACH LOSS	\$35,000 Deductible: \$1,000
B	X	<b>SPORTS EXCESS ACCIDENT</b>	SRG9105434	01/01/2024	01/01/2025	As in Master Policy: Med. Max. \$100,000 Deductible \$50	As in Master Policy Excess
<b>"X" INDICATES COVERAGE(S) SELECTED FOR ADDITIONAL NAMED INSURED</b>							
<b>ADDITIONAL INSURED</b>  Who is an Insured (SECTION II) of the General Liability policy is amended to include as an insured the person or organization shown in the schedule, but only with respect to liability arising out of the above-named Little League's maintenance or use of ball fields, or other premises loaned, donated, or rented to that Little League by such person or organizations and subject to the following additional exclusions: 1. Structural alterations, new construction, maintenance, repair, or demolition operations performed by or on behalf of the person or organization designated in the Schedule and/or performed by the above-named Little League; and 2. That part of the ball field or other premises not being used by the above-named Little League.							
<b>NAME AND ADDRESS OF PERSON OR ORGANIZATION:</b>  Town of Franklin 7 Meetinghouse Hill Rd Franklin, CT 06254							
<b>INSURED</b>  <b>Little League Baseball Risk Purchasing Group, Incorporated</b> <b>539 U.S. RT. 15 Highway</b> <b>South Williamsport, PA 17702</b>				<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			





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
2/28/2024

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).

<b>PRODUCER</b> KeyStone Risk Managers, LLC 1995 Point Township Drive Northumberland PA 17867		<b>INSURED</b> Little League Baseball Risk Purchasing Group, Incorporated SCOTLAND SPRAGUE FRANKLIN CANTERBURY LL 215 Baltic Hanover rd Baltic CT 06330	
<b>CONTACT</b> NAME: David Irwin PHONE (A/C, No. Ext): (570) 473-2150 FAX (A/C, No.): (570) 473-2151 E-MAIL: Dlrwin@keystonelinegrp.com ADDRESS:		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Interstate Fire & Casualty Company NAIC # 22829	
<b>INSURER F:</b>		<b>INSURER E:</b>	
<b>INSURER D:</b>		<b>INSURER C:</b>	
<b>INSURER B:</b>		<b>INSURER A:</b>	

## COVERAGES

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	ADSL SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
X	COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 MED EXP (Any one person) \$Excluded PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$1,000,000 SEXUAL ABUSE OCC/AGG \$1M/\$1M
	AUTOMOBILE LIABILITY	ANY AUTO OWNED AUTOS ONLY HIRE AUTOS ONLY SCHEDULED AUTOS ONLY				COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$ (Per accident) EACH OCCURRENCE \$ AGGREGATE \$
	UMBRELLA LIAB	OCCUR				EACH OCCURRENCE \$ AGGREGATE \$
	EXCESS LIAB	CLAIMS-MADE				
	DED RETENTION \$					
	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				E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

Certificate Holder is named as Additional Insured per form CG 2026 (12/19)

## CERTIFICATE HOLDER

Town of Franklin 7 Meetinghouse Hill Rd Franklin CT 06254	AUTHORIZED REPRESENTATIVE 
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POLICY NUMBER: UST030987240

COMMERCIAL GENERAL LIABILITY  
CG 20 26 12 19

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

### SCHEDULE

Name Of Additional Insured Person(s) Or

Town of Franklin  
7 Meetinghouse Hill Rd  
Franklin, CT 06254

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

**A. Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for “bodily injury”, “property damage” or “personal and advertising injury” caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

1. In the performance of your ongoing operations; or
2. In connection with your premises owned by or rented to you.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

**B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable limits of insurance;

whichever is less.

This endorsement shall not increase the applicable limits of insurance.



# WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART  
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

## SCHEDULE

<p><b>Name Of Person Or Organization:</b></p> <p>Town of Franklin 7 Meetinghouse Hill Rd Franklin, CT 06254</p>
<p>Information required to complete this Schedule, if not shown above, will be shown in the Declarations.</p>

The following is added to Paragraph 8. Transfer Of  
Rights Of Recovery Against Others To Us of  
Section IV – Conditions:

We waive any right of recovery we may have against  
the person or organization shown in the Schedule  
above because of payments we make for injury or  
damage arising out of your ongoing operations or  
"your work" done under a contract with that person  
or organization and included in the "products-  
completed operations hazard". This waiver applies  
only to the person or organization shown in the  
Schedule above.





## Customer Account Information

Franklin Recreation Commission  
Customer Name  
7 Meetinghouse Hill Rd  
Address  
Franklin CT 06254-1313  
City State Postal Code  
Rich Hiscox  
Contact Name  
Franklinrecreationcommission@gmail.com  
Contact Email  
Apr 2, 2024 Apr 02, 2024 1865  
Effective Date Created Date Agreement No.

## Service Agreement

Clean Restroom Rentals Inc  
200 Friberg Parkway - Ste 2003  
Westborough, MA 01581  
Sales Rep: Luci DeLorenzo  
Phone: (508) 368-6700 ext. 217  
Email: luci@cleanrestrooms.com

## Services and Rates

### 46578001 Franklin Recreation Commission - 185 Pond Rd, Softball Field, Franklin

Qty	Service Type	Frequency	Rate
1	Rental Town Handicap		185.00 per 4 week
1	Del / Setup / Removal		0.00 per 4 week
	Total		\$185.00

## Notes

Delivery week of April 1st  
Rental includes once a week service and restock  
Call for Removal  
Optional Damage Waiver \$9.00 per unit per cycle  
Bill Cycle is 28 days  
Delivery charge on #44342

## Customer Agreement

Authorized Signature Richard R Hiscox  
Printed Name Richard R Hiscox  
Title SECRETARY Date 4/2/24

## Representative Agreement

Authorized Signature \_\_\_\_\_  
Printed Name \_\_\_\_\_  
Title \_\_\_\_\_ Date \_\_\_\_\_

The above signed individual signing this agreement acknowledges that he/she has read and understands the terms and conditions on this agreement, on the reverse side, and that he/she has the authority to sign on behalf of the customer.



# Clean Restroom Rentals - Terms and Conditions

ID: 1865

## 1. Definitions

- "Company": Refers to Clean Restroom Rentals, the provider of portable restroom rental services.
- "Customer": Refers to the individual or entity renting portable restrooms from the Company.
- "Equipment": Refers to the portable restrooms, and related items, provided by the Company.
- "Services": Refers to those services of the Company specified herein. Unless otherwise specified, standard portable restroom service is performed once per week.

## 2. Rental Agreement

2.1 The Company agrees to rent the Equipment to the Customer, and the Customer agrees to rent the Equipment from the Company, subject to the terms and conditions outlined herein.

## 3. Rental Period

3.1 The rental period begins on the date of this agreement or other date specified by the Company and continues until completion of the project for which the Equipment is rented and the Equipment is returned to the Company.

3.2 The rental billing period is 28 days and will not be prorated for unused days or an early pickup.

## 4. Rental Rates and Payment

4.1 The Customer agrees to pay the rental fee as specified in the rental agreement.

4.2 Payment is due in full in advance prior to the start of any rental billing period.

4.3 The Customer gives the Company (Clean Restroom Rentals) permission to automatically charge the credit card on file when the account is billed.

4.4 The Customer shall pay a \$35 fee for any returned check or an insufficient funds payment. The Customer shall also be liable for interest at the maximum lawful rate on all overdue charges, and for any collection costs, including attorneys' fees, incurred by the Company to collect overdue amounts from the Customer.

4.5 The Customer shall pay additional charges for services separately requested by the Customer or resulting from the Customer's breach of this agreement, such as delivery, pick-up, cleaning, and damage repair.

4.6 It is the responsibility of the Customer to notify the Company when the Equipment is to be removed unless otherwise agreed upon.

4.7 During the rental period, Customer grants the Company a right of first refusal to match any offer relating to services similar to the Services. Customer shall give the Company prompt written notice of any such offer and a reasonable time to respond to it.

4.8 The Company reserves the right to adjust its rates based on increases in fuel costs, disposal facility costs or changes in any applicable laws, and the Customer shall pay such rates as adjusted.

## 5. Delivery and Collection

5.1 The Company will deliver the Equipment to the location specified by the Customer at the agreed-upon date and time.

5.2 The Customer is responsible for ensuring suitable access to the delivery location and for providing clear instructions for placement.

5.3 The Customer must notify the Company of any changes to the delivery or collection details at least 24 hours in advance. Any changes are subject to approval by the Company.

## 6. Use and Care of Equipment

6.1 The Customer agrees to use the Equipment in a safe and responsible manner, in accordance with all applicable laws and regulations.

6.2 The Customer will not make any alterations or modifications to the Equipment without prior written consent from the Company.

6.3 The Customer shall not permit any lien to be placed on the Equipment.

## 7. Damage or Loss

7.1 The Customer is responsible for any damage to or loss of the Equipment during the rental period, excluding normal wear and tear. If the Customer elects to pay a damage waiver fee, the Customer shall not be liable for damage to any units due to fire, theft or vandalism not caused by Customer's neglect or willful misconduct, provided that the Customer promptly notifies the Company and the local police department regarding any such damage.

7.2 The Customer will not move any Equipment on their own. Please contact the Company to move any Equipment.

7.3 The Customer agrees to notify the Company immediately in the event of any damage, loss, or malfunction of the Equipment.

## 8. Limitation of Liability

8.1 The Company is not liable for damage to personal property resulting from Equipment being placed in a location designated by the Customer, or damage incurred while following the Customer's directions.

8.2 The Company shall not be liable to the Customer for any lost profits or any consequential, special, punitive or other indirect damages. The Company's liability under this agreement shall be limited to the amount paid by the Customer for rental of the Equipment.

## 9. Miscellaneous

9.1 The Company may terminate this agreement and remove the Equipment if the Customer fails to make any payment due or otherwise breaches this agreement, or if any bankruptcy, insolvency or similar proceeding is commenced by or against the Customer.

9.2 To the maximum extent permitted by law, the Customer shall indemnify the Company for and hold the Company harmless from all losses, claims, expenses and damages arising from use of the Equipment under this agreement.

9.3 The Customer shall be liable for and pay any sales, use, property or similar tax or excise arising out of the Customer's rental or the Company's servicing of the Equipment, whether or not shown on a Company invoice or later claimed by a governmental authority. The Customer's obligations under Sections 9.2 and 9.3, and under any other provision whose context so permits, shall survive termination of the rental period.

9.4 These terms and conditions shall supersede any inconsistent terms of any Customer purchase order, or request for quote or other document issued by the Customer.





## Customer Account Information

Franklin Recreation Commission  
Customer Name  
7 Meetinghouse Hill Road  
Address  
North Franklin CT 06254  
City State Postal Code  
Richard Hiscox  
Contact Name  
franklinrecreationcommission@gmail.com  
Contact Email  
Apr 2, 2024 Apr 02, 2024 1863  
Effective Date Created Date Agreement No.

## Service Agreement

Clean Restroom Rentals Inc  
200 Friberg Parkway - Ste 2003  
Westborough, MA 01581  
Sales Rep: Luci DeLorenzo  
Phone: (508) 366-6700 ext. 217  
Email: luci@cleanrestrooms.com

## Services and Rates

### 44342001 Franklin Recreation Commission - 210 Pond Road, Soccer Field, North Franklin

Qty	Service Type	Frequency	Rate
1	Rental Town Standard		150.00 per 4 week
1	Del / Setup / Removal		75.00 per 4 week 1 X CHARGE ONLY
		Total	\$225.00

## Notes

Delivery week of April 1st  
Rental includes once a week service and restock  
Call for removal  
Optional Damage Waiver \$9.00 per unit per cycle  
Bill Cycle is 28 days  
Delivery charge of \$75 is on one invoice for both units delivered

## Customer Agreement

Authorized Signature Richard R Hiscox  
Printed Name Richard R Hiscox  
Title Secretary Date 4/2/24

## Representative Agreement

Authorized Signature \_\_\_\_\_  
Printed Name \_\_\_\_\_  
Title \_\_\_\_\_ Date \_\_\_\_\_

The above signed individual signing this agreement acknowledges that he/she has read and understands the terms and conditions on this agreement, on the reverse side, and that he/she has the authority to sign on behalf of the customer.



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ID: 1863

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