



**Town of East Greenwich, Rhode Island**

Town Clerk's Office, 125 Main Street, PO Box 111, East Greenwich, RI 02818  
(401) 886-8605

**CLASS F ALCOHOLIC BEVERAGE LICENSE  
APPLICATION FORM**

Authorizes sale of malt and vinous beverages only

Hours of Operation – 19 hours, including Sunday

Issued to religious and/or political organizations and state non-business corps

Sold between the hours of 6:00 a.m. and 1:00 a.m on the following day

Fee: \$15.00 - Check made payable to the Town of East Greenwich

NAME OF APPLICANT Glenn Valentine DATE OF BIRTH 3-9-1973  
TITLE OR POSITION Chairman CONTACT NUMBER 401 578-9045  
NAME OF ORGANIZATION Rhode Island Second Amendment PAC  
ADDRESS OF ORGANIZATION PO Box 1807 East Greenwich RI 02818  
PLACE OF EVENT Varnum Armory  
DATE OF EVENT Feb 26<sup>th</sup> 2019  
TYPE OF EVENT Fundraiser / Dinner

I HEREBY MAKE AFFIDAVIT AND SAY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE APPLICANT IS IN COMPLIANCE WITH ALL LAWS AND REGULATIONS OF THE UNITED STATES, AND THE STATE OF RHODE ISLAND AND IS INCOMPLIANCE WITH ALL THE ORDINANCES OF THE TOWN OF EAST GREENWICH.

SIGNATURE [Signature]

DATE 1-24-2019

**(Applicant should contact the Chief of Police regarding an officer being present at the function at their own expense.)**

**A certificate of liability insurance for \$1,000,000 naming the Town of East Greenwich as an additional insured party must be submitted with the application.**

Office Use Only

Date Approved by Council:	Date License Issued:
Fee Paid: <u>JAN 24 2019</u>	Date License Expires:
License Issued By:	



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/24/2019

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> East Main Street Insurance Services, Inc. Will Maddux PO Box 1298 Grass Valley CA 95945		<b>CONTACT NAME:</b> Will Maddux <b>PHONE (A/C, No, Ext):</b> (530) 477-6521 <b>E-MAIL ADDRESS:</b> info@theeventhelper.com <b>FAX (A/C, No):</b>	
<b>INSURED</b> Rhode Island Second Amendment PAC Glenn Valentine PO Box 1807 East Greenwich RI 02818		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Lloyds Syndicate 2623 <b>INSURER B:</b> Lloyds Syndicate 623 <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	
		<b>NAIC #</b> AA-1128623 AA-1126623	

**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"/> <b>COMMERCIAL GENERAL LIABILITY</b>	Y		EH-771319-L1562558	02/25/2019 12:01 AM	02/26/2019 12:01 AM	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (other than fire) \$ 1,000,000
	<input checked="" type="checkbox"/> Host Liquor Liability						MED EXP (Any one person) \$ 5,000
	<input type="checkbox"/> Retail Liquor Liability						PERSONAL & ADV INJURY \$ 1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$ 2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ INCLUDED
	OTHER:						Deductible \$ 1,000
<b>AUTOMOBILE LIABILITY</b>							COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
							\$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR						EACH OCCURRENCE \$
	<b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$
	DED <input type="checkbox"/> RETENTION \$						\$
<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>							PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N <input type="checkbox"/> N/A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						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 listed below is named as additional insured per attached CG 20 26 07 04.  
Attendance: 300, Event Type: Fund Raising Dinner.

**CERTIFICATE HOLDER****CANCELLATION**

The Town of East Greenwich 125 Main St East Greenwich RI 02818	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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**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 Organization(s)
The Town of East Greenwich 125 Main St East Greenwich, RI 02818
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

**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:

- A. In the performance of your ongoing operations; or
- B. In connection with your premises owned by or rented to you.