

SUNAPEE BOARD OF SELECTMEN  
MEETING AGENDA  
6:30PM Town Office Meeting Room  
Monday, September 9, 2019

1. REVIEW OF ITEMS FOR SIGNATURE:

CZC's:

Parcel ID: 0224-0011-0000 74 Sleeper Road, Michael Alan Smith

Parcel ID: 0237-0018-0000 11 Cross Road, Allen & Linda Bullis

Parcel ID: 0207-0011-0001 754 North Road, Brian & Cheryl Culloty

DRIVEWAY PERMIT:

Parcel ID: 0224-0011-0000 74 Sleeper Road, Michael Alan Smith

LAND DISTURBANCE BOND:

Parcel ID: 0207-0011-0001 754 North Road, Brian & Cheryl Culloty

DRIVEWAY PERMIT:

Parcel ID: 0224-0011-0000 74 Sleeper Road, Mike Smith

2. APPOINTMENTS

7:00PM- Joint Meeting with Water & Sewer 10-year Pavement Management Plan.

3. PUBLIC COMMENTS:

4. SELECTMEN ACTION

- Energy Committee Resignation Don Bettencourt
- Energy Committee Reappointment-Betty Womack from Alternate to Full-Time Member
- Approve Updated Job Description-Town Clerk & Tax Collector Assistant
- Use of Facilities

9/22 Sunapee PTO Chowder Challenge, Gazebo/Harbor

Various Dates Mount Royal Academy, Dewey Field

- Raffle Permit-9/22-Sunapee Teachers Association
- Pay Table Approval for Fire Positions.

5. CHAIRMAN'S REPORT

Items requested by Selectman Augustine

- Discuss the possibility of using ASLPT volunteer easement property monitors to conduct Sunapee perambulation
- Discuss whether to create a "Roads Advisory Committee" to provide input into, and oversight of, road maintenance, repair, and renovation

6. TOWN MANAGER REPORTS

- 09/25-Employee Picnic, Safety Services Building
- Lake Levels

•**Non-Public: 91A:3 II(a) Dismissal, promotion, or compensation of any public Employee.**

7. UPCOMING MEETINGS:

09/05-5:30PM-Abbott Library Trustees, Abbott Library

09/10-5:30PM-Recreation Committee, Town Meeting Room

09/12-7:00PM-Planning Board, Town Meeting Room

09/17-5:30PM-Abbott Library Trustees, Abbott Library

09/18-7:00PM-Planning Board, Town Meeting Room

## Barbara Vaughn

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**From:** Donna Nashawaty  
**Sent:** Tuesday, September 3, 2019 9:18 AM  
**To:** Keith Chrisman; Joseph Bisson; Bette Nowack  
**Cc:** Barbara Vaughn  
**Subject:** FW: Resignation from Energy Committee

Good Morning all: the below email goes to the next board of selectmen meeting. You don't need to accept the resignation, the Selectmen do.

I want to be clear about how the appointment is made. The Board of Selectmen appoint..... they can accept the resignation. they would look to see if the energy committee recommends Bette for the full time slot and if she is willing the Board of Selectmen can make the appointment for Bette to fill out the rest of Don's term. They would see the Energy Committee's minutes to know if the Committee made this recommendation.

So for your next meeting until the selectmen appoint, you would make a motion to seat Bette as the alternate until the Selectmen appoint.

thanks

Donna

**From:** Josh Trow <josh.trow@gmail.com>  
**Sent:** Wednesday, August 28, 2019 9:33 AM  
**To:** Donna Nashawaty <Donna@town.sunapee.nh.us>  
**Subject:** Fwd: Resignation from Energy Committee

In case you weren't copied...

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**From:** Don Bettencourt <[don.bettencourt@gmail.com](mailto:don.bettencourt@gmail.com)>  
**Sent:** Wednesday, August 28, 2019, 9:13 AM  
**To:** Josh Trow; John Augustine; Fred Gallup; [sgottling@comcast.net](mailto:sgottling@comcast.net); Shane Hastings  
**Subject:** Resignation from Energy Committee

To: Sunapee Board of Selectmen  
Date: August 28, 2019

Good morning,

This email will inform the Sunapee Board of Selectmen that I am resigning my position on the Sunapee Energy Committee effectively immediately. As you know, I requested during Public Comment at Monday's BOS meeting that the board reconsider its decision to name Bette Nowack as a alternate member of the EC, rather than a full member. I was unable to attend the EC's 8/20 meeting last week but listened to the tape this morning and heard the Town Manager announce "if Don were to resign, Bette would become a full member of the committee." Problem solved. Bette has been a great addition to the EC, bringing a wealth of relevant knowledge of energy issues, and has the time availability to not only spend four hours per month in EC meetings (seven hours this month including the extra meeting last week with Donna and Monday's meeting with the BOS), plus time to spend between meetings pulling together information and

providing analysis. She deserves recognition as a full member of the committee. At the same time, my time availability for volunteer activities has diminished in recent months due to my full time job responsibilities and the two-hour round trip commute to Manchester every day.

Thank you for appointing me to the Energy Committee at your 5/20/19 meeting. I think I was able to add some value during the past three months and hope that you will consider reappointing me in the future to this committee if/when my time availability improves. In the meantime, I am confident that Bette will prove to be a very capable replacement.

Thanks again,  
Don Bettencourt

<b>Town of Sunapee, NH</b>
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**POSITION:** Interim Assistant Town Clerk/Tax Collector

**DEPARTMENT:** Town Clerk/Tax Collector

**FLSA STATUS:**

**REPORTS TO:** Town Clerk/Tax Collector

**LABOR GRADE:** Seasonal Rate

**DATE:** September 2019

**GENERAL SUMMARY**

Perform clerical & public relations work associated with the town clerk & tax collection, billing and accounting operations of the Town Clerk & Tax Collector's Office

**ESSENTIAL DUTIES AND RESPONSIBILITIES**

Assist Town Clerk/Tax Collector with data entry and filing.

Answer telephone and route caller to proper person.

Assist in activities associated with the conduct of local, state, and federal elections.

Ability to perform many tasks simultaneously.

Maintain a suitable level of confidentiality regarding records of the municipality.

Daily application of effective oral & written communications skills.

Create a good public image as a representative of the office of Town Clerk/Tax Collector.

Maintain effective working relationships with other employees and the general public.

Perform other duties as assigned.

**PERSONAL CONTACTS**

Contacts are typically with the Town Clerk/Tax Collector, Town Employees, Town Residents, Committee and Board Members and the general public.

**DESIRED MINIMUM QUALIFICATIONS**

H.S. Diploma or GED. Operational knowledge of computer hardware and software, such as Word, Excel, Access, and office machinery. Previous experience in an office environment performing clerical work. Demonstrated skills in accuracy and meeting deadline.

**TOOLS AND EQUIPMENT KNOWLEDGE & USE REQUIREMENTS**

Computer; typewriter, calculator; telephone, scanner, copier & fax

**PHYSICAL DEMANDS**

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job.

While performing the duties of this job, the employee is frequently required to stand; walk; sit; use hands to finger, handle, feel or grasp; reach, grasp and torque with hands and arms; to speak, see, hear and smell. Employee may occasionally lift, carry, and move up to 25 pounds, frequently reach above and below shoulder height, and frequently required to push and /or pull. Other physical demands may include twisting, bending, crawling, squatting, kneeling, crouching, climbing and balancing.

### **WORK ENVIRONMENT**

The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

All work is performed indoors.

### **WORK SCHEDULE**

The work schedule shall conform to the hours agreed upon with the Town Clerk/Tax Collector.

**External and internal applicants, as well as position incumbents who become disabled as defined under the Americans with Disabilities Act, must be able to perform the essential job functions (as listed) either unaided or with the assistance of a reasonable accommodation to be determined by management on a case by case basis.**

**Town of Sunapee**  
**APPLICATION FOR USE OF TOWN OF SUNAPEE FACILITIES**

Area (Circle One): BenMere/Banstand - Sunapee Harbor - Georges Mills Harbor - Dewey Beach - Coffin Park - Ski Tow  
Safety Services Building - Town Hall

Name of Organization: Sunapee PTO.

This Organization is: Profit - Non Profit - Political - Private - Other \_\_\_\_\_

Name of Duly Authorized: Sunapee Elementary School

Mailing Address: School St.

Sunapee, NH. 03782

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

I/We hereby apply for permission to use the above circled Town facility on:

Event Date: Sunday Sept 22nd Time From: All day To: 4pm

Please describe the event: Charter/Chili Challenge.

I/We acknowledge understanding the following restrictions:

- (1) The Town of Sunapee enforces the Ordinance for Control and Use of Alcoholic Beverages. If per permitted, please attached a copy of the permit to the application. If approved by the Selectmen, I understand:
  - a. Alcohol will not be sold.
  - b. I will designate a person over the age of 21 who will be responsible for monitoring the event for appropriate alcohol consumption by attendees.
  - c. I will designate two designated drivers who will not consume any alcohol and who will be available until the end of the event.
  - d. I am responsible for terminating the event by midnight.
  - e. I agree that random police checks may be made at any time.
  - f. I understand all relevant State laws must be complied with.
  - g. I under I must obtain liability insurance in the amount of \$300,000 and a copy must be filed with the Board of Selectmen before use of alcohol will be permitted.
- (2) If this event will likely bring more than 50 people or 20 cars to the area, the applicant must first submit this application to the Chief of Police. The Chief of Police may require the applicant to hire police officer(s) for crowd or traffic control.
- (3) No equipment or materials may be permanently attached to the building/structure without specific permission from the Board of Selectmen.
- (4) I/We agree to abide by the Town of Sunapee's Recreation Area Ordinance, which controls conduct and uses of this area (Copy attached).
- (5) The applicant shall indemnify and hold the Town of Sunapee, its employees, agents, and representatives harmless from any and all suits, actions, claims, in equity or at law, for damages asserted by any attendees at such function, or other third parties, resulting from the use of the premises, or from the food and beverages served at the above-described function. In addition, in the event that the town is required to respond to any claims of any nature arising in connection with the function or the applicant's use of the premises, the applicant agrees to pay to the Town all costs, fees, charges and attorney's fees which may be incurred by the Town concerning such claims.

I/We plan on \_\_\_\_\_ # of people and \_\_\_\_\_ # of vehicles attending our event.

Signature of Responsible Individual: René G. G.

8/22/19  
Date

Approved by Chief of Police: Dan R. Cohn

9-5-19  
Date

1 # of Officer(s) will be assigned to event at applicant's expense.

Approved by Recreation Director (if applicable)

Date

[Signature] Fire Chief

9/5/19



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
09/03/2019

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> Bene-Marc, Inc. 6301 Southwest Blvd., Suite 101 Fort Worth, TX 76132-1063 (800) 247-1734	<b>CONTACT NAME:</b>	
	<b>PHONE (A/C, No, Ext):</b> (800) 247-1734	<b>FAX (A/C, No):</b> (817) 738-1811
<b>INSURED</b> School Support Purchasing Group and all its Members and their Officers, Directors & Volunteers  <b>Sunapee Central Elementary School SPTO</b>	<b>E-MAIL ADDRESS:</b> contact@bene-marc.com	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A:</b> Philadelphia Indemnity Insurance Company	<b>NAIC #</b> 18058
	<b>INSURER B:</b> AXIS Insurance Company	37273
	<b>INSURER C:</b> Tokio Marine Specialty Insurance Company	23850
	<b>INSURER D:</b>	
<b>INSURER E:</b>		
<b>INSURER F:</b>		

**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> <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:	X		PHPK1814309	11/16/2018	11/16/2019	EACH OCCURRENCE \$ 1,000,000
	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 \$ 2,000,000
							*Medical Exp for Spectators Only
	<b>AUTOMOBILE LIABILITY</b> <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) \$
							\$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <b>DED</b> <input type="checkbox"/> <b>RETENTION \$</b>						EACH OCCURRENCE \$
							AGGREGATE \$
							\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	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	Excess Accident Medical			SRPO-30002-4002-0001	11/16/2018	11/16/2019	Limit \$25,000/Deductible \$0/AD&D \$10,000
C	Crime-Employee Dishonesty			PSD1343851	11/16/2018	11/16/2019	Limit \$25,000/Deductible \$250

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

Coverage also includes:  
C Directors & Officers Liability PSD1343848 11/16/2018 11/16/2019 Limit \$1,000,000/\$2,500 Retention  
Event Name: Lake Sunapee Chowder and Chili Challenge to be held at Sunapee Harbor, NH.  
Event Date: September 22nd, 2019.

**CERTIFICATE HOLDER** **CANCELLATION**

- 40686-1	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 <i>Alisa Lynn Hall</i>

## **Vendor List 2019**

**Infuse Me**

**Will-A-Way Maples** (will need power)

**Nantucket Jewels**

**Mountain View Fudge**

**Karen Gosselin**

**Leona Wilace/Usborne Books**

**Angela Hampson/POSH**

**Julie Peltier Rag Bags Design**

**Cheryl Morse**

**Prentiss Coonley**

**Katie Cooper/Big and Schmall**

**Stacey Fogwill**

**Kona Ice**

**Sanctuary Farms** (will need power)



## APPLICATION FOR USE OF TOWN OF SUNAPEE FACILITIES

Area (Circle One): BenMere/Bandstand – Coffin Park - Dewey Beach - Georges Mills Harbor –  
Safety Services Building--Sunapee Harbor-Tilton Park

Dewey Field

Name of Organization:

MOUNT ROYAL ACADEMY

This Organization is: Non-Profit – Political – Private (N/A for profit companies)

ANDREW MIHALY (ATHLETIC DIRECTOR)

Name of Duly Authorized:

DEREK TREMBLAY (HEADMASTER)

Mailing Address: PO Box 362

SUNAPEE, NH 03782

Daytime Phone: 603-763-9010 Evening Phone: N/A

I/We hereby apply for permission to use the above circled Town facility on:

Event Date: WED. + THURS. Time: From: 2:45 To: 4:00 PM SEPT. + OCT.

Please describe the complete details of the event: (If advertising please include ad or flyer)

\*include a list of outside vendors that will be part of your event.

GRADE 3/4 SOCCER PRACTICE

I/We acknowledge understanding the following restrictions:

(1) If this event will likely bring more than 50 people or 20 cars to the area, the applicant must first submit this application to the Chief of Police. The Chief of Police may require the applicant to hire police officer(s) for crowd or traffic control.

(2) I/We agree to abide by the Town of Sunapee's Recreation Area Ordinance, which controls conduct and uses of this area.

(3) The applicant shall indemnify and hold the Town of Sunapee, its employees, agents, and representatives harmless from any and all suits, actions, claims, in equity or at law, for damages asserted by any attendees at such function, or other third parties, resulting from the use of the premises, or from

the food and beverages served at the above-described function. In addition, in the event that the town is required to respond to any claims of any nature arising in connection with the function or the applicant's use of the premises, the applicant agrees to pay to the Town all costs, fees, charges and attorney's fees which may be incurred by the Town concerning such claims.

I/We plan on \_\_\_\_\_ # of people and \_\_\_\_\_ # of vehicles attending our event.

Signature of Responsible Individual



Date 9/5/19

Approved by Chief of Police

Date

\_\_\_\_\_ # of Officer(s) will be assigned to event at applicant's expense.

Approved by Recreation Director (if applicable)

Date

Approved by Fire Chief (if applicable)

Date

Approved by Highway Director (if applicable)

Date

Signature of Approving/Denying Authority (Chairman of the Board of Selectmen)

Date

**Insurance:** At least ten (10) days prior to such scheduled function, the applicant shall furnish to the Office of the Sunapee Board of Selectmen written confirmation that the applicant has secured adequate liability insurance covering the event in an amount not less than \$300,000.

**\*Suggested \$50 contribution for non-residents**

**NO ALCOHOL ALLOWED ON TOWN PROPERTIES WITHOUT A  
ALCOHOLIC CONSUMPTION ON TOWN PROPERTY PERMIT**



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/05/2019

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<b>PRODUCER</b> McCrillis & Eldredge Insurance 2 North Main Street P. O. Box 539 Newport NH 03773		<b>CONTACT NAME:</b> Beth Cothran <b>PHONE (A/C, No, Ext):</b> (603) 863-3636 <b>E-MAIL:</b> bcothran@crossagency.com <b>ADDRESS:</b> <b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Utica Mutual Ins Co <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	<b>FAX (A/C, No):</b> (603) 863-5177 <b>NAIC #</b>
<b>INSURED</b> Mount Royal Academy P O Box 362 Sunapee NH 03782			


**COVERAGES****CERTIFICATE NUMBER:** CL1951687817**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 VWD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <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 OTHER:			CPP4593772	10/25/2018	10/25/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 TOT \$
	<input type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			BAC4997134	10/25/2018	10/25/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Medical payments \$ 5,000
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<input type="checkbox"/> <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A	4380995	10/25/2018	10/25/2019	PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

**CERTIFICATE HOLDER****CANCELLATION**

Town of Sunapee 23 Edgemont Rd.  Sunapee NH 03782	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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## TOWN OF SUNAPEE

23 Edgemont Road  
Sunapee, New Hampshire 03782-0717  
Phone: (603) 763-2212 Fax: (603) 763-4925

### APPLICATION FOR A RAFFLE PERMIT

Organization Name: Sunapee Teacher's Association

(Organization must be religious, educational, charitable, civic, veterans or fraternal organization or a political organization or party, organized for at least two years in NH)

Name of Principal Officer: Katie Flint

Principal Officer's Address: 32 Central Street, Sunapee, NH 03782

Principal Officer's Telephone: Home: 603-733-9595 Work: \_\_\_\_\_

Date of Drawing: Sun. 9/22/19 Place of Drawing: Chowder Challenge

Signature of Principal Officer: Katherine Flint

Approved: \_\_\_\_\_

VARIOUS Donated  
Items From  
Teachers.

Board of Selectmen

OFFICE HOURS: Mon., Tues., Thurs., Fri. – 8:00 A.M. to 5:00 P.M. • Wed. – 8:00 A.M. to 1:00 P.M.

## Pay Rate for Fire Department around Sunapee

	Sunapee 2019
Chief	\$15,000.00
Assistant Chief	\$19.00
Captain	\$18.00
Lieutenant	\$17.00
Firefighter	\$11.00
Firefighter 1	\$12.00
Firefighter 2	\$13.00
EMR	\$12.00
EMT	\$13.00
AEMT	\$14.00
PEMT	\$15.00
EMR +Firefighter 1	\$13.00
EMR +Firefighter 2	\$14.00
EMT +Firefighter 1	\$14.00
EMT +Firefighter 2	\$15.00
A-EMT +Firefighter 1	\$15.00
A-EMT +Firefighter 2	\$16.00
P-EMT +Firefighter 1	\$16.00
P-EMT +Firefighter 2	\$17.00
Trainng Officer	\$16.00
Photographer	\$11.00
Fire chief training	\$25.00
Administrative Assist	
Custodian	