





**EPILEPSY  
FOUNDATION®**  
VERMONT

*Not another moment lost to seizures™*

P.O. Box 6292  
Rutland, VT 05702  
(802) 775-1686

July 11, 2012

BOARD OF DIRECTORS

PRESIDENT  
Deb Fennell

VICE PRESIDENT  
Kathy Clark  
James Girard  
Chris Rabtoy

TREASURER  
Ken Shattuck

SECRETARY  
Patricia King

DIRECTORS  
Carolyn Blackmer  
Erin Connor  
Bobbie Hutchins-Hesla  
Dillon Hupp  
Eliza Kent  
Penny La Pointe  
Jodi Litchfield  
Diane Reilly  
Wendy Simperts  
Brittany Striegel  
Gwen Swainbank  
Scott Whittemore

EXECUTIVE DIRECTOR  
Audrey E. Butler

COMMUNITY RESOURCE  
DIRECTOR  
Ivor B. Sosnoff

COMMUNITY SERVICE  
COORDINATOR  
Colleen E. Carson

Ms. Sharon Kelley, Zoning Administrator  
Town of Essex  
81 Main St.  
Essex Junction, VT 05452

Dear Sharon:

We are very excited about our upcoming 23<sup>rd</sup> Annual Mud Volleyball Tournament on Sunday, August 12<sup>th</sup>. We are hopeful that this Event will once again be very successful.

Please find enclosed the completed Zoning Form and a copy of our Insurance Certificate. I have enclosed a check for \$10 to cover the fee. If you have any questions or if you need any additional information, please let me know.

Thank you again for your assistance on this important Event. Your support of the Epilepsy Foundation of Vermont is greatly appreciated.

Sincerely,

*Audrey*  
Audrey E. Butler  
Executive Director

*Thank you!*



Member of United Way  
of Rutland County

Fax: (802) 773-2150

[epilepsy@sover.net](mailto:epilepsy@sover.net)

[www.epilepsyvt.org](http://www.epilepsyvt.org)

An independently incorporated affiliate of the Epilepsy Foundation



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
7/10/2012

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 Poulos Insurance, Inc. 54 Woodstock Avenue Rutland VT 05701	CONTACT NAME: Sandra Guertin	
	PHONE (A/C, No, Ext): (802) 775-4443 FAX (A/C, No): (802) 773-6372 E-MAIL ADDRESS: sguertin@poulosinsurance.com	
INSURED Epilepsy Foundation Of VT PO Box 6292 Rutland VT 05702	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: S & H Underwriters Inc.	
	INSURER B: Eastguard Insurance Co.	
	INSURER C:	
	INSURER D:	
	INSURER E:	

**COVERAGES** CERTIFICATE NUMBER: CL125104634 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			CSG000524	5/15/2012	5/15/2013	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ incl
							\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	DED						\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			EPWC321643	6/15/2012	6/15/2013	WC STATUTORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N	N/A				E.L. EACH ACCIDENT \$ 100,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 100,000
							E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
23rd Annual Mud Volleyball Tournament-August 10th - August 13th, 2012 on the corner of Towers and Chapin Roads

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>
(802) 878-6944  Town of Essex 81 Main Street Essex, VT 05451	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  Sandra Guertin/SJG