OFFICE OF THE SELECT BOARD



TOWN OF ARLINGTON MASSACHUSETTS 02476-4908

SPECIAL ALCOHOL LICENSE APPLICATION

Name of Applicant: Brent Keller and Mitul Daiyan										
Address, phone & e-mail contact information: 104 Woodstock Street Apt. 4, Somerville, MA 02144; 701-721-5837; brentkeller596@gmail.com										
Name & address of Organization for which license is sought:										
Does this Organization hold nonprofit status under the IRS Code? Yes No										
Name of Responsible Manager of Organization (if different from above): Kathryn M Coughlin										
Address, phone & e-mail contact information: 29 North Main Street Sherborn, MA 01770-1515 508 333 2987 cell kathryn.coughlin@gmail.com										
Has the Applicant or Organization applied for and/or been granted a special liquor license this calendar year? <i>NO</i> If so, please give date(s) of Special Licenses and/or applications and title of event(s).										
Is this event an annual or regular event? If so, when was the last time this event was held and at what location? One Time Event										
24-Hour contact number for Responsible Manager of Alcohol Event date: 508 333 2987										
Title of Event: Wedding Reception										
Date/time of Event: December 14, 2019/7pm-12am.										
Location of Event: Robbins Library Reading Room										
Location/Event Coordinator: Victoria Rose										

Method(s) of invitation/publicity for Event: mail, email

Number of people expected to attend: 100 guests

Expected admission/ticket prices: N/A

Expected prices for food and beverages (alcoholic and non-alcoholic): N/A

Will persons under age 21 be on premises? No.

If "yes," please detail plan to prevent access of minors to alcoholic beverages. The bartenders will follow the rules of TiPS Certification.

Have you consulted with the Department of Police Services about your security plan for the Event? YES

OFFICE USE ONLY
For Police Chief, Operations Commander, or designee:
Your signature below indicates that you have discussed this event with the applicant, you have reviewed the applicant's security plan, and any necessary police details have been arranged for the Event. Date ##26/// Printed name/title
POLICE COMMENTS:

What types of alcoholic beverages do you plan to serve at the Event? (Note: By State Law, all-alcohol Special Licenses are available only to nonprofit organizations.) Beer and Wine

What types of food and non-alcoholic beverages do you plan to serve at the Event? Samosas; Chicken Masala, Chana Masala, Faag Paneer Cheesecake and cupcakes.

Soda, Water

Who will be responsible for serving alcoholic beverages at the Event? Bartender from Royal Bengal Corporation, DBA: Sherborn Wine & Spirits Staffing to be determined.

What training or certification in responsible alcohol service does this person have? Please attach certificate or other proof of training for at least one person who will have responsibility for serving alcoholic beverages at each point of service and who will be present for the entire Event. **Bartenders have completed eTIPS on Premise 3.0**

Please list the names and dates of birth for all people who will be responsible for serving alcoholic beverages at the Event. Anyone serving alcoholic beverages must be at least 21 years of age.

To be determined.

Name of the Massachusetts wholesaler who will deliver to site? (Full supplier list available on the ABCC website: www.mass.gov/abcc) Kappy's in Everett, MA

Date of Delivery: December 14, 2019

Alcohol Serving Time (s): 8:15pm-11:30pm

How, when, and by whom will excess alcoholic beverages obtained for the Event be disposed of? Unopened will be picked up by Kappy's service; Opened, unused will be put in the trunk of designated person by the responsible manager.

Date of Pick-Up: December 16, 2019

Please provide details (insurance company, type of policy, name of insured, and policy limits) of any relevant insurance coverage for the Event, included but not limited to General Liability and Liquor Liability insurance. (You may be asked to supply a certificate or other proof of adequate insurance coverage.) General and Liquor Liability Insurance, TiPS Certificate are included

Please submit this completed form and filing fee to the Select Board at least 21 days before your Event. Failure to provide complete information may delay the processing of your application.

I HAVE READ AND UNDERSTAND ALL RULES AND REGULATIONS:

Signature: Brent Keller Printed name: Brent Keller

Printed title & Organization name: Wedding

Email: brentkeller596@gmail.com

Brent Keller & Mitul Daiyan Wedding Ceremony and Reception Robbins Library ReadingRoom December 14, 2019

November 25, 2019

A Wedding Ceremony and Reception will be held at the Robbins Library Reading Room on December 14, 2019 from 7:00pm-12:00am Alcohol service will be from 8:15pm-11:30pm.

A Special Alcohol License Application has been submitted to the Select Board.

This is the Security Plan.

We anticipate approximately 100 guests to attend. There will be no guests under the age of 21.

Victoria Rose, Event Coordinator, will be on site to monitor the use of the Robbins Library Reading Room. Nirvana The Taste of India will be catering the event and will provide the food service. Kathryn Coughlin, Responsible Manager and bartenders from Royal Bengal Corporation and the event coordinator are all responsible for ensuring that the event runs smoothly.

Parking for the event will be available in the Whittemore Robbins House parking lot, Robbins Library parking lot and on the side streets, as well as Massachusetts Avenue.

Please advise if there are other items that we need to consider.



PRODUCER

Fair & Yeager Insurance

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/18/2019

FAX (A/C, No): (508) 651-0129

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(les) 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). CONTACT Brenda Hovey
NAME: Brenda Hovey
PHONE (508) 653-3131

Netlick MA 01760 Royal Bengal Corporation, DBA: Sherborn Wine & Sprits 9 Hardwick Road Natick Natick Note: MA 01760 COVERAGES CERTIFICATE NUMBER: 19-30 THIS IST O CERTIFITY THAT THE POLICIES OF INSURANCE LISTED BELOWNING BEEN INSURED TO THE INSURED NAMED ABOVER FOR THE POLICY PROTECT INSURED TO CERTIFICATE NUMBER: 19-30 THIS IST O CERTIFICATE NUMBER: 19-30 THIS	10 Wain Street								ADDRESS: bnovey@ryins.com					
Royal Bengal Corporation, DBA: Sherborn Wine & Spirits 9 Hardwick Road Natick NA 01760 Natick NA 01760 Neurer 1: Neurer 1: Neurer 2: Neurer 2: Neurer 3: Neu	CLOPAL OF													
Royal Bergal Copyrelion, DBA: Sherborn Wine & Spirits 9 Hardwick Road Natiok MA 01760 MURIER 8: Neurer 8: Neurer 8: Neurer 9:									INSURER A: Merchants Insurance Group					
P Hardwick Road Naliok NA 01760 Naliok NA 01760 NA	INSU	IRED				•		INSURER B:						
Natiok Natiok MA 01760 Neurer 8: Neurer 9: Neurer								INSURER C:						
Nalick MA 0.1760 MURURER F: COVERAGES CERTIFICATE NUMBER: 19-20 REVISION NUMBER: THIS IT O CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PENDID INDICATED. NOTWITHSTANDING ANT PERCURSEMENT, THE REST OR CONDITION OF ANY CONTRACT OR OTHER DOLLOWER TWITH RESPECT WHICH THIS CERTIFICATE MAY BE SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REQUESTED HERBIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REQUESTED PHOLICIES. BY THE CONTRACT OF SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REQUESTED PHOLICIES. BY 2,000,000 CERTIFICATE MAY BE CONTRACT. THE POLICY STATE OF SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONTRACT. THE EXPLANABLE LABBLITY AND COMMERCIAL SERBRAL LIABLITY OLIVINAL SERVICES. POLICY STATE OF SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONTRACT. BOOK OF SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONTRACT. THE EXPLANABLE LIABLITY AND ALTO CONTRACT. BOOK CONTRACT. ALTO CONTRACT. BOOK CONTR	9 Hardwick Road							INSURER D:						
COVERAGES CERTIFICATE NUMBER: 19-20 INSIGNORY								INSURER E:						
TOWN OF A POLICY DESCRIPTION S NO CERTIFICATE MAY BE ISSUED OR INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED MANDE ARROY PORTRIE FOLICY PERIOD MONICATED, NOTWITHSTANDION ANY REQUIREMENT, ITEM OR CONDITION OF ANY CONTINUOUS OF ANY CONTINUOUS SESSIBLE HERBIN IS SUBJECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HERBIN IS SUBJECT TO AUGUST THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HERBIN IS SUBJECT TO AUGUST THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN THE INSURANCE AFFORDED BY THE POLICIES BY ADDITIONAL SERVICE AND AUGUST TO	INSURER F:													
INDICATES. NOTWITHSTANDING ANY RECURRIENDENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO MAY PERFANT. TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO MAY PERFANT. THE MISSIANCE APPOINTMENT OF THE ADDICAMS. LEATER TOWN FOR PERSONAL AND CONDITIONS OF SUCH POLICIES. LIBRITS GROWN MAY HAVE SEEN REDUCED BY PAPA CLAMS. LIBRIT OF THE PERMS, SUCH CONTRACT OR THE PERMS, SUCH CONTRACT OR THE PERMS, SUCH CANADA CONDITIONS OF SUCH POLICIES. LIBRITS GROWN MAY HAVE SEEN REDUCED BY PAPA CLAMS. LIBRIT OR THE PERMS, SUCH CONTRACT OR THE PERMS ON THE PERMS		NEVISION NOWDER,												
TYPE OF INBURANCE NSSO WAS POLICY NUMBER (RAMDDYYYY) CAMBERGAL GENERAL LIABILITY SOUTH CAMBOR SOUTH CAMB	C	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.												
COMMERCIAL DENERAL LIABILITY CLAIMS-MADE COCUR A CLAIMS-MADE COCUR A COMMERCIAL DENERAL LIABILITY CERTIFICATE HOLDER CANCELLATION BOID94971 BOOD COMPRED SCIENCE STANDED STANDED SCIENCE DOLOGE STANDED SCIENCE DOLICIES BE CANCELLED BEFORE Town of Arlington AUTHORIZED REPRESENTATIVE CERTIFICATE HOLDER TOWN of Arlington AUTHORIZED REPRESENTATIVE AUTHORIZED REPRESENTATIVE AUTHORIZED REPRESENTATIVE					[ADDL]SUBR[
A BOID94971 DISONLY OSONLY AUTOS ONLY AUTOS	LIK				טאאו	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	1 000		000	
A CERTIFICATE HOLDER Afflington A POLOY OF PERATIONS LOCATIONS DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPRANTON DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY POROISINS. Afflington A POLY OF PERATIONS ACCORDANCE A POLY OF PERATIONS A CONTROL OF PERATIONS ACCORDANCE A POLY OF PERATIONS A CONTROL OF PERATIONS ACCORDANCE A POLY OF PERATIONS A CONTROL OF PERATIONS ACCORDANCE A POLY OF PERATIONS A CONTROL OF POLY OF PERATIONS ACCORDANCE A POLY OF PERATIONS A CONTROL OF POLY OF PERATIONS ACCORDANCE A POLY OF PERATIONS A CONTROL OF POLY OF PERATIONS ACCORDANCE A POLY OF PERATIONS A CONTROL OF POLY OF PERATIONS ACCORDANCE A POLY OF PERATIONS A CONTROL OF POLY OF PERATIONS ACCORDANCE A POLY OF PERATIONS A CONTROL OF PERATIONS ACCORDANCE A POLY OF PERATIONS A CONTROL OF PERATIONS A CONTROL OF PERATIONS ACCORDANCE A POLY OF PERATIONS A CONTROL OF PERATIONS A CONTROL OF PERATIONS ACCORDANCE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. A WIND A CONTROL OF PERATION A CONTROL OF PERATION ACCORDANCE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE A PROVIDED TO THE PERATION AND A PERICAL DEPARTMENT OF POLICIES BE CANCELLED BEFORE THE EXPRINATIVE A PROVIDED TO THE PERSON AND A CONTROL OF PROVISIONS. AUTHORIZED REPRESENTATIVE A POLICY OF POLICIES BE CANCELLED BEFORE THE EXPRINATIVE A POLICY OF POLICY WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE									/		DAMAGE TO RENTED	E00.0		
A CERTIFICATE HOLDER April Display Disp		\vdash	CLAIMS-MADE L	OCCUR			BO1004074					5000		
EERCH_AGGREGATE LIMIT APPLIES PER: POLICY SEPT	Α	H-			Y				05/01/2010	05/01/2020		0.000.000		
PRODUCTS - COMPRISON OTHER: AUTOMOBILE LURBILITY ANY AUTO OWNED AUTOS ONLY	9.5	<u> </u>			,		201007071		00/01/2018	00/01/2020	Control Cartington to the Cartington Tables Control	<u> </u>		
PRODUCTS - COMPORAGE \$ "N,000,000 OO			PRO-								GENERAL AGGREGATE			
ANY AUTO ANY AUTO OWNED ANY AUTO OWNED ANY AUTO OWNED AUTOS ONLY AND ANY ANY AUTOS OCCUR CLAMMS-MADE DED RETATION \$ CLAMMS-MADE DED RETATION \$ AND REPRETEDITOR \$ ANY PROFERITY PARMACE TOWN AND EMPLOYERS' LIABILITY ANY PROFERITY ANY PROFERITY ANY PROFERITY BY PRETEDITOR OF OPERATIONS below DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / (ACORD 101, Additional Remarks Schedula, may be attached if more space is required) DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / (ACORD 101, Additional Remarks Schedula, may be attached if more space is required) The Town of Arlington is additional insured as required by written contract or agreement. SINUILD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN AGGORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Arlington Arlington MA 02474			ICY JECT	roc										
ANY AUTO OWNED OWNED OWNED AUTOS ONLY AUTOS AU			Annual Control of the									\$ 1,000	,000	
OWNED AUTOS ONLY AUTOS		<u> </u>									(Ea accident)	\$		
AUTOS ONLY											BODILY INJURY (Per person)	\$		
AUTOS ONLY AUTOS ONLY STATE CONTROL S UMBRELLA LIAB OCCUR EXCESS LIAB OCCURRENCE S AGGREGATE S AGGREGATE S AGGREGATE S AGGREGATE S AGGREGATE S AGGREGATE S WORKERS COMPENSATION AND EMPLOYERS LIABILITY S ANY PROPER COMPENSATION AND EMPLOYERS LIABILITY S (Mindator) in NH; (five, described under DESCRIPTION OF OPERATIONS below DESCRIPTION OF OPERATIONS / VEHICLES (ACORD 101, Additional Remarks Scheduls, may be attached if more space is required) The Town of Arilington is additional insured as required by written contract or agreement. SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. Allington MA 02474		AUTO	OS ONLY	AUTOS								\$		
UMBRELLA LIAB COCURRENCE S. EXCESS LIAB COLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PREPRICTORPARTMENEXECUTIVE (Mindatory in Nit) (1/4) (Mindatory in Nit) (Mindatory in Nit) (1/4) (Mindatory in Nit) (Mindatory in		AUTO	OS ONLY								PROPERTY DAMAGE (Per accident)	\$	595= AP-	
EXCESS LIAB CLAIMS-MADE DED										•		\$		
EXCESS LIAB CLAMS-MADE AGGREGATE \$ DED RETENTION \$		UMB	IRELLA LIAB	OCCUR							EACH OCCURRENCE	s		
DED RETENTION \$ WORKERS COMPENSATION		EXC	ESS LIAB	CLAIMS-MADE										
WORKERS COMPENSATION AND EMPLOYERS 'LIABILITY AND EMPLOYERS' LIABILITY AND ELL EACH ACCIDENT & \$500,000 ELL DISEASE - POLICY LIMIT & \$500,000 ELL DISEASE - POLICY L		DED	RETENTION	V \$								The course of th		
A ANY PROPRIETORIPARTMEN/EXECUTIVE Y N/A WCA9100707 05/01/2019 05/01/2020 EL EACH ACCIDENT \$ 500,000 EL DISEASE - POLICY LIMIT \$ 500,000 E	. 10-11-0										X PER OTH-			
DESCRIPTION OF OPERATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) The Town of Arlington is additional insured as required by written contract or agreement. CERTIFICATE HOLDER 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. Allington Arilington MA 02474		ANY PROP	RIETOR/PARTNER/I	EXECUTIVE TOTAL			14/0 4 0 4 0 0 0 0 0 0 0					500.0	00	
Secribs under Secribs unde	А	OFFICERIA	MEMBER EXCLUDED	0?	NIA		WCA9100707		05/01/2019	05/01/2020				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) The Town of Arlington is additional insured as required by written contract or agreement. Subject to policy terms, forms, and conditions. CERTIFICATE HOLDER 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 Arlington MA 02474		If yes, desc	ribe under	IS helow							Team care and trace and the second services.	φ .		
DESCRIPTION OF OPERATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) The Town of Arlington is additional insured as required by written contract or agreement. Subject to policy terms, forms, and conditions. CERTIFICATE HOLDER 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. Arlington MA 02474 Arlington MA 02474		- COCKET	101101 01 110 11101							7	E.L. DISEASE - POLICY LIMIT	\$		
DESCRIPTION OF OPERATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) The Town of Arlington is additional insured as required by written contract or agreement. Subject to policy terms, forms, and conditions. CERTIFICATE HOLDER 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. Arlington MA 02474 Arlington MA 02474										7.				
The Town of Arlington is additional insured as required by written contract or agreement. Subject to policy terms, forms, and conditions. CERTIFICATE HOLDER 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 Arlington MA 02474 Arlington MA 02474			*1					:0						
The Town of Arlington is additional insured as required by written contract or agreement. Subject to policy terms, forms, and conditions. CERTIFICATE HOLDER 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 Arlington MA 02474 Arlington MA 02474	DES	CRIPTION O	F OPERATIONS / LC	CATIONS / VEHICLE	S (AC	ORD 1	01. Additional Remarks Schedule	may he a	ttached if more er	aca le raquirad)		-		
Subject to policy terms, forms, and conditions. CERTIFICATE HOLDER 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 Arlington MA 02474								ne d		e is required)	(%)			
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 Arlington MA 02474	Sub	ject to poli	icy terms, forms,	and conditions.	44110	~ j vi	sommer or agreement.							
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 Arlington MA 02474										20				
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 Arlington MA 02474														
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 Arlington MA 02474														
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 Arlington MA 02474														
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 Arlington MA 02474		,												
The Expiration Date Thereof, Notice will be delivered in ACCORDANCE WITH THE POLICY PROVISIONS. Authorized Representative Arlington MA 02474 THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.	CEI	RTIFICAT	E HOLDER					CANC	ELLATION	MMMother				
Arlington MA 02474	Town of Ailington							THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN						
Cytana Company								AUTHORIZED REPRESENTATIVE						
© 1988-2015 ACORD CORPORATION. All rights reserved	Arlington MA 02474								aparis .					
		© 1988-2015 ACORD CORPORATION All rights reserved											te reserved	