

TOWN OF WEST SENECA



SHEILA M. MEEGAN
TOWN SUPERVISOR

To: Fellow Town Board Members

From: Sheila M. Meegan, Town Supervisor

Date: April 16, 2014

Re: **Eagle Scout Project – Site Approval, West Seneca Soccer Complex**

Per the attached communication explaining particulars of the event, kindly authorize Troy Eberle to hold his Eagle Scout Project, which is an awareness walk, at the West Seneca Soccer Complex on Saturday May 17, 2014 from 8:00AM – 12:00PM.

TROY EBERLE
42 Belgia Place
West Seneca, NY 14210-1924

April 14, 2014

Town Council of West Seneca
1250 Union Road
West Seneca, NY 14224

RE: Request to be placed on the April 21, 2014 Agenda

Dear Supervisor Meegan, Councilman Hart and Councilman Hanley,

My name is Troy Eberle, I'm a Life Scout from Troop 138 of West Seneca, NY, and I'd like to ask for your help with my Eagle Scout project.

My project is a walk to raise awareness for the orphan disease HLH, or Hemophagocytic Lymphohistiocytosis. The disease has personally affected my community and graduating class, as we all lost a dear friend, Molly Rae Berger, to this disease. It's commonly misdiagnosed, and the only effective cure is a bone marrow transplant. There are very few local doctors who know enough about this disease to accurately diagnose it, and the main goal of the Molly Rae of Hope fund, aside from raising global awareness, is to bring in a specialist from another state to do a walkthrough with local medical specialists and educate them on the disease.

With your permission, I'd like to have this event at the West Seneca Soccer Complex, and also for the event to be posted onto the sign outside of the town hall. The event will be held on Saturday, the 17th of May. I'm planning on starting setup for the event at 8:00am, and the walk at 10:00am, going until 12:00 noon. I've already addressed first aid, through the help of Winchester Fire Company (our troop sponsor), and for security, I plan to have off-duty police officers/sheriff deputies present.

I'd greatly appreciate it if you could assist me in this endeavor.

Sincerely,



Troy Eberle



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/15/2014

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 MHBT Inc. 8144 Walnut Hill Lane, 16th Fl Dallas TX 75231	CONTACT NAME: _____
	PHONE (A/C, No, Ext): 972-770-1600 FAX (A/C, No): 972-770-1699 E-MAIL ADDRESS: _____
INSURED Boy Scouts of America, National Council and All of its affiliates and subsidiaries including: Greater Niagara Frontier Council, BSA #380 2860 Genesee Street Buffalo, NY 14225	INSURER(S) AFFORDING COVERAGE
	INSURER A: Old Republic Insurance Co. NAIC # 24147
	INSURER B: _____
	INSURER C: _____
	INSURER D: _____
	INSURER E: _____

COVERAGES **CERTIFICATE NUMBER:** 902318861 **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 <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC			MWZY301262	3/1/2014	3/1/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/POP AGG \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			WC STATUTORY LIMITS <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 (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Certificate holder is named as an additional insured by virtue of a written or oral contract or by the issuance/existence of a permit or certificate of insurance but only with respect to operations by or on behalf of the Insured, or to facilities of, or facilities used by the Insured and then only for the limits of liability specified in such contract for the event specified herein.

Trop 138 Troy Eberle Eagle Scout Project at Town of West Seneca Soccer Park, May 17, 2014, 8:00am - 1:00pm

CERTIFICATE HOLDER 2014-0037 Town of West Seneca 1250 Union Road West Seneca, NY 14224	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 
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