

# **Town of Londonderry, Vermont**

## **Selectboard Meeting Agenda**

**Monday, April 7, 2025 – 6:00 PM**

**139 Middletown Road, South Londonderry, VT 05155**

1. Call Meeting to Order
2. Additions or Deletions to the Agenda [\[1 V.S.A. 312\(d\)\(3\)\(A\)\]](#)
3. Minutes Approval – Meeting(s) of 3/17/2025 and 04/01/2025
4. Selectboard Pay Orders
5. Announcements/Correspondence
6. Visitors and Concerned Citizens
7. Town Officials Business
  - a. Zoning Administrator
    - i. Scanner use by other Towns
    - ii. Class 4 Road Policy and Bylaws
  - b. Mountain Towns Recreation Director
    - i. Discuss possible vehicle purchase
    - ii. Discuss Facilities Use Agreement
  - c. Deerfield Valley/Southern Vermont CUD Re-appointments
  - d. Town Clerk
    - i. Discuss Social Services Appropriations Policy
8. Transfer Station/Solid Waste Management
  - a. Updates
9. Roads and Bridges
  - a. Updates
  - b. Annual Town Highway Financial Plan certification [\[19 V.S.A. §306\(j\)\]](#)
  - c. Consider application(s) for excess vehicle weight permits [\[23 V.S.A. 1400a\]](#)
  - d. Approve rustproofing Release and Hold Harmless Agreement
  - e. Ratify 3/17/2025 decision to approve Access 2025-01 on Middletown Road
10. Old Business
11. New Business
  - a. Itinerant Vendor Permit Application –Smokin’ Bowls LLC
  - b. Annual Appointments –DVFiber and SoVT CUDs
  - c. 2nd Class Liquor License – Mike and Tammy's Main Street Deli/Market

- d. 1<sup>st</sup> and 3<sup>rd</sup> Class Liquor Licenses—Manzana, Inc (Solo Farm and Table)
- e. Septage Fields Project – Consider annual PFAS groundwater sampling plan

12. Executive Session(s) – The appointment or employment or evaluation of a public officer or employee per 1 V.S.A. 313 (a)(3)

13. Adjourn

***Posted and distributed on April 4, 2025***

Meeting documents will be available at <http://www.londonderryvt.org/town/agendasminutes/> approximately 24 hours before the meeting.

***Live video of meetings available at:***

<https://www.youtube.com/user/GNATaccess>

<https://www.facebook.com/GNATtelevision>

**Town of Londonderry, Vermont  
Selectboard**

Meeting Minutes  
Monday, March 17, 6 PM  
139 Middletown Road, South Londonderry, VT 05155

**Board members present:** James Ameden, Jr., Thomas Cavanagh, Martha Dale, and Taylor Prouty.

**Board members absent:** Jim Fleming.

**Town Officials:** Tina Labeau, Town Treasurer; Allison Marino, Town Clerk; Sally Hespe, Selectboard Meeting Note Taker; Gary Hedman, Village Wastewater Committee; and Trevor Powers, Planning Commission.

**Others in Attendance:** Matt Bachler (Windham Regional Commission), Melissa Brown, Steve Brown, Pamela Spaulding, Heather Stephenson, and GNAT camera operator Bruce Frauman.

**1. Call Meeting to Order**

Chair Tom Cavanagh called the meeting to order at 6:00 p.m.

**2. Additions or Deletions to the Agenda**

**[1 VSA 312(d)(3)(A)]**

*Taylor Prouty moved to add to the Agenda, under Roads & Bridges, consideration of an access permit regarding Middletown Road, seconded by Martha Dale. The motion passed unanimously.*

*Taylor Prouty also proposed moving item 10A up to item 4B.*

**3. Executive session Executive session for the purposes of duties and procedures of the Town  
[1 VSA 313]**

*James Ameden moved to enter Executive Session for the purpose of duties and procedures of the Town, seconded by Taylor Prouty. The motion passed unanimously.*

Executive session entered at 6:02 p.m.

**4. Report on interviews regarding resignations from public bodies**

**a. Report and comments from Selectboard and public**

James Ameden summarized the report:

1. Themes from the interviews
  - a. Relationship between Selectboard and committees/commissions
  - b. Impact on town and Selectboard operations; history of money and grants not fully utilized
  - c. Management of information in the public sphere
  - d. Meeting management

2. Goals/objections to move the town forward
  - a. Represent every perspective
  - b. Foster unity
  - c. Drive towards solutions for town issues
  - d. Provide support and outreach to town committees and renew the value of service
  - e. Acknowledge differences
  - f. Have Selectboard committees/commissions in the public behave with respect towards each other
  - g. Encourage a civilized process when conducting town business and seek trust and transparency in transactions
  - h. Enhance communication among and between town bodies
  - i. Enhance public access to town information through an updated town website
  - j. Selectboard delegates the committees/commissions, who are accountable for completing assigned tasks. The Selectboard holds ultimate responsibility for the committees' work. The charge to committees/commissions is to be spelled out in a committee charge documents.
  - k. Selectboard Chair management of meetings
    - i. Build agenda
    - ii. Manage the meeting and its participants, the Selectboard members, and the public
    - iii. Ensure every voice is heard
    - iv. Recognize that Selectboard members have an equal voice
3. Action steps for Selectboard relative to objectives and goals above
  - a. Monthly representations from committees/commission to Selectboard
  - b. Hold committees and commissions responsible for open meeting laws
    - i. Meeting minutes
    - ii. Meeting places
    - iii. Committee/commission formulation documents to state to state expected scope of work and outcome
    - iv. Others

*Selectboard comments:*

James Ameden indicated that the Board needs to be accountable in order to lead. We will be working harder to hold each other accountable -- communicating with each other and voicing our opinions. We will be expecting the same from committees and will open up more information to the public.

Taylor Prouty agreed with many of the points made. The process has caused the Board to look at how information is passed to the public and how the process can be improved. It exposed a need for us to support each other as Selectboard members, acknowledge differences, and respectively have our own positions. That balance is what is needed to have a fair process and make everything more effective over time.

Martha Dale thanked the public for their willingness to share what was working well and what was not. She appreciates the honesty of the respondents and the honesty of the Board members.



The next steps are to identify specific things to do better, be more transparent, listen to what people have to say, and hold each other's views with civility and professionalism. Dale encouraged the public to let the Board know if they have any suggestions for action items.

*Public comments:*

Pam Spaulding asked about the tone in town due to the challenges. Ameden replied the focus moving forward has to be accountability and communication.

Heather Stephenson thanked the Board for conducting the interviews and noted the many resignations by individuals with decades of experience. She encouraged the Selectboard members to keep each other accountable and acknowledge it is okay to disagree.

**b. Village Wastewater Committee – Review proposed Wastewater Ordinance (originally Agency item 10a)**

Gary Hedman, Village Wastewater Committee Chair, reported that a draft version of the Wastewater Ordinance was submitted last week, and he anticipates minor changes as the bidding process goes out. Hedman also indicated that the commission fixed the open meeting violation. The last meeting agenda was uploaded per requirements, although a meeting quorum was not met.

Matt Bachler (Windham Regional Commission) provided an overview of the draft Ordinance. Bachler indicated that the Committee was not asking for approvals at this meeting. He recommends the Ordinance stay in draft until construction begins, with next steps being Town Attorney review and connecting with adjacent property owners. He also indicated that the draft Ordinance is based on a template developed by other attorneys and used by other communities in the state.

Bachler brought the following to the attention of the group:

- 1) Sewer commission. Once the system up and running there needs to be an oversight body. Per Vermont Statute, the oversight body can be either the Selectboard or a separate appointed commission. Bachler recommends that the Selectboard serves as Sewer Commission.
- 2) Reserve capacity. The Town needs to determine wastewater capacity, which is currently oversubscribed for North and South Villages. A plan is in development for expansion in South Village (Phase 2), but additional funding is still needed to build this out.

Martha Dale asked if additional reserve capacity will open up if people drop off the list. Bachler replied this is a possibility, and the Town will need to know definitively who is connected to the system before the design plan is finalized this Summer. The Town will also need easements from owners.

- 3) Ensure the ownership and fee schedules are provided to subscribers. The Town needs to set the fee schedule based on what it will cost to run the systems (draft budget in Meeting Packet and communicate to property owners. While final fees will change with construction costs, this will give owners a general idea of fees.

Bachler reported 95% of the draft is complete. The Selectboard can accept this evening then authorize attorney review, set fee structure, and reach out to property owners.

*James Ameden moved to acknowledge receipt of a draft of the proposed Wastewater Ordinance and authorize its submittal to the Town Attorney for review, seconded by Taylor Prouty. The motion passed unanimously.*

## **5. Organization**

### **a. Elect a Selectboard Chair and Vice-Chair [24 VSA 871(a)]**

Current Chair Tom Cavanagh indicated he would be happy to remain as Chair if selected.

*Taylor Prouty moved to elect Tom Cavanagh as Selectboard Chair, seconded by James Ameden. The motion passed unanimously.*

*Tom Cavanagh moved to elect James Ameden as Selectboard Vice Chair, seconded by Martha Dale. The motion passed unanimously.*

### **b. Set Regular Meeting Schedule & Location [1 VSA 312(c)(1)]**

*Taylor Prouty moved to hold regular meetings of the Selectboard on the first and third Mondays of the month at 6:00 PM at the Town Hall, 139 Middletown Road in South Londonderry, until such time as the Town Office building renovations are completed, when such meetings shall again be held at the Town Office at 100 Old School Street in South Londonderry, or at the discretion of the Selectboard Chair and as permitted by applicable law, meetings may be held without a physical presence using publicly available remote meeting software, seconded by James Ameden. The motion passed unanimously.*

### **c. Designate newspaper of record [17 VSA 2641(b)]**

*James Ameden moved to designate the Vermont Journal as the Town's newspaper of Record, seconded by Taylor Prouty. The motion passed unanimously.*

### **d. Designate location of posting of notices [1 VSA 312(d)(1)]**

*Taylor Prouty moved to designate the Londonderry Town Office (Twitchell Building), the Londonderry Post Office and the South Londonderry Post Office as the physical locations for posting agendas of the meetings of public bodies and other required public notices, seconded by Martha Dale. The motion passed unanimously.*

### **e. Designate member with authority to sign warrants**

*Taylor Prouty moved to appoint Tom Cavanagh as the designated Selectboard member with authority to sign warrants and pay orders, pursuant to 24 VSA Section 1623(a)(1), seconded by James Ameden. The motion passed unanimously.*

**f. Adopt Rules of Procedure**

*Martha Dale moved to adopt and execute the Selectboard Rules of Procedure, as amended, seconded by Taylor Prouty. The motion passed unanimously.*

**6. Minutes Approval – Meeting(s) of 3/3/2025**

*James Ameden moved to approve the minutes of the Selectboard meetings of March 3, 2025, seconded by Taylor Prouty. The motion passed unanimously.*

**7. Selectboard Pay Orders**

*James Ameden moved to approve the pay orders for payroll and accounts payable, seconded by Taylor Prouty. The motion passed unanimously.*

**8. Announcements/Correspondence**

Town Treasurer Tina Labeau made the following announcement:

- Remember to register dogs by April 1.

**9. Visitors and Concerned Citizens**

None.

**10. Town Officials Business**

**a. Moved to 4b**

**b. Town Treasurer – Year-to-date budget review**

Treasurer Tina Labeau provided update through end of January. She indicated the budget was on track and reported income from FEMA was received and that bond money and Merk grant funding will be received soon.

**c. Town Clerk – Approval of Town Meeting Minutes of March 4, 2025**

*James Ameden moved to approve the minutes of the Annual Town Meeting of March 4, 2025, seconded by Taylor Prouty. The motion passed unanimously.*

**d. Appoint Road Commissioner [17 VSA 2646(16) & 2651(a)]**

*James Ameden moved to appoint Taylor Prouty as the Town's Road Commissioner, seconded by Tom Cavanagh. The motion passed unanimously.*

**e. Appoint Emergency Management Director [20 VSA 6(a)]**

*Martha Dale moved to appoint Richard Phelan as the Town's Emergency Management Director, seconded by James Ameden. The motion passed unanimously.*

**f. Appoint Windham Regional Commission Representatives (2) [24 VSA 4343(a)]**

*Taylor Prouty moved to appoint George Mora as the Town's representative to the Windham Regional Commission, seconded by James Ameden. The motion passed unanimously.*

**g. Appoint Tree Warden [24 VSA 871(b)]**

*James Ameden moved to appoint Kevin Beattie as the Town's Tree Warden, seconded by Taylor Prouty. The motion passed unanimously.*

**h. Appoint 911 Coordinator [30 VSA 7056(a)]**

*James Ameden moved to appoint Will Goodwin as the Town's E911 Coordinator, seconded by Martha Dale. The motion passed unanimously.*

**i. Appoint Animal Control Officer [20 VSA 3549]**

*Martha Dale moved to appoint Pat Salo as the Town's Animal Control Officer, seconded by Taylor Prouty. The motion passed unanimously.*

**j. Appoint First Constable and, if needed, a Second Constable [17 VSA 2651a & 24 VSA 1936a]**

*James Ameden moved to appoint the Windham County Sheriff's Office as the Town's First Constable, seconded by Martha Dale. The motion passed unanimously.*

**11. Transfer Station/Solid Waste Management**

**a. Updates**

The punch card machine credit processor was down for a period on Saturday, but 20 cards were still sold.

Nick Crane had one full day working for Steve Twitchell and it is going well.

**9. Roads and Bridges**

**a. Updates**

Taylor Prouty reported we are at the onset of mud season and urged caution while using dirt roads or avoid all together. Everyone expressed thanks to the road crew.

**b. Consider application (s) for excess vehicle weight permits [23.V.S.A. 1400a]**

*Taylor Prouty moved to approve the excess Weight permit (s) for:*

- *r.k. Miles, Inc.,*
- *Gurney Brothers Construction, Inc., and*
- *David Chaves Excavating, Inc.*

*and authorize the Town Administrator to execute the permit(s) on behalf of the Town, seconded by James Ameden. The motion passed unanimously.*

**c. Consider access permit regarding property on Middletown Road**

This is a retroactive request for a previously used access that is being modified. Josh reviewed the permit and signed off on it.

*Taylor Prouty moved to approve access permit application No. 2025-01, submitted by The Corner Store, for a modification of an existing access to their parcel located on the North side of Middletown Road, and authorize the Chair to sign the permit on behalf of the Board, seconded by James Ameden. The motion passed unanimously.*

**13. Old Business**

**a. Follow-up discussion on 2025 Town Meeting**

The Selectboard agreed it was good meeting, with smooth check-in.

**b. Town Office Renovation Project – Consider proposal for storage filing**

The Company that installed roller shelves in the basement, Dupont Storage Systems, has submitted a proposal for 2 large shelving units for file storage.

*James Ameden moved to accept the proposal for file storage and shelving from Dupont Storage Systems in the amount of \$13,750, and authorize both the Town Clerk and Town Treasurer to sign any documents necessary for the procurement and installation of the units, seconded by Taylor Prouty. The motion passed unanimously.*

**c. Town Office Renovation Project – Consider change order(s)**

The decision was made to replace the old plumbing and well tank and its components at the recommendation of contractor due to age.

*James Ameden moved to authorize a change order for the Town Office Renovation Project that replaces plumbing fixtures originally scheduled to remain in place at a cost of \$5,175, and to authorize the Assistant Town Administrator to execute any documents necessary to implement these change orders, seconded by Taylor Prouty. The motion passed unanimously.*

**d. Town Office Renovation Project – Designate official(s) for bond decisions/disbursements**

Martha Dale inquired if this is the normal process for decisions and disbursements. It was decided that Tina Labeau will make recommendations with Tom Cavanagh's approval and Shane O'Keefe's input.

*Martha Dale moved, with regard to the Town Office Renovation Project bond, to 1) appoint the Town Treasurer as an Authorized Signer and authorize the Town Treasurer to act on behalf of the Town in matters relating to all current and future outstanding Vermont Bond Bank loans held by US Bank, and 2) authorize the Selectboard Chair to sign any required appointment or authorization documents on behalf of the Town, seconded by James Ameden. The motion passed unanimously.*

**14. New Business**

**a. Annual appointment(s) – Planning Commission**

*James Ameden moved to appoint Pamela Spaulding to the Planning Commission, for a three-year term ending 3/31/2028, seconded by Martha Dale. The motion passed unanimously.*

**b. Annual appointment(s) – Beautification Committee.**

*James Ameden moved to appoint Martha Dale and Gale Kuhlberg to the Beautification Committee, each for a three-year term ending 3/31/2028, seconded by Taylor Prouty. The motion passed unanimously.*

**12. Adjourn**

*James Ameden moved to adjourn the meeting, seconded by Martha Dale. The motion passed unanimously.*

The meeting adjourned at 7:18 PM.

Respectfully Submitted,

Sally Hespe, Town Minute Taker

Approved April 7, 2025

LONDONDERRY SELECTBOARD

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Thomas Cavanagh, Chair

DRAFT

**Town of Londonderry, Vermont  
Selectboard**

Special Meeting Minutes  
Tuesday, April 1, 2025 5PM  
139 Middletown Road, South Londonderry, VT 05155

**Board members present:** James Ameden, Jr., Thomas Cavanagh, Martha Dale, Jim Fleming and Taylor Prouty.

**Board members absent:** None.

**Town Officials:** Aileen Tulloch, Town Administrator, Josh Dryden, Road Foreman.

**Others in Attendance:** Matthew Kujovsky

**1. Call Meeting to Order**

Chair Tom Cavanagh called the meeting to order at 5:00 p.m.

**2. Additions or Deletions to the Agenda**

[1 VSA 312(d)(3)(A)]

None

**3. Executive session Executive session for the purposes of duties and procedures of the Town  
[1 VSA 313]**

*Marth Dale made a motion to enter Executive Session under Title 1 V.S.A. 313(a)(3) to consider the appointment or employment or evaluation of a public officer or employee, and invite Matthew Kujovsky, Josh Dryden and Aileen Tulloch to attend the executive session,, seconded by James Ameden. The motion passed unanimously.*

Executive session entered at 5:00 p.m.

**4. Accept Rinehart Culvert bid**

Hunter Excavating Inc came in as the low bidder in the amount of \$341,558.00. Martha Dale asked if there was any reason not to accept the bid. Road Foreman Josh Dryden said he had no reasons, the Town has worked with them before and been happy with their work.

*Jim Fleming made a motion to accept the bid proposal from Hunter Excavating, Inc for the Rinehart Road culvert replacement project, a flood damage mitigation project funded through the Federal Emergency Management Agency, in the amount of \$341,558.00, and authorize the Town Administrator to execute any necessary documents to secure the vendor services on behalf of the Town, seconded by Taylor Prouty. The motion passed unanimously*

**5. Selectboard Pay Orders**

*Martha Dale made a motion to approve the pay orders for payroll and accounts payable, seconded by James Ameden. The motion passed unanimously.*

**6. Adjourn**

*James Ameden moved to adjourn the meeting, seconded by Martha Dale. The motion passed unanimously.*

The meeting adjourned at 6:02 PM.

Respectfully Submitted,

Aileen Tulloch, Town Administrator

Approved April 7, 2025

LONDONDERRY SELECTBOARD

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Thomas Cavanagh, Chair



Debra L. Bouffard  
[dbouffard@sheeheyvt.com](mailto:dbouffard@sheeheyvt.com)

**VIA ePUC**  
April 2, 2025

Holly Anderson, Clerk  
VERMONT PUBLIC UTILITY COMMISSION  
112 State Street, 4<sup>th</sup> Floor  
Montpelier, VT 05620-2701

**Re: Case No. 22-5336-PET – Petition of Green Mountain Power for a Certificate of Public Good, pursuant to 30 V.S.A. § 248, authorizing upgrades to the Londonderry Substation in the Town of Londonderry, Vermont**

Dear Holly:

Pursuant to the Vermont Public Utility Commission's ("Commission") December 6, 2024 Order Approving Changes to Project Construction, I write to inform the Commission, the parties, and the Town of Londonderry, Vermont, that Green Mountain Power plans to begin operation of the upgraded Londonderry Substation using the existing transformer during the week of April 7, 2025.

If you have any questions, please do not hesitate to contact me.

Very truly yours,

SHEEHEY FURLONG & BEHM P.C.

/s/ Debra L. Bouffard

Debra L. Bouffard

DLB/djb

cc: Service List (via ePUC or US Mail and email)

Holly Anderson, Clerk  
Vermont Public Utility Commission  
April 2, 2025  
Page 2

**Case No. 22-5336-PET – Service List**

**VIA ePUC**

Erin C. Brennan, Esq.  
Vermont Department of Public Service  
112 State Street  
Montpelier, VT 05620  
[Erin.Brennan@vermont.gov](mailto:Erin.Brennan@vermont.gov)

John Zaikowski, Esq.  
Vermont Agency of Natural Resources  
1 National Life Drive, Davis 2  
Montpelier, VT 05620  
[John.Zaikowski@vermont.gov](mailto:John.Zaikowski@vermont.gov)

**VIA EMAIL and US Mail**

Tom Cavanagh, Chair  
Town of Londonderry Selectboard  
100 Old School Street  
South Londonderry, VT 05155  
[t.cavanagh@londonderryvt.org](mailto:t.cavanagh@londonderryvt.org)

Jennifer Greenfield, Chair  
Town of Londonderry Planning Commission  
100 Old School Street  
South Londonderry, VT 05155  
[planningcom@londonderryvt.org](mailto:planningcom@londonderryvt.org)

Aileen Tulloch, Town Administrator  
Town of Londonderry  
100 Old School Street  
South Londonderry, VT 05155  
[townadmin@londonderryvt.org](mailto:townadmin@londonderryvt.org)



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**Scanner**

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**From** Will Goodwin <ZONINGADMIN@londonderryvt.org>

**Date** Mon 3/31/2025 12:42 PM

**To** Aileen Tulloch <townadmin@londonderryvt.org>

**Cc** Aileen Tulloch <townadmin@londonderryvt.org>

I would like to discuss with the selectboard whether Londonderry would let other towns use Londonderry's scanner on town property, or at other town halls under my supervision. The scanner cost \$3,500.

I also would like to talk about making the town's class 4 road policy match what is in the zoning bylaws.

Here is what the new bylaws currently say about class 4 roads

- a) Applicants may seek approval from the Selectboard to upgrade a Class 4 town road or other unimproved right-of-way to meet state standard b-71 if serving as access for three or fewer houses, or to Class 3 town road standards for 3 or more houses. Upgrades will be at the applicant's expense and the road will remain open to the public in accordance with town policies and standards: Applicants upgrading a shared class 4 road should consider entering into a private road maintenance agreement with their neighbors. When there is no such agreement any resident on such a road has the right under state law to bring a civil action to require a person who benefits from a private road to contribute to the cost of maintaining the private road.

Here is a quote about the legality of this from a memo put out by the Vt Planners Assoc., which I found on Vt legislature.gov website

Given this discretion, the subdivision or development of a lot with frontage only on a Class 4 road is typically addressed under both local land use regulations and highway ordinances through one or more of the following:... Requiring the property owner or developer to upgrade and maintain the Class 4 road for year-round access and use –either to meet town driveway standards (e.g., to serve a single parcel) or “development road” standards to serve more than one lot, under a maintenance agreement with the town. Such standards also ensure that the Class 4 road, as a public right-of-way, remains open to the public and the other landowners it serves.

The town class 4 road policy does not mention the possibility of upgrading a class 4 road to a driveway [Class-4-Roads-Trail-Policy-1996.pdf](#), but there is some precedent in town Under the Mt. Rd and Hobart Rd.

If the Selectboard wants to go this route you may want to add something to the class 4 road policy mentioning this. The other option is to require anyone who wants access off a class 4 road to upgrade to town road standards, even if it is for just one house.

Will Goodwin  
Londonderry Zoning Administrator  
Office Hours Monday and Wednesday Mornings

Please note that this email message, along with any responses or reply, may be considered a public record and thus subject to disclosure under the Vermont Public Records Law (1 V.S.A § 315-320).

NOTICE OF RIGHT OF APPEAL-Any interested person may appeal any decision or act taken by the administrative officer within 15 days of the decision or act pursuant 24 V.S.A. 4465. Use this form to file an appeal: [Appeal-of-ZA-Decision-2019-05-15.pdf \(londonderryvt.org\)](#)

**TOWN OF LONDONDERRY**  
**FACILITY USE POLICY AND AGREEMENT**  
**Approved as amended January 4, 2016**

The Town of Londonderry has a number of facilities that are available for use by Londonderry residents, taxpayers and their guests. It is the intent of the Town to have the facilities used as frequently as possible, but it is the obligation of the Town to ensure that its facilities are maintained in good condition and their use and maintenance do not impose an undue financial cost on the Town's residents. This policy is intended to help ensure that the Town's facilities will be well maintained, enjoyable, accommodating, will provide a safe environment and that the Town will be fair and consistent with all parties wishing to use its facilities.

This policy applies to these facilities: Londonderry Town Hall, Twitchell Building (Town Office Building), Pingree Park Pavilion, and the Memorial Park Pavilion.

The Town of Londonderry will make these facilities available on a first come, first serve basis for individuals, groups and organizations during times when the facilities are not being utilized for Town of Londonderry programs or by Town staff, boards, commissions and committees, or Town of Londonderry sponsored events.

Smoking is prohibited at all Town facilities. Responsible use of alcohol is permitted by attendees of legal age.

A variety of low impact uses are acceptable, providing the use is legal and orderly, and doesn't exert undue impact or wear and tear on the buildings. In general, commercial use or functions for private profit are not offered but will be considered by the Select Board on a case by case basis.

In the case of use by school or other under aged groups, there must be adult supervision on the premises at all times.

**FACILITY USE AGREEMENT**

Social service and community service groups, individuals, businesses, and non-profit groups wishing to use the facilities are required to complete a Facility Rental Agreement for each event.

Users must return the facilities in a neat, orderly and clean condition after their use. Users will be responsible for, and liable to, the Town for all repairs to the facilities required as a result of damage caused by users.

There will be a \$50 refundable security deposit required for use which can be used for cleanup (if required). Additional charges for cleanup may be imposed.

For usage of the Town Office/Twitchell Building, the \$50 refundable security deposit required can be used for cleanup (if required) and for the key necessary to access the building. Users are required to contact the Town Office at least 48 hours prior to an event in order to receive a security access code, and key.

Due to insurance restrictions, the following are requirements for use of town facilities:

- Small, informal events such as birthday and anniversary parties do not need to provide liability insurance.
- Larger events such as a wedding reception with alcohol, theatrical event charging admission, etc., are required to carry liability insurance. The user can go online with PACIF and pick up a "TULIP" (temporary use liability insurance policy). Please see the town office for more information.
- Any business using the facilities for profit must carry liability insurance. For businesses and organizations that already carry insurance, the Town of Londonderry is to be named as "additional insured".
- It is highly recommended that any event where alcohol is served use a licensed caterer and/or have a liability insurance policy.
- When an insurance policy is required, documentation must be furnished before this document is signed and use of facilities is approved.

This Agreement, dated \_\_\_\_\_, 20\_\_\_\_ is between the Town of Londonderry and \_\_\_\_\_ . The parties agree to the conditions as listed in this document.

FACILITY: \_\_\_\_\_

EVENT: \_\_\_\_\_

DATE: \_\_\_\_\_

A copy of liability insurance will be attached to this agreement when required.

Town of Londonderry: By \_\_\_\_\_ (Authorized Agent)

User \_\_\_\_\_

Address: \_\_\_\_\_ Town \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_ (Organization, if applicable)

**Town of Londonderry, Vermont**

**Application for Appointment to Town Boards, Commissions, Committees and Officer Positions**

*Complete this form if you are interested in being appointed to a public body or Town Officer position.*

Nominee Contact Information

Name: John Hankin \_\_\_\_\_ Date: April 2, 2025 \_\_\_\_\_

Street Address: 653 Middletown Road \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Preferred Phone: [REDACTED] \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email address: [REDACTED] \_\_\_\_\_

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**Indicate board/commission/committee or officer position in which you are interested in being appointed:**

Representative, Deerfield Valley Communications Union District

Representative, Southern Vermont Communications Union District

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Please indicate your appointment status (Mark with an X)

☒ **Incumbent appointee.** You may leave the information requests below blank.

☐ **Not presently an appointee.** Please complete the following:

1. Please list any prior experience serving on any public boards, commissions, committees or public offices (and approximate dates):

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2. Please list any other experience that may be pertinent to the board, commission, committee or office on which you are requesting to serve.

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3. Please provide a brief statement describing your interest in serving the Town of Londonderry.

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4. Please list any professional qualifications (if applicable).

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Attach any additional information to this application and return to the Town Administrator at 100 Old School Street, South Londonderry, VT 05155 or [townadmin@londonderryvt.org](mailto:townadmin@londonderryvt.org).

3/28/2023





empowering our connection to the future



**RESOLUTION TO APPOINT A REPRESENTATIVE TO THE GOVERNING BOARD OF THE DEERFIELD VALLEY COMMUNICATIONS UNION DISTRICT**

WHEREAS, as provided in V.S.A. Title 30, Chapter 82, section 3059, the legislative body of each member town **shall appoint annually** on or before the last Monday in April a Representative and one or more Alternates to the Governing Board of the Communications Union District (District) of which it is a member, each for a one-year term to begin at the District's Annual Organizational meeting in May,

NOW, THEREFORE, BE IT RESOLVED THAT:

The Selectboard of the Town of Londonderry hereby appoints the following representative and one or more alternates to the Governing board of the Deerfield Valley Communications Union District (DVFiber) for **terms of one year each**:

Representative: John Hankins

Alternates: \_\_\_\_\_

Alternates: \_\_\_\_\_

Adopted at a regular meeting of the Selectboard of the Town of Londonderry duly held on the 7th day of April 2025.

ATTEST: \_\_\_\_\_

Selectboard Chair

Date

Print Name: \_\_\_\_\_

**Instructions**

*The Selectboard shall appoint the Representative and Alternates no later than April 28, 2025.*

*The Chair shall sign and date this form and deliver it via email or postal mail to the attention of Donna Sebastian, Clerk:*

[clerk@dvfiber.net](mailto:clerk@dvfiber.net)

OR

DVFiber

PO Box 532

Wilmington, VT 05363-0532

*The appointments shall be effective on May 7, 2025 or when the form is received, whichever is later. The previously appointed Representative and Alternates shall continue to serve until this form is received.*

*Thank you.*

**A RESOLUTION APPOINTING A  
REPRESENTATIVE to the GOVERNING BOARD of the  
SOUTHERN VERMONT COMMUNICATIONS UNION DISTRICT**

Whereas the Town of Londonderry is currently a member of the Southern Vermont Communications Union District

NOW, THEREFORE, BE IT RESOLVED THAT:

The following resident(s) of the Town of Londonderry\_are hereby appointed to the Governing Board of the Southern Vermont Communications Union District for terms of one year each or until the Town shall notify the Governing Board in writing of the revocation of such appointments, the substitution of replacement appointees, the resignation of a delegate or withdrawal of the town from the district (30 V.S.A. § 3059):

John Hankin \_\_\_\_\_  
(First Alternate– Phone – eMail – Mailing Address)

\_\_\_\_\_  
(Second Alternate– Phone – eMail – Mailing Address)

Adopted at a regular meeting of the Selectboard of the Town of Londonderry duly held

on the \_7th\_ day of \_April\_\_\_\_\_, 2025\_\_\_\_\_.

ATTEST:

\_\_\_\_\_  
Selectboard Chair

*Note:*

*Appointment of a delegate is required.*

*Appointment of an alternate delegate is desirable, not required.*

*Appointment of a second alternate delegate is optional, not required.*

Town of Londonderry Road Crew  
2025 Summer Work Plan

April

- Grading/graveling
- Clean up trees from storm damages
- Spring clean up Town office and parks (not otherwise maintained)
- Paint plows and wings
- Prepare equipment replacement requests
- List unneeded equipment for sale or auction
- Equipment maintenance/ tire changes
- Prepare paving project list
- Assess Library parking lot DI and ROW drainage
- Select projects for grant requests

MAY

- Grading/graveling
- Cold patch
- Oil trucks
- Clean up trees from storm damages
- Cut/chip/drag brush before leaf out and ditching begins
- Clean shop floor drain
- Begin replacing culverts
- Begin ditching
- Begin mowing town office/parks
- Prepare salt and sand requests

JUNE

- Roadside mowing
- Put up new signs
- Grading/chloride
- Continue ditching
- Equipment repairs
- Finalize paving project list
- Replace any culverts needed on roads due for paving
- Prepare RFP to enclose salt shed gable end
- Prepare RFP to remove trees and ditch at 444 Boynton road near Dwight Johnson
- Prepare RFP for Winhall Station culvert replacement
- Prepare culvert order based on list of culverts to be replaced plus normal inventory on hand

## JULY

- Grading/chloride
- Continue ditching
- Continue replacing culverts
- Install/repair/replace signs
- Continue roadside mowing
- Push up winter sand for drying when delivered

## August

- Grading/chloride
- Continue replacing culverts
- Continue ditching
- Purchase culverts for next year

## September

- Grading/chloride
- Continue replacing culverts
- Continue ditching
- Equipment maintenance

## October

- Grading
- Continue ditching
- Clear leaves from drop inlets, culvert headers and ditches
- Fall cleanup at parks and town office
- Oil undercoat trucks
- Winterize and move summer equipment to cold storage
- Cut and chip or drag brush after leaves fall

## November

- Winter maintenance
- Prepare trucks for plowing
- Put wing on Grader
- Put on winter tires
- Stock plow blades and tire chains
- Brush cutting
- Prepare budget requests

## December

- Final preparations for winter
- Brush cutting

### Ditching

Rowley Lane  
Cohen Road  
Spring Hill Road  
West River Street  
Parsons Lane  
Brooks Lane  
Under Mountain Road  
Carley Lane  
Spruce Hill

### Stone Lining

Carley Lane  
Parsons Lane

### Culvert Replacement- Road Crew

Brooks Lane-  
    -Replace 24" with Plastic  
Rowley Lane-  
    -Replace 18" with Plastic  
Under Mountain Road-  
    -15" upgrade to 18" plastic x (8) locations  
    -24" upgrade to plastic  
Magoon Road-  
    -15" upgrade to 18" plastic  
    -24" upgrade to plastic  
Old School Street-  
    -18" upgrade to plastic at top of hill  
Middletown Road-  
    -18" upgrade to plastic  
Sherwood Forest-  
    -replace failing culvert at 243 near Bob Fish  
Derry Lane-  
    -18" upgrade to plastic

### Contracted Services

Winhall Station Road- While Campground closed  
    -36" upgrade to Plastic  
    -15" upgrade to 18" x (5) locations  
Boynton Road- Tree removal near 444 across from Dwight Johnson

Salt Shed - Enclose the gable opening on the barricaded open end

Town Garage- Fuel Tank removal and Replacement

Paving- Winhall Hollow using Class 2 road grant and Paving budget including replacement of necessary culverts under 36"

Alternate bid for -Spring Hill road  
-Little Pond road

# Town of Londonderry

## Social Services Appropriation Policy

### Purpose:

Under Vermont law, a town may appropriate such sums of money as it deems necessary for the support of social service programs and agencies that provide services to town residents. (24 V.S.A. § 2691). The purpose of this policy is to clarify and manage the establishment of procedures for managing social service agency appropriations that will be voted on at the annual town meeting.

- **§ 2691. Aid to social services for town residents**

At a meeting duly warned for that purpose, a town or incorporated village may appropriate such sums of money as it deems necessary for the support of social service programs and facilities within that town for its residents. Social service programs, for which a town or incorporated village may provide appropriate sums of money, include transportation, nutrition, medical, childcare, and other rehabilitative services for persons with low incomes, elders, children, persons with disabilities, persons with a substance use disorder, and persons requiring employment to eliminate their need for public assistance. The authority herein granted is not in derogation of other local powers to allocate funds. (Added 1973, No. 177 (Adj. Sess.), § 2; amended 2005, No. 174 (Adj. Sess.), § 56; 2013, No. 96 (Adj. Sess.), § 152.)

1. This policy does not apply to municipal organizations such as Champion Fire Company #5, Phoenix Fire Company #6, The South Londonderry Library, The Londonderry Historical Society and, The Londonderry Volunteer Rescue Squad.

2. This policy does not apply to community services such as Windham County Humane Society, Flood Brook Athletic Association, and Friends of the West River Trail.

### Procedure

All requests must be in word and PDF digital format and accompany the most recent 990 form.

Please send to [townclerk@londonderryvt.org](mailto:townclerk@londonderryvt.org)

### Previously approved service agency request

Social services agencies or community services requesting an appropriation whose appropriation request has been approved by the voters at the prior year's annual Town Meeting, and which is not requesting an increase in funding from the prior year's must submit a digital request via word and PDF by 4:00 on the Friday that precedes the second Selectboard meeting in the month of



December, to be included on the annual Town Meeting ballot, without filing a petition\*. Subject to the Bords review of the agency status.

*\*All requests by Social Services and Community Services must submit a petition every 5 years*

### **First Time / Increased Funding / Previously failed request**

Social services agencies or community services requesting an appropriation must submit a petition every five years and/or that are requesting a larger appropriation than approved at the most recent town annual meeting and/or has failed to be approved and/or did not submit the previous year at the most recent town annual meeting. A petition for article requesting an appropriation in accordance Vermont State statute **(Cite as: 17 V.S.A. § 2642)**. Such a petition must be signed by at least five percent of the voters of the town and filed with the Town Clerk not less than 48 days before the day of the annual meeting. It is recommended that agencies submit their proposed petition to the Town Clerk for format review prior to obtaining the required signatures.

The petition should be in substantially the following form:

#### **Petition of Legal Voters of the Town of Londonderry**

We, the undersigned legal voters of the Town of Londonderry, hereby petition the Selectboard to include the following funding request in the Appropriations section General Fund budget for the annual town meeting to be held on First Tuesday of March:

Shall the town appropriate \$[insert amount of request] to [insert name of social service agency, for [insert brief description of the purpose of the proposed appropriation] in accordance with 24 V.S.A. § 2691?

Print Name

Physical Street

Address Signature

Pursuant to 17 V.S.A. § 2642(a)(3)(C), a petition must contain the petition language on every page on which signatures are collected and must contain legibly printed name, signature, and street address of each voter who signs the petition.

Petitions submitted after the deadline will not be honored. Petitions submitted prior to the deadline but not containing the required number of signatures shall be returned by the town clerk within 24 hours of receipt stating in writing on the petition why it cannot be accepted. Any petition returned to the petitioners may be amended to correct any stated deficiencies and refiled with the town clerk not later than 48 hours after the petition was returned by the clerk, or the filing deadline, whichever is later. However, supplementary petitions shall not be accepted if the original petition did not meet the filing deadline or did not contain the requisite number of signatures.

All service agencies/ origination requesting appropriations under this policy are required to submit a description of the agency's programs for inclusion in the town's annual report. Descriptions must be limited to one page and should describe the program or services provided to town residents. Electronic submissions of reports are required in word and PDF format and should be sent to [townclerk@londonderryvt.org](mailto:townclerk@londonderryvt.org) by January 1st.

All agencies are subject to the board's review of the agency's status. Agency representatives are encouraged to attend the Town Meeting to explain the appropriation request to the voters and answer their questions as necessary.

# Town Of Londonderry

## **Frequently asked questions regarding charitable appropriations**

### **How did the system work in previous years?**

In previous years an organization interested in charitable appropriations would fill out an appropriation request document. The Selectboard would review requests and place requests into the proposed Town budget, usually at the amount requested. The appropriations were then finalized when the voters approved of the budget at the Town Meeting. Occasionally, there would be a motion from the floor to amend the amount of a specific appropriation.

### **Why is the process changing this year?**

After evaluating our current appropriation requests it was decided which should be included in the Town budget, VLCT has a Model Social Services Appropriations Policy; this reference to statute which states in part:

- Under Vermont law, voters of a town may appropriate money for the support of social service programs and agencies that provide services to town residents (24 V.S.A. § 26910). Such programs include, but are not limited to, transportation, nutrition, childcare, medical care, and other rehabilitative services for persons with low incomes, senior citizens, children, disabled persons, persons with a substance use disorder, and persons requiring employment to eliminate their need for public assistance.

### **Not all appropriations have historically fallen into the social services category as defined in statute. How did you handle these requests?**

Under VLCT model some requests that do not fit into the statutory definition of a social service could be included in the budget if they can be categorized as something else such as recreation or emergency services.

The following appropriations requests were moved to other sections of the proposed Town budget:

- Greater Northshire Access TV
- Green Up Vermont
- Londonderry 4<sup>th</sup> of July
- SVEDS
- Vermont Rural Fire Protection

Requests that were considered by the selectboard to be municipal services

- Champion Fire Company#5
- Londonderry Conservation Fund
- Londonderry Historical Society
- Londonderry Volunteer Rescue Squad
- Phoenix Fire Company #6
- South Londonderry Library

Requests that were considered by the Selectboard to be Community services

- Friends of the West River Trail
- Windham County Humane Society

**Were the organizations requesting Town appropriations informed of the change to the process?**

Yes, they will receive the updated policy with this past year appropriated funds that was approved at Town Meeting.

**Can the amount of an appropriation be changed during Town Meeting?**

Yes. Just like any other Article that is voted on from the floor.

**Can organizations not already included in an Article be funded by adding them to an existing Article from the floor?**

No. If an appropriation for an organization is not included as an Article on the Town Meeting Warning in advance, it cannot be added from the floor.

### **Non-Winter Expenses**

+	\$	244,460	Total summer roads
-	\$	4,000	Uniforms
-	\$	3,300	Travel & meetings
+	\$	64,150	Summer highway equipment maintenance
+	\$	223,000	Total summer highway construction
-	\$	6,000	Better roads grant expense
-	\$	4,000	Highway Repairs (Storm Related)
-	\$	17,500	Calcium Chloride
+	\$	45,000.00	45% Highway Equipment Reserve Fund

**NOTE:** include highwa

**\$ 541,810 Total Non-Winter**

### **Winter Expenses**

+	\$	195,777	Total winter roads
-	\$	4,000	Uniforms
-	\$	-	Travel & meetings
+	\$	63,400	Total winter highway equipment maint
+	\$	275,000	Total winter highway construction
+	\$	55,000	55% Highway Equipment Reserve Fund

**\$ 585,177 Total Winter**

y equipment reserve fund and remove equipment purchase from budget

**ANNUAL FINANCIAL PLAN - TOWN HIGHWAYS**  
**19 V.S.A. § 306(j)**

TA-60

\_\_\_\_\_ of \_\_\_\_\_ Fiscal Year \_\_\_\_\_ Begin \_\_\_\_\_ End \_\_\_\_\_

**INCOME**

DESCRIPTION	ESTIMATED
State Funds - 19 V.S.A. Section 306(a):	
Class 1	\$
Class 2	\$
Class 3	\$
Town Tax Funds – 19 V.S.A. Section 307	\$
Special Funds (e.g., bonds or earmarks):	
a.	\$
b.	\$
c.	\$
<b>TOTAL</b>	<b>\$</b>

**EXPENSES**

DESCRIPTION	ESTIMATED
Winter Maintenance	\$
Non-Winter Maintenance	\$
Major Construction Projects	
a.	\$
b.	\$
c.	\$
<b>TOTAL</b>	<b>\$</b>

**Comments:**

This form shall be signed by the appropriate town officials and forwarded to the District Transportation Administrator.

TA-60 Rev 09-13

**ANNUAL FINANCIAL PLAN - TOWN HIGHWAYS**

**TA-60**

**19 V.S.A. § 306(j)**

**(page 2)**

We, the Legislative Body of the Municipality of \_\_\_\_\_ certify  
that funds raised by municipal taxes are equivalent to or greater than a sum of at least **\$300.00**  
per mile for each mile of Class 1, 2, and 3 Town Highway in the municipality. (19 V.S.A. 307)

\_\_\_\_\_  
Date:\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Duly Authorized Representatives)

The submitted Town Plan meets the requirements of Title 19, Section 306(j).

\_\_\_\_\_  
Date:\_\_\_\_\_

District Transportation Administrator



Vermont Agency of Transportation  
Department of Motor Vehicles  
Uniform Municipal Excess Weight Permit

**PAID**  
3/26/25

Check # 11606  
#2025-10

Town of Londonderry  
(Municipality)



Fleet



Single Vehicle

Approval is hereby given for the granting of a permit under the provisions of VSA Title 23, Sec. 1400a, and any amendments thereto, covering the operations of motor vehicles over local highways and bridges with gross loads as follows:

Registrant: A. S. Clark & Sons

Address: Po Box 187 Newfane Vt. 05345  
Street/Road City State Zip

Contact: Win Clark Phone: 802 257-1963

Type of Vehicles	# of Axles	Product Carried	Max. Weight Requested	Max Weight Approved
<u>TK</u>	<u>2</u>	<u>A</u>	<u>33,000</u>	
<u>TK</u>	<u>3</u>	<u>A</u>	<u>60,000</u>	
<u>TK</u>	<u>4</u>	<u>A</u>	<u>69,000</u>	
<u>TT</u>	<u>5</u>	<u>A</u>	<u>80,000</u>	

Approved for the following highways (list may be attached): \_\_\_\_\_

The following restrictions apply (list may be attached): \_\_\_\_\_

This approval shall be effective for no more than a one-year period ending March 31, \_\_\_\_\_. If a fleet permit, this approval covers all vehicles bearing the registrants name. If the permit is to cover unmarked company trucks, please attach a list to this form giving the year, make, VIN number, maximum weight and registration number.

The holder of a permit shall be liable for any damage to highways or bridges per VSA Title 23, Sec. 1400a © and is required to furnish the municipality a valid Certificate of Insurance in the following amounts: a minimum of \$100,000/\$300,000 Personal Injury Liability Coverage and \$100,000 Property Damage Coverage.

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

Title: \_\_\_\_\_

Date: \_\_\_\_\_



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/17/2025

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> The Richards Group 48 Harris Place PO Box 820 Brambleboro VT 05302	<b>CONTACT NAME:</b> Dot Clark <b>PHONE (A/C, No, Ext):</b> (802) 254-6016 <b>E-MAIL ADDRESS:</b> dclark@therichardsgrp.com <b>FAX (A/C, No):</b> (802) 254-7110
<b>INSURED</b> As Clark & Sons PO Box 187 Newfane VT 05345	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Ohio Security Insurance Co <b>INSURER B:</b> Ohio Casualty Insurance Co <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>

**COVERAGES** **CERTIFICATE NUMBER:** 24-25 **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"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			BKS57237117	05/29/2024	05/29/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 LEXE \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			BAS57237117	05/29/2024	05/29/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ BACEE \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> Y	N/A	XWO57237117	05/29/2024	05/29/2025	PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 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)

<b>CERTIFICATE HOLDER</b> Town of Londonderry 100 Old School Road Londonderry VT 05345	<b>CANCELLATION</b> 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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Vermont Agency of Transportation  
Department of Motor Vehicles  
Uniform Municipal Excess Weight Permit

**PAID**  
3126125

check # 2530  
paid 12/10  
#2005-11

Town of Londonderry, Vermont

(Municipality)



Fleet



Single Vehicle

Approval is hereby given for the granting of a permit under the provisions of VSA Title 23, Sec. 1400a, and any amendments thereto, covering the operations of motor vehicles over local highways and bridges with gross loads as follows:

Miller Construction Inc

Registrant: \_\_\_\_\_

Address: PO Box 86 Windsor VT 05089  
Street/Road City State Zip

Contact: John Lavoie, Operations Manager Phone: (802) 369-9187

Type of Vehicles	# of Axles	Product Carried	Max. Weight Requested	Max Weight Approved
See attached				

Approved for the following highways (list may be attached):  
See attached - Town overweight ordinance and list of town road restrictions.

The following restrictions apply (list may be attached):  
See attached - Town overweight ordinance and list of town road restrictions.

This approval shall be effective for no more than a one-year period ending March 31, 2026. If a fleet permit, this approval covers all vehicles bearing the registrants name. If the permit is to cover unmarked company trucks, please attach a list to this form giving the year, make, VIN number, maximum weight and registration number.

The holder of a permit shall be liable for any damage to highways or bridges per VSA Title 23, Sec. 1400a © and is **required to furnish the municipality a valid Certificate of Insurance** in the following amounts: a minimum of \$100,000/\$300,000 Personal Injury Liability Coverage and \$100,000 Property Damage Coverage.

Approved: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_



## Instructions for Applicant

1. Permit is valid for up to one year, expiring on March 31.
2. Please include an administrative fee of \$5.00 for each single vehicle application, or \$10.00 for a fleet permit:
  - a. A municipal permit fee of 10.00.
3. Single vehicle permits must be carried in the permitted truck. Fleet permits are not required to be carried in the trucks.
4. Please use the following codes:

Type of Vehicle		Products	
TK	Truck	A	All Products
TR	Tractor		
TT	Tractor Trailer	M	Unprocessed Milk Products

## Instructions for Municipality

1. You may attach a copy of approved highways and/or restrictions to this form.
2. A Vermont blanket permit is not required for issuance of Municipal Excess weight permits.
3. Special weight limits which are higher or lower than legal limits for highways or bridges within your jurisdiction must be on file with the Vermont department of Motor Vehicles as outlined in 23 V.S.A. §1400b.

**Miller Construction**  
**P.O. Box 86**  
**Windsor, VT 05089**

Office Phone: (802) 674-5525  
 Fax: (802) 674-5525

E-mail: [info@millercranes.com](mailto:info@millercranes.com)

Vehicle #	Vehicle Type	# of Axles	Product Carrier	Max Weight Requested	Year & Make	Registration #	VIN #
Crane # 10	Truck Crane	4	N/A	80,000	2014 Linkbelt	S16155	1F9N3K430EL028970
Crane # 104	Truck Crane	3	N/A	56,040	2019 Freightliner	28D67	1FVHG3DV6KHK0418
Crane # 106	Truck Crane	4	N/A	68,360	2023 Peterbilt	00E53	1NPCX4EX8PD859287
Truck # 102	Tractor Trailer	6	Various	108,000	2000 Mack	64C03	1M1AA18YOYVW132962
Truck # 105	Dump Truck	4	Various	60,000	2005 International	11D39	1HTWYSBT45J036008
Truck # 107	Dump Truck	3	Various	73,500	1997 Ford	40A77	1FDZU90X6VV/A08980
Truck # 115	Tractor Trailer	4	Various	108,000	2018 Kenworth	95D56	1XKZP4TX5JJ225307



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/14/2025

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> Arthur J. Gallagher Risk Management Services, LLC 45 Constitution Ave P.O. Box 511 Suite 100 Concord NH 03301	<b>CONTACT NAME:</b> Christine H. Holman <b>PHONE (A/C, No, Ext):</b> 800-238-3840 <b>E-MAIL ADDRESS:</b> christine_holman@ajg.com <b>FAX (A/C, No):</b> 603-224-8012
<b>INSURED</b> Miller Construction Inc PO Box 86 Windsor VT 05089	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Travelers Indemnity Company <b>INSURER B:</b> Travelers Property Casualty Co of America <b>INSURER C:</b> Travelers Property Casualty Insurance Co <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>
<b>License#:</b> 0D69293 <b>BECK&amp;BE-03</b>	<b>NAIC #</b> 25658 25674 36161

**COVERAGES****CERTIFICATE NUMBER:** 1809002736**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 type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			DTCO2572L87A	6/30/2024	6/30/2025	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000 \$
B	<b>AUTOMOBILE LIABILITY</b> <input checked="" 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			810-1N404774-24-26-G	6/30/2024	6/30/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ 10,000			CUP-1J700594-24-26	6/30/2024	6/30/2025	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
C	<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	<input type="checkbox"/> A <input checked="" type="checkbox"/> N	UB-7K141933-24-26-G	6/30/2024	6/30/2025	PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> NH, VT E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 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) attesting to coverage for excess weight permit. When required by written permit, certificate holder is included as an additional insured

**CERTIFICATE HOLDER****CANCELLATION**

Town of Londonderry  
100 Old School SZt  
Londonderry VT 05155

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

#2025-12

**PAID**  
3/26/25check #12983  
\$10.00

# Vermont Agency of Transportation

## Department of Motor Vehicles

### Uniform Municipal Excess Weight Permit

 Fee: \$10.00  
 Received: \_\_\_\_\_  
 Check No: \_\_\_\_\_  
 Cert of Insurance: \_\_\_\_\_  
 Yes ( ) No ( )

 Town of Londonderry  
 (Municipality)
☒ Fleet☐ Single Vehicle

Approval is hereby given for the granting of a permit under the provisions of VSA Title 23, Sec. 1400a, and any amendments thereto, covering the operations of motor vehicles over local highways and bridges with gross loads as follows:

Registrant: New England Quality Service, Inc.Address: 49 Wales St., 3<sup>rd</sup> Fl., Suite 1, Rutland, VT 05701Contact: Amanda Nadeau Phone: (802) 388-9866 Email: ANadeau@earthwasteandmetal.com

VEHICLE TYPE	# OF AXLES	PRODUCTS CARRIED	REGISTERED WEIGHT	YEAR	MAKE	PLATE #	POWER UNIT SN/VIN #	NEQS UNIT #	MAX WEIGHT APPROVED
TRACTOR	3/W/TRK 5 W/TRL	Scrap Metal, C&D, tires & MSW	80,000	2013	KENWORTH T800B	89D06	1XKDD40X4DJ368714	EW17	
TRACTOR	3/W/TRK 5 W/TRL	Scrap Metal, C&D, tires & MSW	80,000	2025	WESTERN STAR 49X	36E33	5KJJBWD16SLWA3748	EW20	
ROLL OFF	3/W/TRK 5 W/TRL	Scrap Metal, C&D, tires & MSW	80,000	2013	KENWORTH T800B	63D57	1NKDL40X9DJ369404	K117	
ROLL OFF	3/W/TRK 5 W/TRL	Scrap Metal, C&D, tires & MSW	80,000	2013	KENWORTH T800B	63D58	1NKDL40X0DJ369405	K118	
ROLL OFF	3/W/TRK 5 W/TRL	Scrap Metal, C&D, tires & MSW	80,000	2009	KENWORTH T800B	37D75	1NKDL40X6AJ261656	K113	

Approved for the following highways (list may be attached):

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The following restrictions apply (list may be attached):

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This approval shall be effective for no more than a one-year period ending March 31, 2026. If a fleet permit, this approval covers all vehicles bearing the registrant's name. If the permit is to cover unmarked company trucks, please attach a list to this form giving the year, make, VIN number, maximum weight and registration number.

The holder of a permit shall be liable for any damage to highways or bridges per VSA Title 23, Sec. 1400a © and is **required to furnish the municipality a valid Certificate of Insurance** in the following amounts: a minimum of \$100,000/\$300,000 Personal Injury Liability Coverage and \$100,000 Property Damage Coverage.

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

Title: \_\_\_\_\_

Date: \_\_\_\_\_





NEWENGL-12

CREED1

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
3/21/2025

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).

PRODUCER Acrisure New England Partners Insurance Services, LLC 10 Research Parkway, Suite 400 Wallingford, CT 06492	CONTACT NAME: <b>Connie Reed</b>	
	PHONE (A/C, No, Ext): <b>(802) 383-1619</b> FAX (A/C, No):	
	E-MAIL ADDRESS: <b>coreed@acrisure.com</b>	
	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED  New England Quality Service, Inc. dba Earth Waste & Metal 49 Wales Street, Suite 1 Rutland, VT 05701	INSURER A : <b>Nautilus Insurance Company</b>	<b>17370</b>
	INSURER B : <b>Frankenmuth Insurance Company</b>	<b>13986</b>
	INSURER C : <b>Great Divide Insurance Company</b>	<b>25224</b>
	INSURER D :	
	INSURER E :	
	INSURER F :	

## 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"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Pollution GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			GSP2023856-17	9/1/2024	9/1/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 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 POLLUTION LIAB \$ 2,000,000
B	AUTOMOBILE LIABILITY <input checked="" 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			6639619	9/1/2024	9/1/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			FFX2029983-15	9/1/2024	9/1/2025	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input checked="" type="checkbox"/> Y <input type="checkbox"/> N / A If yes, describe under DESCRIPTION OF OPERATIONS below			WCA2023854 - 17	9/1/2024	9/1/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

## CERTIFICATE HOLDER

## CANCELLATION

Town of Londonderry  
100 Old School Road  
South Londonderry, VT 05155

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



#2025-13

Vermont Agency of Transportation  
Department of Motor Vehicles  
Uniform Municipal Excess Weight Permit

PAID  
3/26/25

LONDONDERRY

Check # 4534371  
Paid 10.00

(Municipality)



Fleet



Single Vehicle

Approval is hereby given for the granting of a permit under the provisions of VSA Title 23, Sec. 1400a, and any amendments thereto, covering the operations of motor vehicles over local highways and bridges with gross loads as follows:

Registrant: AmeriGas

Address: 43 Lower Newton Street St. Albans VT 05478  
Street/Road City State Zip

Contact: Jason Benoit Phone: 802-923-9848

Type of Vehicles	# of Axles	Product Carried	Max. Weight Requested	Max Weight Approved
TK	2	( A ) Propane	33,000	

Approved for the following highways (list may be attached): \_\_\_\_\_

The following restrictions apply (list may be attached): \_\_\_\_\_

This approval shall be effective for no more than a one-year period ending March 31, 2026. If a fleet permit, this approval covers all vehicles bearing the registrants name. If the permit is to cover unmarked company trucks, please attach a list to this form giving the year, make, VIN number, maximum weight and registration number.

The holder of a permit shall be liable for any damage to highways or bridges per VSA Title 23, Sec. 1400a © and is **required to furnish the municipality a valid Certificate of Insurance** in the following amounts: a minimum of \$100,000/\$300,000 Personal Injury Liability Coverage and \$100,000 Property Damage Coverage.

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

Title: \_\_\_\_\_

Date: \_\_\_\_\_

## Instructions for Applicant

1. Permit is valid for up to one year, expiring on March 31.
2. Please include an administrative fee of \$5.00 for each single vehicle application, or \$10.00 for a fleet permit:
  - a. A municipal permit fee of 10.00.
3. Single vehicle permits must be carried in the permitted truck. Fleet permits are not required to be carried in the trucks.
4. Please use the following codes:

Type of Vehicle		Products	
TK	Truck	A	All Products
TR	Tractor		
TT	Tractor Trailer	M	Unprocessed Milk Products

## Instructions for Municipality

1. You may attach a copy of approved highways and/or restrictions to this form.
2. A Vermont blanket permit is not required for issuance of Municipal Excess weight permits.
3. Special weight limits which are higher or lower than legal limits for highways or bridges within your jurisdiction must be on file with the Vermont department of Motor Vehicles as outlined in 23 V.S.A. §1400b.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/06/2025

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> McGriff, a Marsh & McLennan Agency LLC Company 2000 International Park Drive Suite 600 Birmingham, AL 35243	<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext):</b> 1-800-476-2211 <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b> amerigascerts@mcgriff.com																					
<b>INSURED</b> AmeriGas Propane, L.P. P.O. Box 858 Valley Forge, PA 19482	<table><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A :ACE Fire Underwriters Insurance Company</td><td></td><td>20702</td></tr><tr><td>INSURER B :Indemnity Insurance Company of North America</td><td></td><td>43575</td></tr><tr><td>INSURER C :ACE American Insurance Company</td><td></td><td>22667</td></tr><tr><td>INSURER D :</td><td></td><td></td></tr><tr><td>INSURER E :</td><td></td><td></td></tr><tr><td>INSURER F :</td><td></td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A :ACE Fire Underwriters Insurance Company		20702	INSURER B :Indemnity Insurance Company of North America		43575	INSURER C :ACE American Insurance Company		22667	INSURER D :			INSURER E :			INSURER F :		
INSURER(S) AFFORDING COVERAGE		NAIC #																				
INSURER A :ACE Fire Underwriters Insurance Company		20702																				
INSURER B :Indemnity Insurance Company of North America		43575																				
INSURER C :ACE American Insurance Company		22667																				
INSURER D :																						
INSURER E :																						
INSURER F :																						

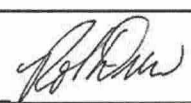
**COVERAGES****CERTIFICATE NUMBER:**EXJJ86AA**REVISION NUMBER:**

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																								
C	<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:			HDO G47302596	07/01/2024	07/01/2025	<table><tr><td>EACH OCCURRENCE</td><td>\$</td><td>2,500,000</td></tr><tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$</td><td>2,500,000</td></tr><tr><td>MED EXP (Any one person)</td><td>\$</td><td>10,000</td></tr><tr><td>PERSONAL &amp; ADV INJURY</td><td>\$</td><td>2,500,000</td></tr><tr><td>GENERAL AGGREGATE</td><td>\$</td><td>2,500,000</td></tr><tr><td>PRODUCTS - COMP/OP AGG</td><td>\$</td><td>2,500,000</td></tr><tr><td></td><td>\$</td><td></td></tr></table>	EACH OCCURRENCE	\$	2,500,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	2,500,000	MED EXP (Any one person)	\$	10,000	PERSONAL & ADV INJURY	\$	2,500,000	GENERAL AGGREGATE	\$	2,500,000	PRODUCTS - COMP/OP AGG	\$	2,500,000		\$				
EACH OCCURRENCE	\$	2,500,000																													
DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	2,500,000																													
MED EXP (Any one person)	\$	10,000																													
PERSONAL & ADV INJURY	\$	2,500,000																													
GENERAL AGGREGATE	\$	2,500,000																													
PRODUCTS - COMP/OP AGG	\$	2,500,000																													
	\$																														
C	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" 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			ISA H10693561	07/01/2024	07/01/2025	<table><tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$</td><td>2,500,000</td></tr><tr><td>BODILY INJURY (Per person)</td><td>\$</td><td></td></tr><tr><td>BODILY INJURY (Per accident)</td><td>\$</td><td></td></tr><tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td><td></td></tr><tr><td></td><td>\$</td><td></td></tr></table>	COMBINED SINGLE LIMIT (Ea accident)	\$	2,500,000	BODILY INJURY (Per person)	\$		BODILY INJURY (Per accident)	\$		PROPERTY DAMAGE (Per accident)	\$			\$										
COMBINED SINGLE LIMIT (Ea accident)	\$	2,500,000																													
BODILY INJURY (Per person)	\$																														
BODILY INJURY (Per accident)	\$																														
PROPERTY DAMAGE (Per accident)	\$																														
	\$																														
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						<table><tr><td>EACH OCCURRENCE</td><td>\$</td><td></td></tr><tr><td>AGGREGATE</td><td>\$</td><td></td></tr><tr><td></td><td>\$</td><td></td></tr></table>	EACH OCCURRENCE	\$		AGGREGATE	\$			\$																
EACH OCCURRENCE	\$																														
AGGREGATE	\$																														
	\$																														
A B C	<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 checked="" type="checkbox"/> N	N/A	SCF C50668368 (WI) WLR C50668216 (AmeriGas AOS) WLR C50668290 (UGI AOS)	07/01/2024	07/01/2025	<table><tr><td><input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER</td><td></td><td></td></tr><tr><td>E.L. EACH ACCIDENT</td><td>\$</td><td>2,000,000</td></tr><tr><td>E.L. DISEASE - EA EMPLOYEE</td><td>\$</td><td>2,000,000</td></tr><tr><td>E.L. DISEASE - POLICY LIMIT</td><td>\$</td><td>2,000,000</td></tr><tr><td></td><td>\$</td><td></td></tr><tr><td></td><td>\$</td><td></td></tr><tr><td></td><td>\$</td><td></td></tr><tr><td></td><td>\$</td><td></td></tr></table>	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER			E.L. EACH ACCIDENT	\$	2,000,000	E.L. DISEASE - EA EMPLOYEE	\$	2,000,000	E.L. DISEASE - POLICY LIMIT	\$	2,000,000		\$			\$			\$			\$	
<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER																															
E.L. EACH ACCIDENT	\$	2,000,000																													
E.L. DISEASE - EA EMPLOYEE	\$	2,000,000																													
E.L. DISEASE - POLICY LIMIT	\$	2,000,000																													
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	\$																														
	\$																														
	\$																														

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

**CERTIFICATE HOLDER****CANCELLATION**

Town of Londonderry PO BOX 118 South Londonderry, VT 05155	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p> 
--	--



# 2025-14



check # 25571  
Paid \$10.00

Vermont Agency of Transportation  
Department of Motor Vehicles  
Uniform Municipal Excess Weight Permit

Londonderry

(Municipality)



Fleet



Single Vehicle

Approval is hereby given for the granting of a permit under the provisions of VSA Title 23, Sec. 1400a, and any amendments thereto, covering the operations of motor vehicles over local highways and bridges with gross loads as follows:

Fuller Sand & Gravel

Registrant: \_\_\_\_\_

Address: 358 South Main Street Danby VT 05739  
Street/Road City State Zip

Contact: Tom Fuller Phone: 802-293-5700

Type of Vehicles	# of Axles	Product Carried	Max. Weight Requested	Max Weight Approved
TT	6	A	108,000	
TRK	3	AA	36,000	

Approved for the following highways (list may be attached): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

The following restrictions apply (list may be attached): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

This approval shall be effective for no more than a one-year period ending March 31, 26. If a fleet permit, this approval covers all vehicles bearing the registrants name. If the permit is to cover unmarked company trucks, please attach a list to this form giving the year, make, VIN number, maximum weight and registration number.

The holder of a permit shall be liable for any damage to highways or bridges per VSA Title 23, Sec. 1400a © and is required to furnish the municipality a valid Certificate of Insurance in the following amounts: a minimum of \$100,000/\$300,000 Personal Injury Liability Coverage and \$100,000 Property Damage Coverage.

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

Title: \_\_\_\_\_

Date: \_\_\_\_\_



FULLSAN-01

SCOBRI

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/11/2025

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).

PRODUCER Digital Insurance LLC- Rutland, VT 98 Merchants Row Rutland, VT 05701	CONTACT NAME: <b>Brittney Scott</b>	
	PHONE (A/C, No, Ext): <b>(802) 775-2311 53172</b>	FAX (A/C, No):
	E-MAIL ADDRESS: <b>Brittney.Scott@onedigital.com</b>	
INSURED  Fuller Sand and Gravel Inc PO Box 102 Danby, VT 05739	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: <b>Continental Western Ins Co</b>	<b>10804</b>
	INSURER B: <b>Union Ins Co</b>	<b>25844</b>
	INSURER C: <b>Acadia Insurance</b>	<b>31325</b>
	INSURER D:	
	INSURER E:	
	INSURER F:	

## 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"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	X		CPA5196528-20	4/1/2025	4/1/2026	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>300,000</b> MED EXP (Any one person) \$ <b>10,000</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>2,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b> \$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" 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			CAA5196531-20	4/1/2025	4/1/2026	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			CUA5196533-20	4/1/2025	4/1/2026	EACH OCCURRENCE \$ <b>1,000,000</b> AGGREGATE \$ <b>1,000,000</b> \$
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input checked="" type="checkbox"/> Y / <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	WCA5196534-20	4/2/2025	4/2/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ <b>500,000</b> E.L. DISEASE - EA EMPLOYEE \$ <b>500,000</b> E.L. DISEASE - POLICY LIMIT \$ <b>500,000</b>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Certificate holder is named as additional insured where required by written contract per the terms and conditions of the general liability policy.

## CERTIFICATE HOLDER

## CANCELLATION

Town of Londonderry 100 Old School Street PO Box 118 South Londonderry, VT 05155	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 

#2025-15

**PAID**  
3/26/25

Check # 47493  
Paid \$10.00

## TOWN OF LONDONDERRY

PO BOX 118

SOUTH LONDONDERRY, VT 05155-0118

Vermont Agency of Transportation  
Department of Motor Vehicles  
Uniform Municipal Excess Weight Permit

### FLEET

Approval is hereby given for the granting of a permit under the provisions of VSA Title 23, Sec. 1400a, and any amendments thereto, covering the operations of motor vehicles over local highways and bridges with gross loads as follows:

Owner: Camp Precast Concrete Products, Inc.  
Address: 78 Precast Road  
Milton, VT 05468  
Contact: RICK GILLIS Phone: 802-893-2401

Type of Vehicle	# of Axles	Product Carried	Max. Weight Requested	Max Weight Approved *
<u>(4)TK</u>	<u>4</u>	<u>A</u>	<u>69,000</u>	<u>          </u>
<u>(3)TT</u>	<u>3+2</u>	<u>A</u>	<u>90,000</u>	<u>          </u>
<u>(5)TT</u>	<u>4+2</u>	<u>A</u>	<u>99,000</u>	<u>          </u>
<u>(3) TT</u>	<u>3+3</u>	<u>A</u>	<u>99,000</u>	<u>          </u>

\*Approved for the following highways only: \_\_\_\_\_

\_\_\_\_\_

The following restrictions apply: \_\_\_\_\_

\_\_\_\_\_

This approval shall be effective for no more than a one-year period ending **March 31, 20**.

This approval covers all vehicles bearing the company name. If permit is to cover unmarked company trucks, please attach a list of this form giving year and make of truck, VIN#, maximum weight and registration #.

The holder of permit shall be liable for any damage to highways or bridges per VSA Title 23, Sec. 1400a© and is **required to furnish the municipality a valid Certificate of Insurance** in the following amounts: a minimum of \$100,000/\$300,000 Personal Liability Coverage and \$100,000 Property Damage Coverage.

Approved: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_  
(Town Duly Authorized Agent)

Note: Effective July 1, 1994, a Vermont State permit is not required to operate on local highways and bridges.





CAMPRE-01

JROCKEFELLER

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/12/2025

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> Acrisure New England Partners Insurance Services, LLC 10 Research Parkway, Suite 400 Wallingford, CT 06492	<b>CONTACT NAME:</b>	<b>FAX (A/C, No):</b>
	<b>PHONE (A/C, No, Ext):</b> (203) 699-4500	
<b>INSURED</b>  Camp Precast Concrete Products, Inc. 78 Precast Road Milton, VT 05468	<b>E-MAIL ADDRESS:</b>	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A:</b> Continental Western Insurance Company	<b>NAIC #</b> 10804
	<b>INSURER B:</b> Acadia Insurance Company	<b>31325</b>
	<b>INSURER C:</b> Allied Eastern Indemnity Company	<b>11242</b>
	<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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		CPA0143225-29	3/9/2025	3/9/2026	EACH OCCURRENCE \$ 1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
						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
						VT POLLUTION AG \$ 1,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY					
	<input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS		CAA0143226	3/9/2025	3/9/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					BODILY INJURY (Per person) \$
						BODILY INJURY (Per accident) \$
						PROPERTY DAMAGE (Per accident) \$
						\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR					
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		CUA0143228-29	3/9/2025	3/9/2026	EACH OCCURRENCE \$ 5,000,000
	DED <input checked="" type="checkbox"/> RETENTION \$ 0					AGGREGATE \$ 5,000,000
						\$
C	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input checked="" type="checkbox"/> Y <input type="checkbox"/> N / A		0000147642	3/9/2025	3/9/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER \$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. EACH ACCIDENT \$ 500,000
						E.L. DISEASE - EA EMPLOYEE \$ 500,000
						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)  
Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of these States: VT, NY  
Excluded officer under Workers' Compensation is Karen Camp

Excess Weight Permit

## CERTIFICATE HOLDER

## CANCELLATION

Camp Precast Concrete Products, Inc.  
78 Precast Road  
Milton, VT 05468

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

*J. H. Kelly*



CAMPRE-01

ASAREPALLI

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/13/2025

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> Acrisure New England Partners Insurance Services, LLC 10 Research Parkway, Suite 400 Wallingford, CT 06492	<b>CONTACT NAME:</b> Janet Rockefeller <b>PHONE (A/C, No, Ext):</b> (802) 383-1667 <b>E-MAIL ADDRESS:</b> jmrockefeller@acrisure.com <b>FAX (A/C, No):</b>																					
<b>INSURED</b> Camp Precast Concrete Products, Inc. 78 Precast Road Milton, VT 05468	<table><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A :</td><td>Continental Western Insurance Company</td><td>10804</td></tr><tr><td>INSURER B :</td><td>Acadia Insurance Company</td><td>31325</td></tr><tr><td>INSURER C :</td><td>Allied Eastern Indemnity Company</td><td>11242</td></tr><tr><td>INSURER D :</td><td></td><td></td></tr><tr><td>INSURER E :</td><td></td><td></td></tr><tr><td>INSURER F :</td><td></td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A :	Continental Western Insurance Company	10804	INSURER B :	Acadia Insurance Company	31325	INSURER C :	Allied Eastern Indemnity Company	11242	INSURER D :			INSURER E :			INSURER F :		
INSURER(S) AFFORDING COVERAGE		NAIC #																				
INSURER A :	Continental Western Insurance Company	10804																				
INSURER B :	Acadia Insurance Company	31325																				
INSURER C :	Allied Eastern Indemnity Company	11242																				
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INSURER E :																						
INSURER F :																						

## COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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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"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:			CPA0143225-29	3/9/2025	3/9/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 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 VT POLLUTION AG \$ 1,000,000 COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			CAA0143226	3/9/2025	3/9/2026	\$ \$ \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			CUA0143228-29	3/9/2025	3/9/2026	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y	N/A	0000147642	3/9/2025	3/9/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - FA EMPLOYEE \$ 500,000 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)  
Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of these States: VT, NY  
Excluded officer under Workers' Compensation is Karen Camp

RE: Excess Weight Permit

## CERTIFICATE HOLDER

## CANCELLATION

Town of Londonderry  
100 Old School Street  
South Londonderry, VT 05155

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



Vermont Agency of Transportation  
Department of Motor Vehicles  
Uniform Municipal Excess Weight Permit

#2025-16  
check #51345  
Paid \$10.00

S. Londonderry, VT  
(Municipality)



Fleet



Single Vehicle

Approval is hereby given for the granting of a permit under the provisions of VSA Title 23, Sec. 1400a, and any amendments thereto, covering the operations of motor vehicles over local highways and bridges with gross loads as follows:

Registrant: Bazin Brothers Trucking, Inc

Address: 2425 Back Westminster Rd Westminster Vermont 05158  
Street/Road City State Zip

Contact: Meagan Day - mday@bazinbrothers.com Phone: 802-463-2077 x111

Type of Vehicles	# of Axles	Product Carried	Max. Weight Requested	Max Weight Approved
DumpTruck-TK	3	Dirt - All	60,000	60,000
Tri-Axle - TK	4	Dirt - All	69,000	69,000
LowBed(2TTs)	5 / 8	Equip(both)-All	80000/143000	80,000 / 143,000
Live Botton TT	6	Dirt - All	99,000	99,000

Approved for the following highways (list may be attached): \_\_\_\_\_

The following restrictions apply (list may be attached): \_\_\_\_\_

This approval shall be effective for no more than a one-year period ending March 31, 2026. If a fleet permit, this approval covers all vehicles bearing the registrants name. If the permit is to cover unmarked company trucks, please attach a list to this form giving the year, make, VIN number, maximum weight and registration number.

The holder of a permit shall be liable for any damage to highways or bridges per VSA Title 23, Sec. 1400a © and is **required to furnish the municipality a valid Certificate of Insurance** in the following amounts: a minimum of \$100,000/\$300,000 Personal Injury Liability Coverage and \$100,000 Property Damage Coverage.

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

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**BAZIN BROTHER'S TRUCKING, INC**

2425 Back Westminster Road  
Westminster, Vermont 05158  
Tel. 802-463-2077 • Fax. 802-463-2598

**Townships:**

**Our insurance renews every October. In October our insurance agent sent out a certificate of insurance to your town. If you don't have it please email Donna Bickford at the Rowley Agency. Her email address is [dbickford@rowleyagency.com](mailto:dbickford@rowleyagency.com)**

**Thank you,**

**Bazin Brothers Trucking.**

#2025-17  
Check # 2078817  
Paid \$10.00

Vermont Agency of Transportation  
Department of Motor Vehicles  
Uniform Municipal Excess Weight Permit

Londonderry

(Municipality)



Fleet



Single Vehicle

Approval is hereby given for the granting of a permit under the provisions of VSA Title 23, Sec. 1400a, and any amendments thereto, covering the operations of motor vehicles over local highways and bridges with gross loads as follows:

Registrant: Dead River Company

Address: 1 Putney Rd. Brattleboro Vt. 05301  
Street/Road City State Zip

Contact: Daniel A. Daly Phone: 802-689-9394

Type of Vehicles	# of Axles	Product Carried	Max. Weight Requested	Max Weight Approved
TK	2-3	A	33,000	

Approved for the following highways (list may be attached): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

The following restrictions apply (list may be attached): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

This approval shall be effective for no more than a one-year period ending March 31, \_\_\_\_\_. If a fleet permit, this approval covers all vehicles bearing the registrants name. If the permit is to cover unmarked company trucks, please attach a list to this form giving the year, make, VIN number, maximum weight and registration number.

The holder of a permit shall be liable for any damage to highways or bridges per VSA Title 23, Sec. 1400a © and is **required to furnish the municipality a valid Certificate of Insurance** in the following amounts: a minimum of \$100,000/\$300,000 Personal Injury Liability Coverage and \$100,000 Property Damage Coverage.

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

Title: \_\_\_\_\_

Date: \_\_\_\_\_

## Instructions for Applicant

1. Permit is valid for up to one year, expiring on March 31.
2. Please include an administrative fee of \$5.00 for each single vehicle application, or \$10.00 for a fleet permit:
  - a. A municipal permit fee of \$10.00.
3. Single vehicle permits must be carried in the permitted truck. Fleet permits are not required to be carried in the trucks.
4. Please use the following codes:

Type of Vehicle		Products	
TK	Truck	A	All Products
TR	Tractor		
TT	Tractor Trailer	M	Unprocessed Milk Products

## Instructions for Municipality

1. You may attach a copy of approved highways and/or restrictions to this form.
2. A Vermont blanket permit is not required for issuance of Municipal Excess weight permits.
3. Special weight limits which are higher or lower than legal limits for highways or bridges within your jurisdiction must be on file with the Vermont department of Motor Vehicles as outlined in 23 V.S.A. §1400b.





DEADRV-01

TSPENCER

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/11/2025

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.

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<b>PRODUCER</b> United Insurance - Portland 470 Forest Avenue Portland, ME 04101	<b>CONTACT NAME:</b>		
	<b>PHONE (A/C, No, Ext):</b> (207) 797-9400	<b>FAX (A/C, No):</b> (207) 523-8057	
	<b>E-MAIL ADDRESS:</b> Info@UnitedInsurance.net		
<b>INSURED</b>  Dead River Company, LLC 82 Running Hill Road, Suite 400 South Portland, ME 04106	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	<b>INSURER A : United States Fire Ins Co</b>		<b>21113</b>
	<b>INSURER B : North River Ins Co</b>		<b>21105</b>
	<b>INSURER C : Maine Employers Mutual Insurance Co</b>		<b>11149</b>
	<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
<b>A</b>	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b>			<b>541-717406-1</b>	<b>10/1/2024</b>	<b>10/1/2025</b>	EACH OCCURRENCE \$ <b>1,000,000</b>
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>1,000,000</b>				
			MED EXP (Any one person) \$ <b>5,000</b>				
			PERSONAL & ADV INJURY \$ <b>1,000,000</b>				
	GEN'L AGGREGATE LIMIT APPLIES PER:		GENERAL AGGREGATE \$ <b>2,000,000</b>				
	<input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC		PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b>				
	OTHER:						
<b>A</b>	<b>AUTOMOBILE LIABILITY</b>			<b>138-775376-7</b>	<b>10/1/2024</b>	<b>10/1/2025</b>	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b>
	<input checked="" type="checkbox"/> ANY AUTO		BODILY INJURY (Per person) \$				
	<input checked="" type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS		BODILY INJURY (Per accident) \$				
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		PROPERTY DAMAGE (Per accident) \$				
	<input checked="" type="checkbox"/> MCS90 <input checked="" type="checkbox"/> CA9948						
<b>B</b>	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR			<b>582-124136-4</b>	<b>10/1/2024</b>	<b>10/1/2025</b>	EACH OCCURRENCE \$ <b>5,000,000</b>
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ <b>5,000,000</b>				
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						
<b>C</b>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>			<b>5101801013</b>	<b>10/1/2024</b>	<b>10/1/2025</b>	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input type="checkbox"/> N	E.L. EACH ACCIDENT \$ <b>1,000,000</b>				
	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	E.L. DISEASE - EA EMPLOYEE \$ <b>1,000,000</b>				
			E.L. DISEASE - POLICY LIMIT \$ <b>1,000,000</b>				

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

## CERTIFICATE HOLDER

## CANCELLATION

Town of Londonderry VT  
100 Old School Street  
South Londonderry, VT 05155

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

*Tricia J. Spencer*

**The following entities and DBA names are  
Additional Named Insureds:**

Dead River Company LLC  
RCI Denali Holdings, LLC  
Penobscot Bay Terminals, LLC  
Dead River Company Transport LLC  
Dead River Tanks, LLC  
Dead River Transport LLC  
Skip McKean Petroleum Transportation  
Penobscot Bay Terminals Inc  
Buxton Oil Company  
Heatable  
Crowley- Main St.  
Ayer & Goss  
Ashland Service Station  
Dead River Company DBA Dunbar Waters  
Scott Energy Co.  
Augusta Fuel Company  
PitStop Fuels  
DePew Oil Co.  
Bournes Energy  
Robys Gas

Coverage for these Additional Named Insureds  
is subject to each policy's provisions.

#2025-18  
check #89346  
\$10.00

Vermont Agency of Transportation  
Department of Motor Vehicles  
Uniform Municipal Excess Weight Permit

Londonderry  
(Municipality)



Fleet



Single Vehicle

Approval is hereby given for the granting of a permit under the provisions of VSA Title 23, Sec. 1400a, and any amendments thereto, covering the operations of motor vehicles over local highways and bridges with gross loads as follows:

COTA & COTA. INC

Registrant: \_\_\_\_\_

Address: 4 GREEN STREET BELLOWS FALLS VT 05101  
Street/Road City State Zip

Contact: Kelley Cota Tully Phone: 802-463-0000

Type of Vehicles	# of Axles	Product Carried	Max. Weight Requested	Max Weight Approved
TK	2	A	33,000	

Approved for the following highways (list may be attached): \_\_\_\_\_

The following restrictions apply (list may be attached): \_\_\_\_\_

This approval shall be effective for no more than a one-year period ending March 31, 2026. If a fleet permit, this approval covers all vehicles bearing the registrants name. If the permit is to cover unmarked company trucks, please attach a list to this form giving the year, make, VIN number, maximum weight and registration number.

The holder of a permit shall be liable for any damage to highways or bridges per VSA Title 23, Sec. 1400a © and is **required to furnish the municipality a valid Certificate of Insurance** in the following amounts: a minimum of \$100,000/\$300,000 Personal Injury Liability Coverage and \$100,000 Property Damage Coverage.

Approved: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_





## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/15/2024

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).

<b>PRODUCER</b> Wieczorek Insurance 166 Concord St.  Manchester NH 03104	<b>CONTACT NAME:</b> Lauren Bombara <b>PHONE (A/C, No. Ext):</b> (603) 668-3311 <b>E-MAIL ADDRESS:</b> Lauren@wizinsurance.com <b>FAX (A/C, No):</b> (603) 668-8413
<b>INSURED</b> Cota & Cota, Inc. 4 Green Street  Bellows Falls VT 05101	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Hanover Insurance <b>INSURER B:</b> Eastern Alliance Insurance Company <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>

## COVERAGES

CERTIFICATE NUMBER: 24-25 Basic

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"/> 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 OTHER:			ZBVD674402	8/1/2024	8/1/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 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
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS			AHVD651226	8/1/2024	8/1/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$ 0			UHVVD651227	8/1/2024	8/1/2025	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	Cov A: VT, NH, MA, & NY 01-0000134181-05	8/1/2024	8/1/2025	<input checked="" type="checkbox"/> PER STATUTE E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

Provision of MCS90 applies to business auto- includes Broad Form Pollution Coverage (CA0185)

## CERTIFICATE HOLDER

## CANCELLATION

EC Coordination  
4080 VT Route 11  
Londonderry, VT 05148

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

R Wieczorek/LAUREN

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## Additional Named Insureds

### Other Named Insureds

C&H Transportation	Additional Named Insured
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Gay's Fuel Service, Inc.	Additional Named Insured
--------------------------	--------------------------

Westminster Real Estate Holdings, LLC	Additional Named Insured
---------------------------------------	--------------------------

#2025-19  
\$10.00  
Check # 18840

Vermont Agency of Transportation  
Department of Motor Vehicles  
Uniform Municipal Excess Weight Permit

Londonbury, VT  
(Municipality)



Fleet



Single Vehicle

Approval is hereby given for the granting of a permit under the provisions of VSA Title 23, Sec. 1400a, and any amendments thereto, covering the operations of motor vehicles over local highways and bridges with gross loads as follows:

Registrant: CASELLA CONSTRUCTION

Address: 1385 US ROUTE 7 PITTSFORD VT 05763  
Street/Road City State Zip

Contact: MACKENZIE MAHONEY Phone: 802-774-1364

<u>Type of Vehicles</u>	<u># of Axles</u>	<u>Product Carried</u>	<u>Max. Weight Requested</u>	<u>Max Weight Approved</u>
SEE ATTACHE				

The following restrictions apply (list may be attached): \_\_\_\_\_

1.

This approval shall be effective for no more than a one-year period ending March 31, 2025. If a fleet permit, this approval covers all vehicles bearing the registrants name. If the permit is to cover unmarked company trucks, please attach a list to this form giving the year, make, VIN number, maximum weight and registration number.

The holder of a permit shall be liable for any damage to highways or bridges per VSA Title 23, Sec. 1400a © and is **required to furnish the municipality a valid Certificate of Insurance** in the following amounts: a minimum of \$100,000/\$300,000 Personal Injury Liability Coverage and \$100,000 Property Damage Coverage.

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

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Equipment Specifications

Filters: Equipment type - Truck Dump 20 Ton, Truck Log, Truck Tractor, Truck Tractor LNG

ID	Description	Serial Number	License Plate	Equipment Type	Ownership Type	TYPE	AXLES	WEIGHT REQUESTED (LBS)
1276	Truck Tractor - 7600 International	2HSC45CR45C174771	12D79	Truck Tractor	Owned		6 (W/ 3 AXLE TRAILER )	99,000
2243	Truck Dump Triaxle - Mack RD688S	1M2P267C41M055682	70CD7	Truck Dump 20 Ton	Owned	TK	3 (+1 LIFT AXLE)	69,000
2254	Truck Dump Triaxle - Mack Granite	1M2AG11C76M030818	47D58	Truck Dump 20 Ton	Owned	TK	3 (+1 LIFT AXLE)	69,000
2255	Truck Dump Triaxle - Mack Granite	1M2ATD4C17M004721	53D90	Truck Dump 20 Ton	Owned	TK	3 (+1 LIFT AXLE)	69,000
2256	Truck Dump Triaxle - Mack Granite	1M2ATG4C17M003052	53D91	Truck Dump 20 Ton	Owned	TK	3 (+1 LIFT AXLE)	69,000
2257	Truck Dump Triaxle - Kenworth T880	1NKZK4TXKNJ469485	23 E14	Truck Dump 20 Ton	Owned	TK	3 (+1 LIFT AXLE)	69,000
2258	Truck Dump Triaxle - Kenworth T880	1NKZK4TXBNJ469484	24 E27	Truck Dump 20 Ton	Owned	TK	3 (+1 LIFT AXLE)	69,000
2259	Truck Dump Tri-Axle - KW T880	1NKZK4TXKPJ173854	28E54	Truck Dump 20 Ton	Owned	TK	3 (+1 LIFT AXLE)	69,000
2260	Truck Dump Tri-Axle - KW T880	1NKZK4TXJ173855	28E53	Truck Dump 20 Ton	Owned	TK	3 (+1 LIFT AXLE)	69,000
2261	Truck Dump Tri-Axle - KW T880	1NKZK4TX3PJ173856	28E55	Truck Dump 20 Ton	Owned	TK	3 (+1 LIFT AXLE)	69,000
2262	Truck Dump Tri-Axle - KW T880	1NKZK4TX1S132554	05E80	Truck Dump 20 Ton	Owned	TK	3 (+1 LIFT AXLE)	69,000
2263	Truck Dump Tri-Axle - KW T880	1NKZK4TX3S132555	05E79	Truck Dump 20 Ton	Owned	TK	3 (+1 LIFT AXLE)	69,000
2400	Truck Log - Kenworth W900	1NKWX4TX6NR148208	27E21	Truck Log	Owned	TK	3 (+1 LIFT AXLE)	69,000
2401	Truck Log - Peterbilt 389	1NPXX4EX3LD1715223	27E73	Truck Log	Owned	TK	3 (+1 LIFT AXLE)	69,000
7400	Truck Tractor - Kenworth T800	1NKDD39XXFJ443118	75D44	Truck Tractor LNG	Owned	TT	6 (W/ 3 AXLE TRAILER )	99,000
7401	Truck Tractor - Kenworth T800	1NKDD39X1FJ443119	75D45	Truck Tractor LNG	Owned	TT	6 (W/ 3 AXLE TRAILER )	99,000
7402	Truck Tractor - Kenworth T800	1NKDD39X8FJ443120	75D46	Truck Tractor LNG	Owned	TT	6 (W/ 3 AXLE TRAILER )	99,000
7403	Truck Tractor - Kenworth T800	1NKDD39XXFJ443121	75D47	Truck Tractor LNG	Owned	TT	6 (W/ 3 AXLE TRAILER )	99,000
7404	Truck Tractor - Kenworth T800	1NKDD39X1FJ443122	75D48	Truck Tractor LNG	Subcontracted	TT	6 (W/ 3 AXLE TRAILER )	99,000
7405	Truck Tractor - Kenworth T800	1NKDD39X3FJ443123	75D49	Truck Tractor LNG	Owned	TT	6 (W/ 3 AXLE TRAILER )	99,000
7406	Truck Tractor - Kenworth T800	1NKDD39X5FJ443124	68D23	Truck Tractor LNG	Owned	TT	6 (W/ 3 AXLE TRAILER )	99,000
7407	Truck Tractor - Kenworth T800	1NKDD39X7FJ443125	68D24	Truck Tractor LNG	Owned	TT	6 (W/ 3 AXLE TRAILER )	99,000
7408	Truck Tractor - Kenworth T800	1NKDD39X9FJ443126	68D25	Truck Tractor LNG	Owned	TT	6 (W/ 3 AXLE TRAILER )	99,000
7409	Truck Tractor - Kenworth T800	1NKDD39X0FJ443127	68D26	Truck Tractor LNG	Owned	TT	6 (W/ 3 AXLE TRAILER )	99,000
7410	Truck Tractor - Kenworth T800	1NKDD39X2FJ443128	68D27	Truck Tractor LNG	Owned	TT	6 (W/ 3 AXLE TRAILER )	99,000
7411	Truck Tractor - Kenworth T800	1NKDD39X4FJ443129	68D28	Truck Tractor LNG	Owned	TT	6 (W/ 3 AXLE TRAILER )	99,000
7412	Truck Tractor - Kenworth T800	1NKDD39X0FJ443130	68D29	Truck Tractor LNG	Owned	TT	6 (W/ 3 AXLE TRAILER )	99,000
7413	Truck Tractor - Kenworth T800	1NKDD39X2FJ443131	68D30	Truck Tractor LNG	Owned	TT	6 (W/ 3 AXLE TRAILER )	99,000
7414	Truck Tractor - Kenworth T800	1NKDD39X0FJ468920	21E76	Truck Tractor LNG	Owned	TT	6 (W/ 3 AXLE TRAILER )	99,000
7415	Truck Tractor - Kenworth T800	1NKDD39X2FJ468921	78D07	Truck Tractor LNG	Owned	TT	6 (W/ 3 AXLE TRAILER )	99,000
7416	Truck Tractor - Kenworth T800	2XKWD89XR4RM614094	84D39	Truck Tractor	Owned	TT	6 (W/ 3 AXLE TRAILER )	99,000
7418	Truck Tractor - Kenworth W900B	1XKWP4TX0J193649	90D57	Truck Tractor	Owned	TT	6 (W/ 3 AXLE TRAILER )	99,000
7419	Truck Tractor - Kenworth T880	1XKZD40X5J193052	90D58	Truck Tractor	Owned	TT	6 (W/ 3 AXLE TRAILER )	99,000
7424	Truck Tractor - Kenworth T880	1XKZD40X2J284751	11E73	Truck Tractor	Rented	TT	6 (W/ 3 AXLE TRAILER )	99,000
7426	Truck Tractor - Kenworth T880	1XKZD40XXLJ434154	15E13	Truck Tractor	Owned	TT	6 (W/ 3 AXLE TRAILER )	99,000
7427	Truck Tractor - Kenworth T880	1XKZD40XL1J434155	15E14	Truck Tractor	Owned	TT	6 (W/ 3 AXLE TRAILER )	99,000
7429	Truck Tractor - Kenworth T880	1XKZD40XS1J434157	15E16	Truck Tractor	Owned	TT	6 (W/ 3 AXLE TRAILER )	99,000
7430	Truck Tractor - Kenworth T880	1XKZD40X7LJ434158	15E17	Truck Tractor	Owned	TT	6 (W/ 3 AXLE TRAILER )	99,000
7431	Truck Tractor - Kenworth T880	1XKZD40X9LJ434159	25E54	Truck Tractor	Owned	TT	6 (W/ 3 AXLE TRAILER )	99,000
7432	Truck Tractor - Kenworth T880	1XKZD40XS1J434160	15E19	Truck Tractor	Owned	TT	6 (W/ 3 AXLE TRAILER )	99,000
7433	Truck Tractor - Kenworth T880	1XKZD40X7LJ434161	15E20	Truck Tractor	Owned	TT	6 (W/ 3 AXLE TRAILER )	99,000
7434	Truck Tractor - Kenworth T880	1XKZD40XXLJ434462	15E21	Truck Tractor	Owned	TT	6 (W/ 3 AXLE TRAILER )	99,000
7435	Truck Tractor - Kenworth T880	1XKZD40X9LJ434470	28E10	Truck Tractor	Owned	TT	6 (W/ 3 AXLE TRAILER )	99,000
7437	Truck Tractor - Peterbilt 378	1XPFD49X77N681968	18E15	Truck Tractor	Owned	TT	6 (W/ 3 AXLE TRAILER )	99,000
7438	Truck Tractor - Kenworth W900	1XKWD40X9NR491999	26E20	Truck Tractor	Owned	TT	6 (W/ 3 AXLE TRAILER )	99,000
7439	Truck Tractor - Kenworth T880	1XKZDP0X1N1543305	27E75	Truck Tractor	Owned	TT	6 (W/ 3 AXLE TRAILER )	99,000
7440	Truck Tractor - Peterbilt 389	1XPXD40XXMD752048	27E74	Truck Tractor	Owned	TT	6 (W/ 3 AXLE TRAILER )	99,000
7444	Truck Tractor - Kenworth T880	1XKZDP0X3NJ154306	27E72	Truck Tractor	Owned	TT	6 (W/ 3 AXLE TRAILER )	99,000
7445	Truck Tractor - Kenworth T880 Sleeper	1XKZD40X4PJ215695	25E98	Truck Tractor	Owned	TT	6 (W/ 3 AXLE TRAILER )	99,000
7446	Truck Tractor - Kenworth T880	3WKZDP0X0PF248361	29E50	Truck Tractor	Owned	TT	6 (W/ 3 AXLE TRAILER )	99,000
7447	Truck Tractor - Kenworth T880 2023	1XKZD40X7PJ216520	31E80	Truck Tractor	Owned	TT	6 (W/ 3 AXLE TRAILER )	99,000
7448	Truck Tractor - Kenworth T880 2023	1XKZD40X9PJ216521	31E79	Truck Tractor	Owned	TT	6 (W/ 3 AXLE TRAILER )	99,000
7449	Truck Tractor - Kenworth T880 Sleeper 2023	1XKZD40X4PJ267750	32E47	Truck Tractor	Owned	TT	6 (W/ 3 AXLE TRAILER )	99,000
7800	Truck Tractor - International 99001	2H5CHAPT7C533103	29E19	Truck Tractor	Owned	TT	6 (W/ 3 AXLE TRAILER )	99,000
7801	Truck Tractor - Kenworth T880	1XKZD40X0RJ321158	35E77	Truck Tractor	Owned	TT	6 (W/ 3 AXLE TRAILER )	99,000
7802	Truck Tractor - Kenworth T880	1XKZD40X6RJ348171	36 E62	Truck Tractor	Owned	TT	6 (W/ 3 AXLE TRAILER )	99,000
7803	Truck Tractor - Kenworth T880	1XKZD40X8RJ370821	38 E37	Truck Tractor	Owned	TT	6 (W/ 3 AXLE TRAILER )	99,000
7804	Truck Tractor LNG - Kenworth T880	1NKZD39X3RJ348233	38 E36	Truck Tractor LNG	Owned	TT	6 (W/ 3 AXLE TRAILER )	99,000
7805	Truck Tractor - Kenworth T880 Sleeper	1XKZD40X7S1372341	00E79	Truck Tractor	Owned	TT	6 (W/ 3 AXLE TRAILER )	99,000
7807	Truck Tractor - Kenworth T880	1XKZDP0X2S166927	38E78	Truck Tractor	Owned	TT	6 (W/ 3 AXLE TRAILER )	99,000
7808	Truck Tractor - Kenworth W900	1XKWD49XSSR121342	38E77	Truck Tractor	Owned	TT	6 (W/ 3 AXLE TRAILER )	99,000
7809	Truck Tractor - Kenworth T880	1XKZD40X6S185009	07E78	Truck Tractor	Owned	TT	6 (W/ 3 AXLE TRAILER )	99,000
7810	Truck Tractor - Kenworth T880	1XKZD40X2S185010	07E79	Truck Tractor	Owned	TT	6 (W/ 3 AXLE TRAILER )	99,000
7811	Truck Tractor - Kenworth T880	1XKZD40X4S185008	07E77	Truck Tractor	Owned	TT	6 (W/ 3 AXLE TRAILER )	99,000



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
03/20/2025

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> Alera Group, Inc. PO Box 279  Montpelier VT 05601		<b>CONTACT NAME:</b> Stacie Peyrat <b>PHONE (A/C, No, Ext):</b> (802) 223-8070 <b>E-MAIL ADDRESS:</b> speyrat@nwjinsurance.com <b>FAX (A/C, No):</b> (802) 223-7515	
<b>INSURED</b>  Casella Construction, Inc. 1385 US Route 7  Pittsford VT 05763		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> The Cincinnati Insurance Companies <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	
		<b>NAIC #</b> 10677	

**COVERAGES** **CERTIFICATE NUMBER:** 24-25 GL/Auto/WC/XS **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"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> \$10k Ded.  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			EPP 0580838	07/01/2024	07/01/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 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 \$
	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" 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 <input checked="" type="checkbox"/> \$5k LiabDed			EBA 0494641	07/01/2024	07/01/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			EPP 0580838	07/01/2024	07/01/2025	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y / N <input checked="" type="checkbox"/> N N/A			EWC0497878	07/01/2024	07/01/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

## CERTIFICATE HOLDER

Town of Londonderry 100 Old School Street  Londonderry VT 05148
--

## 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 





**Application ID:** DLL - Application - 57053  
**Application for:** Second Class License  
**Category of Business:** Second Class

### Business/ Entity Information

**Business/ Entity Name:** Clough, Michael & Tammy  
**Business ID:** 0265311  
**Business Address:** PO BOX 178,  
S LONDONDERRY, Vermont 05155  
**Entity Type:** Limited Liability Partnership  
**Management Type if LLC:**  
**Phone:** [REDACTED]  
**Email:** [REDACTED]

### People Information

• **Person:**

Trevor Clough

**Business Role:**  
Business Principal

**Email:** [REDACTED]

**Business Address:**

**US Citizen?**

,  
, ,

**Political Position**

**Phone:**

**Name:** Trevor Clough

**Office:**

**Jurisdiction:**

**Violations:**

Violation ID	Court/Traffic Bureau	Offense	Date of Offense
--------------	----------------------	---------	-----------------

### Location/ Premises Detail

**Location Name:** **Do you lease this Premises:**

Mike and Tammy's Main Street Deli/Market

Lease

**Location Address:**

2170 Route 11,  
Londonderry, Vermont 05148

**Health License:**

Food:1247  
Lodging:

**Local Jurisdiction/ Town Clerk:**

Londonderry

**Vermont Tax Department:**

MRT-10105704

**Education Details**

**Student Name:**

Tammy Clough

**Training Completion Date:**

Tue Jan 14 00:00:00 GMT 2025

**Mode of Training:**

DLC Online Training

**Type of Training:**

Second Class (Off Premise)

**Foundational License (if applicable)**

**License Type:**

Second Class

**License Number:**

LP-015688

**Licensee Name:**

Mike and Tammy's Main Street Deli/Market

**License Status:**

License Active - Renewal in Process

**Licensee Address:**

2170 Route 11 ,  
Londonderry, Vermont 05148

**License Start Date:**

**License End Date:**

**Documents Attached**

Name	Document Type	Assosicated With
------	---------------	------------------

**Payment and Acknowledgement**

**Signed by:**

Tammy Clough

**State of Vermont / DLL Application Fee:**

70.00

**Date of Submission:**

2025-04-01 15:57:36

**State of Vermont / DLL Payment Status:**

**Local Application Fee:**

70

**Local Control Payment Status:**

false

Vermont Agency of Transportation  
Department of Motor Vehicles  
Uniform Municipal Excess Weight Permit

check # 70928  
1000

#2025-21

Town of Londonderry  
(Municipality)



Fleet



Single Vehicle

Approval is hereby given for the granting of a permit under the provisions of VSA Title 23, Sec. 1400a, and any amendments thereto, covering the operations of motor vehicles over local highways and bridges with gross loads as follows:

Registrant: Structural Wood Corporation

Address: 243 Lincoln Ave Waddington NY 13694 P.O. Box 339  
Street/Road City State Zip

Contact: juddy@structuralwoodcorp.com Phone: 315-212-4322

Type of Vehicles	# of Axles	Product Carried	Max. Weight Requested	Max Weight Approved
<u>TT</u>	<u>03</u>	<u>Roof trusses</u>	<u>33,000</u>	
<u>TT</u>	<u>04</u>	<u>Roof trusses</u>	<u>80,000</u>	

Approved for the following highways (list may be attached):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The following restrictions apply (list may be attached):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This approval shall be effective for no more than a one-year period ending March 31, \_\_\_\_\_. If a fleet permit, this approval covers all vehicles bearing the registrants name. If the permit is to cover unmarked company trucks, please attach a list to this form giving the year, make, VIN number, maximum weight and registration number.

The holder of a permit shall be liable for any damage to highways or bridges per VSA Title 23, Sec. 1400a © and is **required to furnish the municipality a valid Certificate of Insurance** in the following amounts: a minimum of \$100,000/\$300,000 Personal Injury Liability Coverage and \$100,000 Property Damage Coverage.

Approved: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_



## Instructions for Applicant

1. Permit is valid for up to one year, expiring on March 31.
2. Please include an administrative fee of \$5.00 for each single vehicle application, or \$10.00 for a fleet permit:
  - a. A municipal permit fee of \$10.00.
3. Single vehicle permits must be carried in the permitted truck. Fleet permits are not required to be carried in the trucks.
4. Please use the following codes:

Type of Vehicle		Products	
TK	Truck	A	All Products
TR	Tractor		
TT	Tractor Trailer	M	Unprocessed Milk Products

## Instructions for Municipality

1. You may attach a copy of approved highways and/or restrictions to this form.
2. A Vermont blanket permit is not required for issuance of Municipal Excess weight permits.
3. Special weight limits which are higher or lower than legal limits for highways or bridges within your jurisdiction must be on file with the Vermont department of Motor Vehicles as outlined in 23 V.S.A. §1400b.

YEAR	MAKE	MODEL	ASSIGNED	PLATE	VIN NUMBER
2006	FORD	650	ALCOA	32065-MC	3FRNF65E06V385042
2020	KENWORTH	KW T-880	TRANSFER	84236PC	1XKZD40X0LJ422711
2020	KENWORTH	KW T-880	CRANE	85243PC	1NKZL40X1LJ407776
2003	MACK	CV713 - MACK	DAVE SWC	41310PC	1M1AG11Y03M00581
2017	PETERBILT	367	CRANE	72527PC	1XPTDP0X3HD447397
2011	PETERBILT	348	CRANE	84226PC	2NP3LN0X3BM126303
2013	INTERNATIONAL	TARA STAR	INTER	39149PC	1HTJSSKK4DH200365



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
1/16/2025

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).

**PRODUCER**  
OneGroup NY, Inc-Johnson City  
117 Oakdale Road  
Suite 100  
Johnson City NY 13790

**CONTACT NAME:** Deborah Holden  
**PHONE (A/C, No, Ext):** 607-238-4080  
**FAX (A/C, No):**  
**E-MAIL ADDRESS:** DHolden@onegroup.com

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A : MUTUAL OF OMAHA		71412
INSURER B : Selective Insurance Co. of America		12572
INSURER C : Selective Insurance Co. of New York		13730
INSURER D :		
INSURER E :		
INSURER F :		

**INSURED**  
Structural Wood Corp  
T/A Upstate Doors A/T/A Roll Lock Truss  
PO Box 339  
Waddington NY 13694

STRWO

## COVERAGES

**CERTIFICATE NUMBER:** 1203209322

**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
C	<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 checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	S 2443441	5/9/2024	5/9/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
C	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	S 2443441	5/9/2024	5/9/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	Y	Y	S 2443441	5/9/2024	5/9/2025	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
B	<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	N/A	WC9097880	1/1/2025	1/1/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Disability			G000C7FQ	12/1/2024	12/1/2025	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Hired Physical damage Comprehensive \$100/Collision \$1,000

## CERTIFICATE HOLDER

TOWN LONDONDERRY  
100 OLD SCHOOL RD  
SOUTH LONDONDERRY VT 05155

## 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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check # 2527  
10.00

#2025-20

\_\_\_\_ Town of Londonderry \_\_\_\_  
(Municipality)

VERMONT AGENCY OF TRANSPORTATION  
DEPARTMENT OF MOTOR VEHICLES  
UNIFORM MUNICIPAL EXCESS WEIGHT PERMIT  
FLEET

Approval is hereby given for the granting of a fleet permit under the provisions of VSA Title 23, Sec. 1400a, and any amendments thereto, covering the operations of motor vehicles over local highways and bridges with gross loads as follows:

Owner: TK Trucking, Inc.  
Address: 1319 Little Pond Rd  
Londonderry, VT 05148  
Contact: Robin Kurjiaka Phone# 802-824-4108

Type(s) of Vehicle(s)	# of Axles	Product Carried	Max. Weight Requested	Max Weight Approved
Tractor Trailer	6	Logs	99,000	_____

Approved for the following highways (list may be attached): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

The following restrictions apply (list may be attached):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This approval shall be effective for no more than a one year period ending March 31, 2025. This approval covers all vehicles bearing the company name. If permit is to cover unmarked company trucks, please attach a list to this form giving year and make of truck, VIN#, maximum weight and registration #.

The holder of a permit shall be liable for any damage to highways or bridges per VSA Title 23, Sec 1400a(c) and is required to furnish the municipality a valid Certificate of Insurance in the following amounts: a minimum of \$100,000/\$300,000 Personal Injury Liability Coverage and \$100,000 Property Damage Coverage.

Approved: \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
(Duly authorized agent)

Note: Effective July 1, 1994, a Vermont State permit is not required to operate on local highways and bridges.





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
3/26/2025

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> CASS INSURANCE INC. P.O. BOX 406 NEWPORT, VT 05855-0406		<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext):</b> 802-334-6944 <b>FAX (A/C, No):</b> 802-334-6934 <b>E-MAIL ADDRESS:</b>	
<b>INSURED</b> T.K. TRUCKING INC. 1319 LITTLE POND RD. LONDONDERRY, VT 05148		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> PROGRESSIVE CASUALTY <b>INSURER B:</b> <b>INSURER C:</b> <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/SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/OP AGG \$ \$
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		GA0-15-05-164	1/24/2025	1/24/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 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  DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	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 \$

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

**CERTIFICATE HOLDER****CANCELLATION**Town of Windham  
5976 Windham Hill RD  
Windham, VT 05359

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

*No Cass*

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Green  
Non-Therapeutics

open



NAPA

Main Street



STATE OF VERMONT - VERMONT DEPARTMENT OF HEALTH  
COMMISSIONER OF HEALTH  
License to Operate

FEE: \$260.00

I.D.# 4913  
LICENSE TYPE: CATERER - COMMERCIAL  
EFFECTIVE DATE: 09/30/2024

ESTABLISHMENT NAME & LOCATION:  
SMOKIN BOWLS  
35 SYLVAN RD  
CHESTER, VT 05143

EXPIRATION DATE: 09/30/2025

THIS IS TO CERTIFY THAT ABOVE ESTABLISHMENT IS LICENSED TO  
OPERATE UNDER THE PROVISIONS OF TITLE 18, SECTIONS 4351-4358  
VERMONT STATUTES ANNOTATED.



LICENSEE NAME & ADDRESS:  
SMOKIN BOWLS LLC  
PO BOX 451  
SAXTONS RIVER, VT 05154

THIS LICENSE IS NOT TRANSFERRABLE AND IS  
VALID ONLY FOR THE LICENSEE LISTED.  
THIS LICENSE SHALL BE CONSPICUOUSLY POSTED.



**Application ID:** DLL - Application - 57095  
**Application for:** First Class Restaurant/Bar License  
**Category of Business:** First Class

### Business/ Entity Information

**Business/ Entity Name:** Business ID:  
Manzana, Inc. 0007587

**Business Address:** Entity Type:  
P.O. Box 2066, Business Corporation  
South Londonderry, Vermont 05155

**Phone:** Management Type if LLC:

### People Information

- **Person:**  
Chloe Genovart

**Business Role:**  
Business Principal

**Email:**

**Business Address:**

**US Citizen?**

**Political Position**

**Phone:**

**Name:** Chloe Genovart

**Office:**

**Jurisdiction:**

**Violations:**

Violation ID	Court/Traffic Bureau	Offense	Date of Offense
--------------	----------------------	---------	-----------------

### Location/ Premises Detail

**Location Name:** Do you lease this Premises:

Manzana, Inc.

**Location Address:**

95 Middletown Road,  
South Londonderry, Vermont 05155

**Local Jurisdiction/ Town Clerk:**

Londonderry

**Health License:**

Food:

Lodging:

**Vermont Tax Department:**

**Education Details**

**Student Name:**

Chloe Genovart

**Training Completion Date:**

Thu May 16 00:00:00 GMT 2024

**Mode of Training:**

DLC Online Training

**Type of Training:**

First Class (On Premise)

**Foundational License (if applicable)**

**License Type:**

First Class

**License Number:**

LP-016808

**Licensee Name:**

Manzana, Inc.

**License Status:**

License Active - Renewal in Process

**Licensee Address:**

95 Middletown Road ,  
South Londonderry, Vermont 05155

**License Start Date:**

**License End Date:**

**Documents Attached**

Name	Document Type	Assosicated With
------	---------------	------------------

**Payment and Acknowledgement**

**Signed by:**

Chloe Genovart

**State of Vermont / DLL Application Fee:**

115.00

**Date of Submission:**

2025-04-01 17:50:50

**State of Vermont / DLL Payment Status:**

**Local Application Fee:**

115

**Local Control Payment Status:**

false



**Application ID:** DLL - Application - 57097  
**Application for:** Third Class Restaurant/Bar License  
**Category of Business:** Third Class

### Business/ Entity Information

**Business/ Entity Name:** Business ID:  
Manzana, Inc. 0007587

**Business Address:** Entity Type:  
P.O. Box 2066, Business Corporation  
South Londonderry, Vermont 05155

**Management Type if LLC:**

**Email:**

### People Information

- **Person:**  
Chloe Genovart

**Business Role:**  
Business Principal

**Email:**

**Business Address:**

**US Citizen?**

,  
, ,

**Political Position**

**Phone:**

**Name:** Chloe Genovart

**Office:**

**Jurisdiction:**

**Violations:**

Violation ID	Court/Traffic Bureau	Offense	Date of Offense
--------------	----------------------	---------	-----------------

### Location/ Premises Detail

**Location Name:** **Do you lease this Premises:**

Manzana, Inc.

**Location Address:**

95 Middletown Road,  
South Londonderry, Vermont 05155

**Local Jurisdiction/ Town Clerk:**

Londonderry

**Health License:**

Food:

Lodging:

**Vermont Tax Department:**

**Education Details**

**Student Name:**

Chloe Genovart

**Training Completion Date:**

Thu May 16 00:00:00 GMT 2024

**Mode of Training:**

DLC Online Training

**Type of Training:**

First Class (On Premise)

**Foundational License (if applicable)**

**License Type:**

Third Class

**License Number:**

LP-016809

**Licensee Name:**

Manzana, Inc.

**License Status:**

License Active - Renewal in Process

**Licensee Address:**

95 Middletown Road ,  
South Londonderry, Vermont 05155

**License Start Date:**

**License End Date:**

**Documents Attached**

Name	Document Type	Assosicated With
------	---------------	------------------

**Payment and Acknowledgement**

**Signed by:**

Chloe Genovart

**State of Vermont / DLL Application Fee:**

1095.00

**Date of Submission:**

2025-04-01 17:52:15

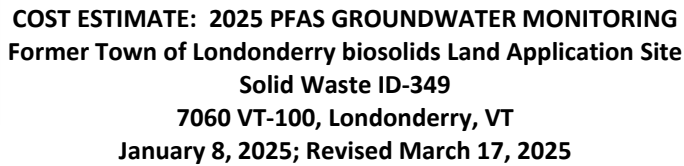
**State of Vermont / DLL Payment Status:**

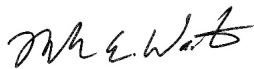
**Local Application Fee:**

0

**Local Control Payment Status:**

false



WORK ELEMENT / TASK	UNITS	CATEGORY	QTY	RATE	ELEMENT	TASK
<b>ANNUAL OPERATING BUDGET (Two Sample Events per Year; Annual Report)</b>						
<b>LONGTERM GROUNDWATER MONITORING - SPRING &amp; FALL (MW-3 &amp; MW-6 &amp; DUPLICATE)</b>						
STATE & CLIENT CORRESPONDENCE	HR	PRINCIPAL HYDROGEOLOGIST	2.0	\$145.00	\$290.00	
LOW FLOW GROUNDWATER SAMPLING	HR	STAFF SCIENTIST	22.0	\$95.00	\$2,090.00	
EQUIPMENT - LOW FLOW SAMPLING PACKAGE	DAY	EQUIPMENT	2.0	\$170.00	\$340.00	
EQUIPMENT - TURBIDITY METER	DAY	EQUIPMENT	2.0	\$40.00	\$80.00	
LAB - PFAS BY 537 MOD (24 compound List)	SAMPLE	ALPHA	6.0	\$341.00	\$2,046.00	
LAB - PFAS BY 537 MOD (FIELD BLANK)	SAMPLE	ALPHA	1.0	\$341.00	\$341.00	
TRAVEL MILEAGE (ROUNDTRIP)	EA	EXPENSE	400	\$0.70	\$280.00	
					<b>SUBTOTAL:</b>	<b>\$5,467</b>
<b>ANNUAL REPORT</b>						
DATA MANAGEMENT	HR	FIELD TECHNICIAN	2.5	\$95.00	\$237.50	
REPORT PREPARATION	HR	PROJECT SCIENTIST	8.0	\$115.00	\$920.00	
REPORT REVIEW	HR	PRINCIPAL HYDROGEOLOGIST	2.0	\$145.00	\$290.00	
ADMINISTRATIVE	HR	ADMINISTRATOR	1.0	\$65.00	\$65.00	
					<b>SUBTOTAL:</b>	<b>\$1,513</b>
<b>2025 TOTAL</b>						<b>\$6,980</b>
<b>TERMS AND CONDITIONS</b>						
<p>1. This is not a fixed cost estimate. Costs may be slightly lower or higher than estimated above. Costs will not exceed the total specified above by more than 10% without prior authorization of the Client.</p> <p>2. This estimate is based on standard field conditions. Extreme weather, difficult work conditions, or access limitations may result in increased costs.</p> <p>3. Work outside the scope of services described above will be billed on a time-and-materials basis.</p> <p>4. Terms of Payment: Net 30 days, regardless of the outcome, results, or permit approval/denial. Interest of 2.0% per month may be charged on balances more than 30 days overdue.</p> <p>5. Rates valid for 2024</p> <p>6. A retainer of _____ dollars (\$) or <u>NO</u> retainer is due with this signed estimate.</p> <p>7. All documents produced by WHEM under this Agreement shall remain property of WHEM and may not be used by the Client for any other endeavor without written consent of WHEM.</p> <p>8. Client and WHEM shall each indemnify, defend, and hold harmless the other from and against those claims, demands, judgments, losses, damages, costs and expenses, including reasonable attorney's fees, arising out of or in any way connected with the performance of services under this Agreement, excepting only those damages, liabilities, or costs attributable to the sole negligence of willful misconduct of WHEM.</p> <p>9. Any claims or disputes made during course of work between Client and WHEM shall be submitted to non-binding mediation.</p>						
<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: center;">   Miles E. Waite  Owner, Senior Hydrogeologist </div> <div style="text-align: center;"> 3/17/2025  Date </div> <div style="text-align: center;"> Town of Londonderry  Client/Authorized Signature </div> <div style="text-align: center;"> Date </div> </div>						