

**BOROUGH OF WEST PITTSTON
RESOLUTION NUMBER 24-012**

WHEREAS, West Pittston Borough Council was previously requested to temporarily close North Street between Wyoming Avenue and Third Street on October 26, 2024 from 3:30 p.m. to 6:00 p.m. for a Trunk or Treat; and

WHEREAS, West Pittston Borough Council and the Mayor, upon their own motions are desirous of closing North Street between Wyoming Avenue and Third Street on October 26, 2024 from 3:30 p.m. to 6:00 p.m.

WHEREAS, such closures are authorized pursuant to the Borough's Police Powers as well as by the Borough Code;

NOW, THEREFORE, BE IT RESOLVED, AND IT IS HEREBY RESOLVED, that the aforesaid requested approval of the requested closing of said Borough roads is hereby approved and granted; and


BE IT FURTHER RESOLVED, that West Pittston Borough shall place such barriers and/or police officers and/or other measures as it sees fit for the public street to be closed.

Enacted at a Regular Meeting of the West Pittston Borough Council on the 6th day of November, 2024.


Ellen Quinn, President

James Butera, Vice-President

ATTEST:


Kendra-lee O'Brien, Secretary

APPROVED:


Angelo Alfano, Mayor

October 23rd, 2024
West Pittston Borough
555 Exeter Avenue
West Pittston, Pa 18643.



To West Pittston Council and Mayor,

I am writing to Council and Mayor asking for a road closure of North Street from Third Street to Wyoming Avenue for our third annual trunk or treat. The closure is for the safety of the children and adults attending the event. I thank you again for your allowance in this matter.

Sincerely,



Dion Fernandes



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/22/2024

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 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 BALMER INSURANCE AGENCY PO Box 4335 Wyoming, PA 18644	CONTACT NAME: Ken Balmer	FAX (A/C. No.): (570)693-4828	
	PHONE (A/C. No. Ext.): (570)693-4231	E-MAIL ADDRESS: ken@balmerins.com	
INSURED ALEXANDER, LLC T/A HOWELL-LUSSI FUNERAL HOME 509 WYOMING AVE WEST PITTSTON, PA 18643	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: LIBERTY MUTUAL / OHIO SECURITY		
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		

COVERAGES CERTIFICATE NUMBER: 001A 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 CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/>			BLS65270909	3/1/2024	3/1/2025	EACH OCCURRENCE \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER POLICY <input type="checkbox"/> PRO. JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:						DAMAGE TO RENTED PREMISES (Ea. occurrence) \$ 1,000,000
							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
							\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea. accident) \$
	ANY AUTO						BODILY INJURY (Per person) \$
	OWNED AUTOS ONLY	<input type="checkbox"/>	SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	HIRED AUTOS ONLY	<input type="checkbox"/>	NON-OWNED AUTOS ONLY				PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB		OCCUR				EACH OCCURRENCE \$
	EXCESS LIAB		CLAIMS-MADE				AGGREGATE \$
	DED		RETENTION \$				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						OTH-ER
							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)

COVERAGE INCLUDED FOR 10/26/2024 - HALLOWEEN TRUNK OR TREAT EVENT, HELD IN PARKING LOT @ 511 WYOMING AVE., WEST PITTSTON, PA.

CERTIFICATE HOLDER

WEST PITTSTON BOROUGH
555 EXETER AVE
WEST PITTSTON PA 18643

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

Kenneth W Balmer

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