

## **BOROUGH OF WEST CAPE MAY**

### **Instructions for Use of Facilities Application and Agreement**

This packet includes the following information:

- Use of Facilities Application (1 page)
  - Use of Facilities Agreement (2 pages; sign page 2 as USER and have a witness sign underneath)
  - Schedule of Insurance – showing minimum liability amounts required
  - Samples of Insurance Certificates
    - I – Individuals – if you are having a private party (wedding, birthday, etc.) and you have homeowners insurance in your name, you can provide a copy of that policy instead of a certificate of insurance
    - II – Non-profit/Charitable Organization – provide certificate of insurance in amounts listed and with Description of Operation as shown on sample
    - III – Commercial/For Profit Group – provide certificate of insurance in amounts listed with Description of Operation as shown on sample
- TULIP – if you don't have other insurance, you can use this program to buy a one-day policy

You must complete the attached Application and Agreement forms in order to obtain a Special Event Permit. These documents and proof of insurance (in compliance with the attached samples) must be returned to the following address at least 45 days before the scheduled event:

Municipal Clerk's Office  
732 Broadway  
West Cape May, NJ 08204

A \$25 application fee (check made payable to the Borough of West Cape May) must accompany the application. Once the application is received, it will be reviewed and, if approved, the Borough will sign the Use of Facilities Agreement and a Special Permit will be issued.

If you have any questions about this process, please don't hesitate to contact the Borough Clerk's Office at (609) 884-1005 ext. 2.

Every individual, individuals, corporation or organization that wishes to use any facility owned by the Borough of West Cape May must first obtain a Special Event Permit. Any one that does not obtain this permit is in violation of Borough Ordinance and is subject to penalty.

**BOROUGH OF WEST CAPE MAY**  
**Application for Use of Facilities**

APPLICANT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Person Responsible:

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

Address: \_\_\_\_\_

Telephone: (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

The Applicant requests the use of the facilities listed below:

Name and Location of Facility(ies): \_\_\_\_\_

For the following purpose:

\_\_\_\_\_  
*(State the Purpose)*

on the following date(s): \_\_\_\_\_

Specify the hours of use: From: \_\_\_\_\_ To \_\_\_\_\_

Number of people to attend: \_\_\_\_\_

Will juveniles be present? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, what ages? \_\_\_\_\_

If juveniles will be present, the Applicant must submit the names, addresses, and telephone numbers of chaperones prior to event.

Will Alcoholic Beverages be served? \_\_\_\_\_ Yes \_\_\_\_\_ No If Yes, who will be serving the alcohol?

If Yes, attach a copy of the liquor license and the liquor liability policy of insurance.

\_\_\_\_\_ Attached

Applicant has received a copy of the **Municipality Use of Facilities Agreement** and agrees to abide by and comply with the terms of that Agreement.

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

Signature

Note: Municipality has the right, in its sole discretion, to deny, limit, or revoke the use of requested facility(ies) when in the opinion of the Municipality the use presents a risk of unreasonable injury to persons or damage to property of the Municipality or others.

**BOROUGH OF WEST CAPE MAY**  
**Use of Facilities Agreement**

Borough of West Cape May, a Municipality of the State of New Jersey, hereinafter referred to as “**MUNICIPALITY**”, hereby agrees to allow \_\_\_\_\_

\_\_\_\_\_ *(Name of Person(s) or Organization)*

hereinafter referred to as “**USER**”, to use the facilities listed below:

Name and Location of **FACILITY(IES)**:

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

hereinafter referred to as “**FACILITY(IES)**”

for \_\_\_\_\_  
*(State the Purpose)*

on the following date(s): \_\_\_\_\_

The above **USER** shall inspect the described **FACILITY(IES)** prior to the use of the **FACILITY(IES)** and report any defective, hazardous or dangerous conditions found at the **FACILITY(IES)** to Borough Clerk’s Office (609) 884-1005 ext. 2 at **MUNICIPALITY**, and **USER** shall immediately cease the use of the **FACILITY(IES)** until such defective, hazardous or dangerous conditions are remedied. After the use of the **FACILITY(IES)**, **USER** shall immediately report to the **MUNICIPALITY** any and all defects, hazards, damages or dangerous conditions upon or adjacent to the **FACILITY(IES)**.

**Indemnification**

**USER** shall indemnify, save harmless and defend the **MUNICIPALITY**, its elected and appointed officials, its employees, agents, volunteers and others working on behalf of the **MUNICIPALITY**, from and against any and all claims, losses, costs, attorney’s fees, damages, or injury including death and/or property loss, expense claims or demands arising out of **USER**’s use of the named Facilities, including all suits or actions of every kind or description brought against the **MUNICIPALITY**, either individually or jointly with **USER** for or on account of any damage or injury to any person or persons or property, caused or occasioned or alleged to have been caused by, or on account of, any of the activities conducted by or caused to be conducted by **USER**, or through any negligence or alleged negligence in safeguarding the **FACILITY(IES)**, participants, or members of the public, or through any act, omission or fault or alleged act, omission or fault or alleged act, omission or fault of the **USER**, its employees, agents, volunteers, subcontractors or others under the direction, control or under any contractual relationship with the **USER**.

**Insurance**

Notwithstanding the indemnification and defense obligations of the **USER**, **USER** shall purchase and maintain such insurance described in the attached schedule and as is appropriate for the type of use and hazards present and as will provide protection from any and all covered claims which may arise out of or caused or alleged to have been caused in any manner from **USER**’s use of the

**FACILITY(IES)**, whether it is to be used by the **USER**, its employees, agents, volunteers, subcontractors or others under the direction, control or under any contractual relationship with the **USER** or by anyone for whose acts any of them may be liable.

**USER** shall be required to name the **MUNICIPALITY** as an “Additional Insured” on the **USER**’s policy of commercial general liability insurance, and simultaneously with the delivery of the executed *Use of Facilities Agreement*, **USER** shall provide the **MUNICIPALITY** with a Certificate of Insurance indicating that the insurance coverage as described in the attached schedule, and as is appropriate for the type of use and hazards present, has been obtained and that the **MUNICIPALITY** has been designated as an “Additional Insured” where required. On or before the renewal date of said policy, **USER** shall be required to provide the **MUNICIPALITY** with a Certificate of Insurance indicating the continuation of insurance coverage and designating the **MUNICIPALITY** as an “Additional Insured” for the duration of this agreement.

The schedule of insurance and the limits of liability for the insurance shall provide coverage for not less than the amounts listed in the attached schedule or greater where required by law.

**Special Conditions** (List any imposed by Governing Body by resolution)

Signed by an authorized representative of the **USER** and the **MUNICIPALITY** on

this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
**USER**

\_\_\_\_\_  
**MUNICIPALITY**

\_\_\_\_\_  
**Witness**

\_\_\_\_\_  
**Witness**

# Schedule of Insurance

Notwithstanding the indemnification and defense obligations of the **USER**, the **USER** shall provide at its own cost and expense proof of the following insurance to the **MUNICIPALITY**:

## I. INDIVIDUALS

(weddings, graduation parties, birthday parties, etc.)

### **A. General Liability** **\$100,000**

Evidence that the individual has personal liability insurance in force is usually sufficient. This will normally take the form of a Homeowners, Condo, or Tenants policy where the personal liability coverage is included along with other coverages for the individual.

## II. NON-PROFIT/CHARITABLE GROUPS

(Civic groups, service clubs, churches, etc.)

### **A. General Liability** **\$300,000**

Must provide a certificate of insurance showing the minimum liability amount and naming the Borough as "Additional Insured".

## B. COMMERCIAL/FOR PROFIT GROUPS

(Flea markets, seminars, parties, receptions, etc.)

### **A. General Liability** **\$1,000,000**

Must provide a certificate of insurance showing the minimum liability amount and naming the Borough as "Additional Insured".

Depending on the type of event, you may be required to provide additional insurance such as: Liquor Liability, Host Liquor Liability, Spectators, Athletic Participants, and/or Sports Accident coverage.

Failure by the **USER** to supply such written evidence of required insurance and to maintain same for the duration of this agreement shall result in default of this agreement and **USER** shall be prohibited from using said **FACILITY(IES)**.

The insurance companies for the above coverage must be licensed by the State of New Jersey and acceptable to the **MUNICIPALITY**. The **USER** shall take no action to cancel or materially change any of the insurance required under this Contract without the **MUNICIPALITY**'s prior approval. The maintenance of insurance under this section shall not relieve the **USER** of any liability greater than the limits or scope of the applicable insurance coverage.







# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
Issue Date

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER  Insurance Agency Name & Address		CONTACT NAME: PHONE (A/C, No., Ext): _____ FAX (A/C, No.): _____ E-MAIL ADDRESS: _____	
INSURED  Name of For Profit Group or Business (This should agree with name on application) Address		INSURER(S) AFFORDING COVERAGE INSURER A: <u>Name of Insurance Company</u> NAIC # _____ INSURER B: <u>Name of Insurance Company</u> INSURER C: _____ 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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	GL-Policy No.	Eff. Date	Exp. Date	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	<input type="checkbox"/>	<input type="checkbox"/>				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTIONS	<input type="checkbox"/>	<input type="checkbox"/>				EACH OCCURRENCE \$ AGGREGATE \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/>	<input type="checkbox"/>	WC-Policy No. Include if Employees will be on site	Eff. Date	Exp. Date	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 100,000

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

The Borough of West Cape May is named as an additional insured with regard to \*name of your event\* to be held at \*Borough Hall or Wilbraham Park or other Borough property being used\* on \*date(s) of your event(s)\*.

CERTIFICATE HOLDER  Borough of West Cape May 732 Broadway West Cape May, NJ 08204	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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## TULIP Program for Uninsured Applicants:

The Borough of West Cape May is registered for an insurance program called the Tenant Liability Insurance Policy (TULIP). This program is available for individuals and nonprofits using Borough facilities to register and obtain insurance if they do not already have insurance in place. This program is available via internet only at <https://www.ebi-ins.com/tulip> and requires credit card payment. Once logged into the site, enter **GNTI** in the first box and **229** in the second box. Continue following online prompts. A quote will be provided before you commit to purchase coverage.

Another option we have become aware of is [www.theeventhelper.com](http://www.theeventhelper.com). The Borough is not registered with this organization, but other applicants have had success with it.