



APPLICATION NUMBER: #SR\_\_\_\_\_

## Town of Warwick Senior Center Rental Application

Town of Warwick  
132 Kings Highway, Warwick, NY 10990  
(845) 986-1124 Ext. 248 Fax (845) 987-1499

- 1) DATE/S \_\_\_\_\_ TIME: FROM \_\_\_\_\_ TO \_\_\_\_\_
- 2) DAYS OF THE WEEK \_\_\_\_\_
- 3) ROOM REQUESTED AND FEE: \*\*  
Senior Center - \$50.00/occasion \*\*\* \_\_\_\_\_ Refundable Deposit: \$75.00 \_\_\_\_\_  
\*\*NOTE: Not-For-Profit Organizations are exempt from any fees. MUST provide  
documentary proof of being a Not-For-Profit Organization.
- 4) Will kitchen area be used? (Senior Room ONLY) \*\*\* Yes \_\_\_\_\_ No \_\_\_\_\_  
  
\*\*\*THERE IS A CHARGE OF \$50.00/OCCASION TO USE THE KITCHEN\*\*\*
- 5) Group using Facility \_\_\_\_\_
- 6) Estimated Number of Participants \_\_\_\_\_
- 7) Representative of Group \_\_\_\_\_
- 8) Address \_\_\_\_\_ Phone # \_\_\_\_\_
- 9) Nature of Activity \_\_\_\_\_
- 10) Describe Method of Supervision \_\_\_\_\_

**IF THIS APPLICATION IS APPROVED, THE FOLLOWING REGULATIONS APPLY:**

- A. Room must be cleaned & left in the same condition before leaving.
- B. The applicant must agree, IN ADVANCE, to reimburse the TOWN Promptly for any loss or damage occurring during the use of TOWN FACILITY.
- C. Adult supervision must be provided at all times.
- D. The Town Board requires insurance protection. A certificate showing evidence of insurance naming the Town of Warwick as "Additional Insured" and "Certificate Holder" MUST BE MADE AVAILABLE PRIOR TO USE OF THE TOWN FACILITY. REQUIRED AMOUNT OF INSURANCE IS ONE MILLION DOLLARS.
- E. The use of ANY alcoholic beverages is STRICTLY PROHIBITED.
- F. The Town will assume no responsibility for any properties left in facility by the applicant.
- G. Key must be returned to POLICE DEPARTMENT DISPATCHER IMMEDIATELY following event.
- H. If the key is lost you or your group will incur the costs of having the locks replaced.
- I. All fees must be paid prior to use (if applicable)

"THE UNDERSIGNED HEREBY CERTIFIES THAT HE/SHE HAS READ, FULLY UNDERSTANDS, AND AGREES TO ABIDE WITH ALL THE CONDITIONS AS SET FORTH FOR THE USE OF THE TOWN HALL ROOM/S."

DATE \_\_\_\_\_ SIGNATURE OF REPRESENTATIVE \_\_\_\_\_

APPROVED:

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SUPERVISOR'S SIGNATURE

## Hold Harmless Agreement

1. In consideration for receiving permission to utilize town property, I hereby release, wave, discharge and covenant not to sue the Town of Warwick, their officers, agents, servants, or employees (here after referred to as releases) from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me or any of the property belonging to me, whether caused by the negligence of the releases, or otherwise , while participating in such activity, or while in, on or upon the premises where the activity is being conducted.
2. I am fully aware of the risks involved and hazards connected with private activities included in public venues, and hereby elect to voluntarily participate in said activity with full knowledge that said activity may be hazardous to me and my property. I voluntarily assume full responsibility for any risks of loss, property damage owned by me, as result of being engaged in such an activity, whether caused by the negligence of the releases or otherwise.
3. I further hereby agree to indemnify and hold harmless the releases for any loss, liability, damage or cost, including court costs and attorney fees, that they may incur due to my participation in said activity, whether caused by my negligence of the releases or otherwise.
4. I understand that the Town of Warwick does not maintain any insurance policy covering any circumstance arising from my participation in this event or any activity associated with or facilitating that event. As such, I am aware that I should review my personal insurance portfolio.
5. It is my express intent that this waiver of liability and hold harmless agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a release, waiver, discharge and covenant not to sue the above named releases. I hereby further agree that this waiver of liability and hold harmless agreement shall be construed in accordance with the laws of the State of New York.
6. In signing this release, I acknowledge and represent that I have read the foregoing waiver of liability and hold harmless agreement, understand it, and sign is voluntarily as my own free act and deed, no oral representatives, statements, or inducements, apart from the foregoing written agreement, have been made; I am at least 18 years of age and fully competent; and I execute this release for full, adequate and complete consideration fully to be bound by the same.

In Witness thereof, I hereunto set and seal on this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_

Witness

Applicant

\_\_\_\_\_

\_\_\_\_\_



# EXAMPLE CERTIFICATE CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/03/2021

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	CONTACT NAME: PHONE (A/C No. Ex): E-MAIL ADDRESS: info@theeventhelper.com	FAX (A/C No.):
Name of Insurance Agency Address Phone Number	INSURER(S) AFFORDING COVERAGE NAIC #	
INSURED	INSURER A: Insurance Company	
Name of Group Requesting Address Phone Number	INSURER B:	
	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 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 <input checked="" type="checkbox"/> Host Liquor Liability <input type="checkbox"/> Retail Liquor Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Policy #	05/30/2021 12:01 AM	05/31/2021 12:01 AM	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/PROP AGG \$ 2,000,000 \$
	AUTOMOBILE LIABILITY <input 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					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$		Policy #			EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
	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 type="checkbox"/> N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	Liquor Liability		Policy #			\$1,000,000

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

Certificate holder listed below is named as additional insured

As respects to general liability, certificate holder additional insured on a primary & non contributory basis as per written contractor agreement "In place of a \$1 million umbrella the underlying limit can be \$2 Million aggregate in addition if any alcohol is being consumed.

## CERTIFICATE HOLDER

Town of Warwick 132 Kings Highway Warwick, NY 10990	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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