

PARKLAND

Community Library

Meeting Room Application and Additional Insured Agreement

Date of Application: _____ Non-profit (Proof of status required) Other

Name of Organization/Group User): _____

Contact Person Name: _____

Address: _____

Phone: _____ E-Mail: _____

Preferred Date: _____ Start Time: _____ End Time: _____

Estimated number of Attendees: _____

Requested Technology: Smart TV w/ Google Chromecast Podium Microphone

Other: _____

Equipment to be brought in by organization/group: _____

Permission to Serve Refreshments (*no alcoholic beverages may be served*)

Type/Purpose of Meeting/Program: _____

Do you plan to distribute literature? Yes No If yes, please enclose sample.

Do you plan to advertise? Yes No If yes, please enclose sample.

Insurance Requirements.

User shall procure and maintain for the duration of the rental period a commercial general liability policy, with coverage at least as broad as Insurance Services Office Form CG 00 01, affording coverage on an "occurrence" basis, including products and completed operations and personal and advertising injury coverage, and the limit of coverage shall be no less than \$1,000,000 per occurrence. The general liability policy is to be endorsed to include the following provisions:

- a) The "Parkland Community Library, its officers, employees, and volunteers" and are to be covered as additional insureds with respect to liability arising out of the rental of the facility using the ISO #CG2026, "Additional Insured – Designated Person or Organization" endorsement, or equivalent proprietary blanket additional insured form.
- b) The "South Whitehall Township, its elected and appointed officials and employees" are to be covered as additional insureds with respect to liability arising out of the rental of the facility using the ISO #CG2026, "Additional Insured – Designated Person or

Organization” endorsement. A proprietary blanket additional insured endorsement cannot be used for the Township.

- c) This additional insured coverage shall be afforded to “Parkland Community Library, its officers, employees, and volunteers” on a primary and noncontributory basis using ISO #CG2001 “Primary and Noncontributory” endorsement or equivalent proprietary blanket additional insured endorsement form.

Other Insurance Conditions.

It is the understanding of the parties that for claims arising out of this agreement and the User’s use of the Facility, the User’s insurance coverage shall be primary and noncontributory as respects the Parkland Community Library and any insurance maintained by the Parkland Community Library shall be excess of the User’s insurance and shall not contribute with it.

Users shall provide a certificate of insurance with the above referenced additional insured endorsements along with the completed application and payment.

I have read, understand the Parkland Community Library Meeting Room Policy and its Insurance, Additional Insured, and Other Insurance Conditions and agree to comply with these requirements.

Signature of Organization Representative

Signature of Library Staff

\$20 Rental Fee Received Not Received

Certificate of Insurance Received Not Received

Application Approved

Application Disapproved

Reason for disapproval: _____