



Town Of Pawling

The Pride of the Harlem Valley

Recreation Department
2 Lakeside Drive
Pawling, New York 12564
845-855-1131 FAX: 845-855-9535

Application- Use of Community Facilities by Organization

Date Submitted: _____

Facility Requested _____ Date(s) Requested _____

Purpose of Use _____ Time _____ To _____

Name of Organization _____ Address _____

Responsible Person _____ Address _____

Telephone #'s _____

Participants Expected: Adults _____ Children _____

Residents _____ Non-Residents _____

Will an Independent Contractor/Vendor be used? _____. If yes, provide:

Name _____

Service provided _____

- ***See additional insurance requirements below***

Will alcohol be served? _____ If yes, will alcohol be sold? _____

Swimming? _____

Admission Fee Charged? _____ Proceeds Use? _____

Material/Equipment/Special Arrangements Needed: _____

IN THE EVENT OF AN EMERGENCY CALL 911

Insurance Requirements

Review the following insurance requirements and forward to your insurance representative/carrier for issuance of required certificates. NOTE: The Town Board reserves the right to require alternative liability limits when applicable. The organization shall maintain at a minimum the following insurance coverages, giving evidence of same to the Town of Pawling in a *form of a Certificate of Insurance, copy of General Liability Declaration Page, and a copy of the Additional Insured Endorsement, and provide 30 days notice of cancellation, non-renewal, or material change.* New York State license carrier is preferred; any non-licensed carriers will be accepted at the Town of Pawling's discretion. The insurance carrier must have an AM Best Rating of at least A-IX. **Worker's Compensation and NYS Disability coverage is required for any organization that has employees that will be working on the premises. Note – Independent Contractors or Vendors used or employed by the organization must comply with Town of Pawling Insurance Requirements for Independent Contractors/Sub-Contractors**

I. Commercial General Liability

Coverage

Occurrence – 1988 ISO or equivalent

Limits	General Aggregate	\$2,000,000
	Products-Comp/Ops Aggregate	\$2,000,000
	Personal & Advertising Injury	\$1,000,000
	Each Occurrence	\$1,000,000
	Fire Damage (any one fire)	\$ 50,000
	Medical Expenses (any one person)	\$ 5,000

Additional Insured **The Town of Pawling and all appointed and elected officials, employees, and volunteers using ISO Form CG2005 or equivalent.**

Extension Mandatory Full Contractual Liability

Mandatory: If alcohol is being served, evidence of Host Liquor Liability is required.

If alcohol is being sold, evidence of Liquor Law Legal Liability is required.

II. Umbrella Liability

Coverage Umbrella Form or Excess Follow Form of primary General Liability and Automobile Liability
Limit \$2,000,000

Additional Insured The Town of Pawling and all appointed and elected officials, employees, and volunteers

III. Workers' Compensation and NYS Disability

Statutory coverage is required if the Organization has employees that will be working on the premises.

IV. Hold Harmless

The undersigned, an officer of the organization requesting use of the Town of Pawling's facilities, guarantees observance of all regulations governing the use of facilities of the Town of Pawling, payment of any charges incurred, and states that the organization agrees to indemnify and save harmless the Town of Pawling, all of the Town's elected and appointed officers, employees, and volunteers and/or agents and all claims for damages or injury to persons or property that may be occasioned by, or arise from, the use of such facilities to the fullest extent possible pursuant to the laws of New York State.

Name of Organization

Address

Signature

Name & Title (Please Print)

For the Town of Pawling Use

Date Received _____
Fee _____
Insurance _____

Approved By _____
Date _____
Special App. _____