



Union County Parks and Recreation  
 10 Elizabethtown Plaza  
 Elizabeth, NJ 07207  
 908-527-4900

Date: \_\_\_\_\_

**DAILY VENDOR PERMIT APPLICATION**

I, \_\_\_\_\_, do hereby agree to pay the County of Union, Department of Parks and Recreation, the sum of \$50.00 per day in exchange for the right to sell novelties, food & beverages or offer literature.

PARK: \_\_\_\_\_

EVENT: \_\_\_\_\_

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

TIME: \_\_\_\_\_

I understand that all locations are assigned at the discretion of the Department of Parks and Recreation, and that all decisions regarding same are final.

Furthermore, I fully understand that the Department of Parks and Recreation may revoke my permit at any time, should it be found that I have not been operating pursuant to the terms of this agreement.

**I ACKNOWLEDGE RECEIPT OF ALL TERMS, CONDITIONS AND INSTRUCTIONS PERTAINING TO THIS APPLICATION HOLD A ONE DAY VENDOR PERMIT.**

**VENDOR/ AUTHORIZED AGENT - PLEASE PRINT :**

VENDOR NAME \_\_\_\_\_

ORGANIZATION \_\_\_\_\_

PRODUCT \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

SIGNATURE \_\_\_\_\_

.....  
 ISSUED BY \_\_\_\_\_ Date \_\_\_\_\_  
 Parks and Recreation

### TERMS AND CONDITIONS OF VENDOR PERMIT

1. Payment of the sum of \$50.00 per day is due to the Department of Parks and Recreation prior to issuance of a daily vendor permit. **Make Checks payable to the COUNTY OF UNION.**
2. Prior to the issuance of a vendor permit, the Vendor shall provide the Department of Parks and Recreation with a Certificate of Insurance naming:

*"The County of Union, its Board of Commissioners, officers, employees, agents, servants and the State of New Jersey; are included as additional Insured under the general liability policy. The General Liability Insurance coverage is provided on a primary and non-contributory basis to the County of Union, et al. "Where applicable, a waiver of subrogation in favor of the County of Union, it's Board of County Commissioners, officers, employees, agents, servants, and the New Jersey Department of Environmental Protection is to be included in those policies of insurance where permitted by law.*

INSURANCE SHALL BE IN THE AMOUNTS AND FOR THE TYPES OF COVERAGES SET FORTH IN SCHEDULE "A" ATTACHED

3. Vendors are subject to all rules and regulations of the County of Union, Department of Parks and Recreation.
4. The Vendor shall abide by all ordinances of the respective municipalities as may be applicable, and the laws of the State of New Jersey, and the United States. It shall be the obligation of the Vendor to apply for, pay for, and obtain all permits and licenses required by the various law enforcement agencies as enumerated above, to operate the concession and to sell the merchandise approved herein.
5. This vendor permit is subject to cancellation at any time without advance notice.
6. The Vendor will stay only in designated locations as specified on this vendor permit.
7. There will be no stopping of mobile units to sell food or distribute literature on the way to or coming from the location designated on this permit.
8. The location shown on this permit may be changed at any time by the County of Union, Department of Parks and Recreation.
9. It is understood that the area where a Vendor has been assigned will be kept free of all trash papers, cups, cans, etc., by the person or organization to whom this vendor permit is issued.
10. All Vendors are required to serve the public in a courteous and dignified manner.
11. Vendor permits are non-transferable.

## INSTRUCTIONS

1. Print or type the information on the bottom half of the front side of this permit.
2. Return the complete permit, along with a certificate of insurance, copies of all municipal health/vendor permits and the sum of \$50.00 per day, to the Department of Parks and Recreation.
3. Upon receipt of the above, your permit will be sent/given to you after it has been signed by the Department of Parks and Recreation.
4. Your vendor permit must be displayed on at all times while selling or distributing at Park locations.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/05/2022

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<br>Porter & Curtis<br>225 State Road<br>Media, PA 19063-1537 | CONTACT NAME: Kenneth Porter                          | FAX (AVG. No):                           |        |
|   | PHONE (AVG. No. Extn): 610-894-9850                   | E-MAIL ADDRESS: kporter@portercurtis.com |        |
| INSURED   | INSURER(S) AFFORDING COVERAGE                         |  | NAIC # |
|   | INSURER A: The National Catholic Risk Retention Group |  | 10083  |
|   | INSURER B:  |  |        |
|   | INSURER C:  |  |        |
|   | INSURER D:  |  |        |
|   | INSURER E:  |  |        |

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   | XX                     | RRG-10069-24  | 07/01/2021              | 07/01/2022              | EACH OCCURRENCE \$ 1,000,000  |
|          | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR                           |                        |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ Included               |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:   |                        |               |                         |                         | MED EXP (Any one person) \$ Not Covered                             |
|          | <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC            |                        |               |                         |                         | PERSONAL & ADV INJURY \$ Included                                   |
|          | OTHER:   |                        |               |                         |                         | GENERAL AGGREGATE \$ None Applicable                                |
|          | AUTOMOBILE LIABILITY   |                        |               |                         |                         | PRODUCTS - COMP/OP AGG \$ None Applicable                           |
|          | <input type="checkbox"/> ANY AUTO  |                        |               |                         |                         | \$  |
|          | <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY  |                        |               |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$                              |
|          | <input type="checkbox"/> HIRED AUTOS ONLY  |                        |               |                         |                         | BODILY INJURY (Per person) \$                                       |
|          | UMBRELLA LIAB  |                        |               |                         |                         | BODILY INJURY (Per accident) \$                                     |
|          | <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE |                        |               |                         |                         | PROPERTY DAMAGE (Per accident) \$                                   |
|          | DED <input type="checkbox"/> RETENTIONS  |                        |               |                         |                         | \$  |
|          | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  |                        |               |                         |                         | \$  |
|          | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)                              | Y/N                    |               |                         |                         | PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/> |
|          | If yes, describe under DESCRIPTION OF OPERATIONS below   | N/A                    |               |                         |                         | 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)

The limits include applicable retentions and are limited to the amounts required by contract if less than the amounts stipulated above. The County of Union, its Board of County Commissioners, Officers, Employees, Agents and Servants are included as Additional Insured under the general liability policy for the use of Ponderosa Park for Lacrosse and Unami Park for Baseball from March - May, 2022, for the negligent acts of Union Catholic High School only. Insurance Coverages will be applied on a Primary and Non-Contributory Basis, to the County of Union, ET, AL.

|   |   |
|---|---|
| <b>CERTIFICATE HOLDER</b><br><br>County of Union<br>Administration Building<br>10 Elizabethown Plaza<br>Elizabeth, NJ 07207 | <b>CANCELLATION</b><br><br>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<br>   |

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**SCHEDULE A**

**UNION COUNTY INSURANCE REQUIREMENTS**

**VENDORS/SUPPLIERS (incl. purchase/lease  
equipment or other products and do not perform  
other functions including installation or maintenance)**

|  |                      |
|--|----------------------|
| General Liability                                      | \$1,000,000.00       |
| Personal & Adv. Injury                                 | \$1,000,000.00       |
| Med, Expense Any One Person                            | \$ 5,000.00          |
| Damage to Premises                                     | \$ 50,000.00         |
| General Aggregate                                      | \$2,000,000.00       |
| Products – Comp/Op Aggregate                           | \$1,000,000.00       |
| <b>Auto Liability – Incl BI and PD (AL)</b>            | <b>(2)</b>           |
| Any Auto   | \$1,000,000.00       |
| Or   |                      |
| All Owned  | \$1,000,000.00       |
| All Hired  | \$1,000,000.00       |
| All Non-Owned  | \$1,000,000.00       |
| <b>Workers Compensation and<br/>Employee Liability</b> | <b>If Applicable</b> |
| Each Employee  | Statutory            |
| Each Accident  | Statutory            |

(1) The per occurrence and aggregate limits for specified coverage should apply on a per location or per project basis

(2) Automobile Liability is required if an automobile is used in the execution of their contract

(3) \$5,000,000 CSL is required if driving out of state

(4) Minimum limits for small contractors, artisans, consultants can be decreased to \$500,000 per occurrence

(5) Uninsured liability is required if providing electrical services for others