



INSURANCE REQUIREMENTS

For use of Borough of Park Ridge
Property or facilities

The use of _____, Borough of Park Ridge property by the
aforementioned organization/ individual is contingent on a certificate of insurance as required herein on file in the office
of Borough Clerk, Borough of Park Ridge, NJ 07656 – 5 work days PRIOR to the date of use, or as required in the
guidelines for use of the property.

1. The Certificate of Insurance must indicate the following:
 - a. Minimum limits of \$300,000 CSL personal liability (for individual(s) town residents) \$1,000,000 CSL, General liability (for businesses and all others) for bodily injury and property damage. Note: The Borough may require higher liability limits upon review of the application i.e. nature of activities planned, number of persons attending, proposed entertainment, the serving of Liquor (if permitted) or any other reason it deems necessary.
 - b. Said Insurance certificate **shall name the Borough of Park Ridge, it's Officials, agents and employees as additional insureds.**

HOLD HARMLESS AGREEMENT

For and in consideration of the use/rent of _____
(name of facility)

On the following dates _____ For the purpose of _____

_____, the undersigned agrees to indemnify and hold harmless the Borough of Park Ridge its officials, agents, and employees harmless from any and all liability, claims, costs and attorneys fees arising out of the use of said premises or property referenced above and including any losses or damages arising from the acts or omissions of any guest, participant, visitor, employee, servant or other person attending the event herein referred to.

This Agreement shall remain in full force and effect for any continued, additional or postponed date(s) for the event indicated.

The Borough of Park Ridge reserves the right to cancel or interrupt the event if the representations set forth herein and on application, or guidelines for use of said property are not adhered too or if the Borough determines that a situation that might lead to personal injury, property damage or violation of law exists.

Name of Individual or Organization	Type of Organization: circle one (individual, LLC partnership, Non-profit, Corporation, Public Entity)
Position:	Telephone#:
Address:(not P.O box)	Date

Authorized Signature

X _____