Northampton Area
PUBLIC LIBRARY
Always something new

Meeting Room Application and Additional Insured Agreement

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

Name of Organization/Group:_____

Contact Person Name:_____

Address:_____

Phone:_____E-Mail:_____

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

Estimated number of Attendees: _____

Requested Technology: ◯Podium ◯Television ◯ Digital Projector

◯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 as broad as Insurance Services Office Form CG 00 01, affording $1,000,000 coverage per occurrence, including products and completed operations and personal and advertising injury coverage, and the limit of coverage shall be no less than $2,000,000 aggregate. The general liability policy is to be endorsed to include the following provisions:

a) The “Northampton Area Public 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 “Borough of Northampton, 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 Borough.

c) This additional insured coverage shall be afforded to “Northampton Area Public 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 Northampton Area Public Library and any insurance maintained by the Northampton Area Public Library shall be excess of the User’s insurance and shall not contribute with it.

In addition, should the User's meeting/event include children of any/all ages. Users must also have Abuse or Molestation Occurrence liability coverage affording $1,000,000 coverage per each "abuse" or "molestation" and at least $1,000,000 aggregate, OR all adults attending/ providing such meeting/event shall submit copies of all governmental required volunteer clearances to the Library.

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

I have read and understand the Northampton Area Public 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

☐ Community Room ☐ Meeting Room

$20 Rental Fee ◯ Received ◯ Not Received

Certificate of Insurance ◯ Received ◯ Not Received

☐ Application Approved

☐ Application Disapproved

Reason for disapproval: _____