## Town of Candor Use of Facilities Application Town of Candor 101 Owego Rd Candor, NY 13743 607-659-3175

Today's Date:	Date(s) Requested:
Facility Requested:	· · · · · · · · · · · · · · · · · · ·
INFORMATION ABOUT YOUR GRO	OUP
Name of Organization or Individual:	
Time: to Your sup	ervisor in charge:
Mailing Address:	·
Telephone: (Day)	(Night)
INFORMATION ABOUT YOUR INT	ENDED USE OF MUNICIPAL FACILITIES
Purpose of Use:	
Total Participants Expected: A	dults: Children:
Is material or equipment required from m	unicipality? Yes No
If needed, state what types and for what p	ourpose:
Residents (Number): Non-Res	
Is an admission fee charged? Yes	No
If so, what will proceeds be used for?	

#### AGREEMENT

The undersigned is over 21 years of age and has read this form and attached regulations and agrees to comply with them. He/she agrees to be responsible to the municipality for the use and care of the facilities. He/she, on behalf of <u>Name of</u> <u>Organization</u> does hereby covenant and agree to defend, indemnify and hold harmless the <u>Municipality</u> from and against any and all liability, loss, damages, claims, or actions (including costs and attorneys fees) for bodily injury and/or property damage, to the extent permissible by law, arising out of or in connection with the actual or proposed use of <u>Municipality</u>'s property, facilities and/or services by <u>Organization</u>.

	Address:	
Signature of Organization's	Telephone Number:	
Representative		

### READ ATTACHED REQUIREMENTS AND RETURN APPLICATION TO:

CANDOR TOWN CLERK

# **Commercial Users:**

- A. The user hereby agrees to effectuate the naming of the municipality as an unrestricted additional insured on the user's policy.
- B. The policy naming the municipality as an additional insured shall:
  - be an insurance policy from an A.M. Best rated "secured" New York State licensed insurer;
  - contain a 30 day notice of cancellation;
  - state that the organization's coverage shall be primary coverage for the Municipality, its Board, employees and volunteers; and
    - additional insured status shall be provided with ISO endorsement CG 2026 or its equivalent.
- C. The user agrees to indemnify the municipality for any applicable deductibles.
- D. Enclose a copy of the endorsement providing additional insured status.
- E. Required Insurance:

# Commercial General Liability Insurance

- \$1,000,000 per occurrence/ \$2,000,000 aggregate.
- F. User acknowledges that failure to obtain such insurance on behalf of the municipality constitutes a material breach of contract and subjects it to liability for damages, indemnification and all other legal remedies available to the municipality. The user is to provide the municipality with a certificate of insurance, evidencing the above requirements have been met. The failure of the municipality to object to the contents of the certificate or the absence of it shall not be deemed a waiver of any and all rights held by the municipality.

# Individuals:

Required Insurance:

# Homeowners Insurance

Section Two – Liability: \$100,000 limit of liability. Policy shall not exclude the off-premises activities of the insured.