Dear Meeting Room Applicant:

Welcome to the Main Library! We look forward to serving you and hope that we will be able to provide space for your public meeting.

Please note that all applicable forms must be completed and returned before a room reservation can be made.

In this packet you will find the following forms and the action requested of each applicant:

- Application for Use of Meeting Room: Return
- Indemnification and Hold Harmless: Return
- Meeting Room Checklist: Return
- Insurance Requirements Policy: If applicable, submit required proof of insurance (see sample on page I-D-6)

Please feel free to contact the Reference Desk at the Main Library if you need any assistance. Our friendly Adult Services Staff will address all your meeting room needs. You may fax, mail or drop off this application to the contact information listed above.

We look forward to seeing you at the Main Library!

Warmest Regards,

Valerie Peischel Mull
Main Library Branch Manager
Please initial each item below to acknowledge that you have read and understand our meeting room policies.

<table>
<thead>
<tr>
<th>Item</th>
<th>Group Contact</th>
<th>Staff</th>
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<tbody>
<tr>
<td>All forms of the Meeting Room Application (including insurance requirements, if applicable) must be completed before using the room.</td>
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<tr>
<td>Library Sponsored programs receive first priority for use of the meeting rooms.</td>
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<tr>
<td>Groups cannot meet more than once per month unless special permission is granted by the library manager.</td>
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<tr>
<td>Groups must <strong>vacate</strong> the meeting room <strong>5 minutes</strong> before closing time.</td>
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<td>Groups should schedule their meetings to allow for setup and breakdown time.</td>
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<tr>
<td>Group must notify the library if a meeting is to be canceled. Failure to do so may result in denial of future meetings.</td>
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<td>Chairs and tables must be returned to original positions.</td>
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</table>

Return this page
Insurance Certificates *must* be presented at least 7 days before meeting to ensure accuracy.

**Insurance Requirements Policy:**

**For use of County Facilities**  
**Effective January 1, 2006**

**Business/Corporation/For-Profit Organizations**

**A.** The BUSINESS hereby states and affirms that insurance coverage required is in place at the time of this Agreement, and will remain so for the term of this rental agreement and that the BUSINESS will not occupy the premises under this Agreement until it has obtained all insurance required under such laws. The BUSINESS agrees to submit documentation of all insurance coverage to the COUNTY or its representatives upon request. All insurance policies shall be issued by companies authorized to do business under the laws of the State of Florida. Compliance with the foregoing requirements shall not relieve the BUSINESS of its liability and obligations under this rental agreement.

**B.** The BUSINESS shall maintain during the term of this rental agreement commercial general liability insurance in the amount of one million dollars ($1,000,000.00) combined single limit to protect the BUSINESS and the COUNTY from claims for damages for bodily and personal injury, including wrongful death, as well as from claims of property damages which may arise from any operations under this rental agreement, whether such operations are by the BUSINESS or by anyone directly employed by or contracting with the BUSINESS.

**C.** The BUSINESS shall maintain, during the life of this rental agreement, comprehensive automobile liability insurance in the amount of one hundred thousand dollars ($100,000.00) per person, three hundred thousand dollars ($300,000.00) per occurrence combined single limits to protect the BUSINESS from claims for damages for bodily injury, including wrongful death, as well as from claims for property damage, which may arise from the ownership, use, or maintenance of owned, or non-owned automobiles, including rented automobiles whether such operations are by the BUSINESS or by anyone directly or indirectly employed by the BUSINESS.

**D.** The BUSINESS shall maintain, during the life of this rental agreement, adequate Workers Compensation Insurance and Employers Liability Insurance in at least such amounts as are required by law. If the BUSINESS is not required to maintain Workers Compensation Insurance and Employers Liability Insurance under Florida Law, verification noting this exclusion shall be provided to the COUNTY by the BUSINESS's insurance carrier.
E. All insurance, other than Workers Compensation, to be maintained by the BUSINESS shall specifically include St Johns County as an Additional Insured, by policy endorsement, except as such coverage is specifically waived in writing by the COUNTY, and a Certificate of Insurance naming St. Johns County, 500 San Sebastian View, St. Augustine, FL 32084, as Additional Insured must be provided to the COUNTY by the BUSINESS's insurance carrier.

F. The insurance requirement is deemed contractual, and the COUNTY shall not be deemed responsible to any third party for any failure of insurance coverage.

Alcohol on County Premises

Alcohol is only permitted in or on County premises with the written permission of the County Administrator on a completed Application for Permit for Possession and Consumption of Alcoholic Beverage on Public Property in Accordance with Ordinance 99-50 AND with proof of liquor liability insurance coverage in the amount of one million dollars ($1,000,000.00) per occurrence which specifically includes St Johns County as an Additional insured by policy endorsement. Liquor liability insurance is required of all applicants.
Certificates of Insurance

Anytime any vendor/individual is using County property/equipment and/or providing a service on behalf of the County they must provide the County with a “Certificate of Insurance.” **Without these certificates you may be unknowingly exposing the County to liability.** All contracts/agreements/applications must contain language detailing the insurance requirements set forth by the County.

The Certificate of Insurance must show proof of general liability insurance in the amount of $1,000,000 and any other ancillary coverage like liquor liability insurance if required. It is preferable to have the “Certificate” issued to the County by the broker/insurance company directly and not by the individual.

**Every certificate must include the following:**

1) It must say “Certificate of Liability Insurance” across the top.
2) The name of the insured, which would be the person or vendor you're working with.
3) Under “Type of Insurance” you should see an “X” indicating “General Liability.”
4) Under “Limits” you should see $1,000,000.
5) You may also see other types of insurance marked by an “X”. Some of these are applicable depending on what type or business or rental the insurance is for. You must see “Liquor Liability” somewhere on this certificate with a policy limit, if it is required for the event.
6) In the box for “Description of Operations” you must see a description of what type of business or activity the vendor/individual is doing.
   
   Example: Meeting on May 13, 2011,
   
   Space at the Main Library on May 23, 2011

7) In the box for “Description of Operations” you must also see “St. Johns County is named as additional insured” or “Certificate holder is named as additional insured.” There should be no special exceptions or conditions placed in this box.
8) Certificate Holder:
   
   St. Johns County
   
   500 San Sebastian View
   
   St. Augustine, Fl 32084

   (this should not be your department address or name, but rather the County’s main address and general name)

Approved 4/26/2011
ACORD
CERTIFICATE OF LIABILITY INSURANCE

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 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
NAME
PHONE
FAX
E-MAIL
ADDRESS

INSURER
INSURER A:
INSURER B:
INSURER C:
INSURER D:
INSURER E:
INSURER F:
INSURER(S) ASSUMING COVERAGE
N/A #

INSURED
NAME
145 W. 30th Street, 4th Floor
New York, NY 10001

INSURANCE COMPANY
Insurance Co.

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 PREVAIL, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES (UNLESS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS). 

<table>
<thead>
<tr>
<th>TYPE OF INSURANCE</th>
<th>POLICY NUMBER</th>
<th>POLICY EFFECTIVE DATE</th>
<th>POLICY EXPIRE DATE</th>
<th>LIMITS</th>
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<tr>
<td>GENERAL LIABILITY</td>
<td>70513481</td>
<td>02/05/2011</td>
<td>02/05/2012</td>
<td>$1,000,000</td>
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<td>AUTOMOBILE LIABILITY</td>
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 181, Additional Remarks Schedule, if more space is required)

1. RE: Shown and workshop on April 23, 2011 at Ponte Vedra Concert Hall located at 1050 A1A North, Ponte Vedra Beach, Florida.

2. St. Johns County is included as an Additional Insured.

CERTIFICATE HOLDER
St. Johns County
Board of County Commissioners
500 San Sebastian View
St. Augustine, FL 32084

CANCELLATION

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

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ACORD 15 (2010/05) 1 of 1

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JB

I - D - 6
APPLICATION FOR USE OF MEETING ROOM:  RESERVE YEAR:   _____

MAIN LIBRARY St. Johns County Public Library System

Name of Organization:______________________________________________________________

Organization is a  ____ non-profit  ____profit  (If profit, see attached Insurance Requirements Policy)

Description of Program:___________________________________________________________

Contact Person:_________________________________________________________________

Address:________________________________________________________________________

Street       City, State, Zip

Telephone:__________________________   Email ______________________________________

Group Size:   ____1-15 (Conference Room)  or    _____  1-75 (Large Meeting Room)

Do you require the use of any equipment? ___no   ___yes              If yes, specify:___________________________________

I have read the policies regarding use of the meeting room, and agree to abide by them.

Signature ___________________________________________ Date: ________________

Received by: ___________________________________________ Date: ________________

DAY OF WEEK | DATE | TIME (Include Set-up & Break-down time) | ROOM
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<td>START TIME OF PROGRAM</td>
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Indemnification and Hold Harmless:

The BUSINESS and/or INDIVIDUAL (hereinafter referred to as USER) agrees to indemnify and hold the County and its officers, agents, and employees harmless from any and all liability, damages, actions, claims, demands, expenses, judgments, fees and costs of whatever kind or character, arising from, by reason of, or in connection with the use of the facilities described herein. **It is the intention of the USER that the COUNTY and its officers, agents, and employees shall not be liable or in any way responsible for injury damage, liability, loss, or expense due to accidents, mishaps, misconduct, negligence, or injuries either in person, or property, which are caused by the USER, or those individuals the USER brings onto the premises for the event.**

The USER expressly assumes full responsibility for any and all damages or injuries which may result to any person or property by reason of or in connection with the use of the facilities pursuant to this agreement, and agrees to pay the COUNTY for all damages to the facilities, which are caused by the USER, or those individuals the USER brings onto the premises for the event.

The USER represents that its activities pursuant to this agreement will be supervised by adequately trained personnel, and that user will observe, and cause the participants in the activity to observe, all safety rules for the facility and the activity. The USER acknowledges that the COUNTY has no duty to and will not provide supervision during the activity.

____________________________________
Name of Organization

____________________________________
Print Name of Authorized Agent

____________________________________
Signature of Authorized Agent

____________________________________
Date signed

____________________________________
Witness