

BARTRAM TRAIL LIBRARY
60 Davis Pond Boulevard
St. Johns, FL 32259-4390

St. Johns County Public Library System

904-827-6960 phone
904-827-6965 fax
libbt@sjcfl.us e-mail

Dear Meeting Room Applicant:

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

Library staff will complete your room reservation upon receipt of:

- *Application for Use of Meeting Room*
- *Indemnification and Holds Harmless form*
- *Meeting Room Checklist*
- *Certificate of Insurance* (if required)

Please feel free to contact the Reference Desk at the Bartram Trail Library if you need any assistance. Our friendly Adult Services Staff will be happy to assist you. You may fax, mail, e-mail or drop off this application to the contact information listed above.

We look forward to seeing you at the Library!

The Meeting Room Policy of the St. Johns County Public Library System is available at all Library locations or online at: www.sjcpls.org/policylinkhere

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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

MEETING ROOM CHECKLIST

Please initial each item below to acknowledge that you have read and understand our meeting room policies.	Group Contact <i>Initials</i>	Staff <i>Initials</i>
All forms of the Meeting Room Application (including insurance requirements, if applicable) must be completed before a room can be reserved.		
Library Sponsored programs receive first priority for use of the meeting rooms.		
Groups cannot meet more than once per month unless special permission is granted by the library manager.		
Groups must vacate the meeting room <u>15 minutes</u> before closing time.		
Groups should schedule their meetings to allow for setup and breakdown time.		
Groups cannot enter the library before the library opens.		
Chairs and tables must be returned to original positions or locations in the meeting room.		
Projector equipment must be returned to library staff at the Circulation or Reference Desk.		
Proof of Insurance is required for all For-Profit Organizations.		
Group must notify the library if a meeting is to be canceled. Failure to do so may result in denial of future meetings.		

St. Johns County Public Library System

www.sjcpls.org



Certificates of Insurance

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, with St. Johns County named as additional insured.

Every certificate must include the following:

Certificate of Liability Insurance (this is the title of the form and is printed across the top)

Insured: Vendor/Individual Name who will be using County facilities.

Type of Insurance - there should be an "X" indicating General Liability.

Policy Effective/Policy Expiration – dates covered by the policy

Limits - \$1,000,000.

There may also be other types of insurance marked by an "X", depending on what type of business or use the insurance is for. For example: Liquor Liability with a policy limit, if it is required for the event.

Description of Operations : MUST INCLUDE BOTH

What type of business or activity the vendor/individual is doing. *"Show and Workshop on 4/23/11..."*

AND

"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.

Certificate Holder:

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

Authorized Representative

The form must be signed.

Client#: 37421 UPRIG
ACORD **CERTIFICATE OF LIABILITY INSURANCE** DATE (MM/DD/YYYY) 04/08/2011

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	CONTACT NAME:	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:		
INSURER(S) AFFORDING COVERAGE		NAIC #	
INSURER A:	Insurance Co.		
INSURER B:			
INSURER C:			
INSURER D:			
INSURER E:			
INSURER F:			

INSURED Name: 145 W. 30th Street, 4th Floor New York, NY 10001
Vendor/Individual Name

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 INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	X	79513481	02/05/2011	02/05/2012	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMPOPP AGG \$1,000,000 COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE \$ AGGREGATE \$ WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		79511550	02/05/2011	02/05/2012	X E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000

General Liability
Effective Date
Policy Limits
No Coverage

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

- RE: Show and workshop on April 23, 2011 at Ponce Vedra Concert Hall located at 1050 A1A North, Ponte Vedra Beach, Florida.
- St. Johns County is included as an Additional Insured.

Must include both 1 and 2. (Very Important)

CERTIFICATE HOLDER	CANCELLATION
St. Johns County Board of County Commissioners 500 San Sebastian View St. Augustine, FL 38024 <i>Correct County Address</i>	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 <i>[Signature]</i> <i>the form is signed</i>