



St. Johns County Public Library System  
Ponte Vedra Beach Branch Library  
101 Library Blvd.  
Ponte Vedra Beach, FL 32082  
(904) 827-6950  
(904) 827-6955 - fax  
[www.sjcpls.org](http://www.sjcpls.org)

Dear Meeting Room Applicant:

Welcome to the Ponte Vedra Beach Branch 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. You may fax, mail, or drop off this application to the contact information listed above.

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

Application for Use of Meeting Room	<b>Sign &amp; Return</b>
Indemnification and Hold Harmless	<b>Sign &amp; Return</b>
Cancellation Agreement	<b>Sign &amp; Return</b>
Equipment Request	<b>Sign &amp; Return</b>
Meeting Room Checklist	<b>Sign &amp; Return</b>
Frequency Agreement	<b>Sign &amp; Return</b>
Meeting Room Policy	Keep for your records
Meeting Room Regulations	Keep for your records
Insurance Requirements Policy	If applicable, submit required proof of insurance (see sample on page I-D-12)

Warmest Regards,

Amy Ring, Manager  
Ponte Vedra Beach Branch Library

Updated May 2021

**APPLICATION FOR USE OF MEETING ROOM:**

**RESERVE YEAR:** 2021

PONTE VEDRA BEACH BRANCH LIBRARY, St. Johns County Public Library System

*\*NOTE: Library/County sponsored programs and events receive first priority for use of meeting rooms.\**

Name of Organization: \_\_\_\_\_

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

Description of Program: \_\_\_\_\_

Contact Person (please print): \_\_\_\_\_

Address: \_\_\_\_\_  
Street City, State, Zip

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Room Request: Glass Room (1-11 attendees)  or FOL- Friends of the Library Room (1-130 attendees)

Will you be using the kitchen:  yes  no

Do you require the use of any equipment?  no  yes If yes, please complete "Equipment Request" form (attached).

**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 time)			ROOM
		FROM:	TO:	START TIME OF PROGRAM	

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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

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# **Cancellation Agreement:**

Library/County-Sponsored programs receive first priority for use of the meeting rooms.

The Library reserves the right to cancel a reservation in order to use a meeting room for Library or County purposes.

Name of Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# AV Equipment Request

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**Note:** It is the responsibility of the group requesting the equipment to be able to use it with minimal library staff assistance. If needed, please contact the library before your meeting to request a training session.

## Glass Room

**Included:**

- Wall mounted TV with HDMI and VGA connection capability.
- Blue Ray player.

**On Request:**

- Windows-based Laptop to connect to TV for use of PowerPoint Presentations, Internet, etc.
- Extension Phone.

## FOL Community Room

**Included:**

- Podium

**On Request:**

- Smartboard (includes wireless mouse and keyboard, Internet-connected)
- Wireless microphones (up to 4) and/or Lapel microphones (up to 2).
- Projector & Screen (HDMI wireless connection to your PC laptop or library-loaned PC laptop). If your laptop does not have an HDMI port the library may provide a laptop for use, if available. Library laptops are Windows-based and may not be compatible with all programs. This equipment is not compatible with Apple products.
- PC Laptop.
- **Note: Apple products are not supported.**

<input checked="" type="checkbox"/>	Equipment Requested	Dates Requested
	Laptop	
	Extension Phone	
	Microphone/Sound System	
	PC Projector Connection (requires an available USB and HDMI port)	

# MEETING ROOM CHECKLIST

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Please initial each item below to acknowledge that you have read and understand our meeting room policies.	Group Contact Initials	Library Staff
All forms of the <i>Meeting Room Application</i> (including insurance requirements, if applicable) must be completed before a room may be reserved.		
Groups cannot meet more than once per month unless special permission is granted by the library manager.		
Groups cannot enter the library before the library opens.		
Groups must schedule their meetings to allow for setup and breakdown time.		
Groups must vacate the meeting room <b><u>15 minutes</u></b> before the library closes.		
Groups must complete the Check-In/Check-Out form at the Reference Desk before and after using a meeting room.		
All library equipment and room key must be returned when signing out at the Reference Desk.		
Meeting room must be locked and key returned to the Reference Desk at the end of your meeting. Please do not pass off the key to the next group.		
Please notify the library at least 48 hours in advance of a cancelled meeting. Failure to do so may result in denial of future meetings.		

# Frequency Agreement:

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**Groups are limited to one (1) meeting per month due to high demand.** If your group needs to meet more often, please fill out the request below. The Library Manager will review your request and contact you with a decision within 10 business days of receipt of your request.

Name of Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please explain your meeting room needs (frequency & reason):

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**\*\*For internal use only\*\***

Request Approved or Denied (Circle one)

Reason for Denial: \_\_\_\_\_

Date: \_\_\_\_\_

Staff Name: \_\_\_\_\_



## Policy Title: Meeting Room

St. Johns County Public Library provides use of meeting rooms to the general public. Library facilities are open to programs sponsored or cosponsored by the Library or other organizations engaged in educational, cultural, recreational, charitable or government interest activities which complement or promote the Library's mission and goals. **Library/County-Sponsored programs receive first priority for use of the meeting rooms.**

All meetings and programs are open to the public. Meeting rooms are not to be used for personal or private profit, advertising or solicitation of business. No admission fee may be charged nor sales made. However, a fee for resource materials, books or payment for a program speaker may be collected upon the approval of the Library Director. Library-related fund raising activities are allowed.

Granting permission for use of the meeting rooms does not imply Library endorsement of the aims, policies or activities of any group.

The Meeting Room Policy and Meeting Room Procedures will be interpreted and enforced by the Library Director.

### **MEETING ROOM REGULATIONS:**

1. All groups requesting to use meeting rooms must complete and sign the *Application for Use of Meeting Rooms, Indemnification and Hold Harmless Agreement*, and meet all insurance requirements as necessary before a meeting room can be reserved. The person signing the application assumes complete financial responsibility for any abuse of Library Premises or equipment while they are being used by the group.
2. Meetings will generally be scheduled for no more than once per month and no more than one year in advance.
3. **The Library reserves the right to cancel a reservation in order to use a meeting room for library or County purposes.** Forty-eight hours advance notice will be given if cancellation becomes necessary.
4. Organizations must notify the Library at least forty-eight hours in advance if a reservation is going to be canceled. Failure to notify the Library of cancellation may result in denial of future use of the meeting rooms.



5. The Library reserves the right to limit the number of reservations by any organization so that all groups may have a fair opportunity to use the meeting rooms. Maximum attendance for programs or meetings in the Library's meeting rooms varies by branch and is determined by the County Fire Marshal. Meetings are to be held during regular library hours and must adjourn in sufficient time to vacate the premises by the scheduled closing time.
6. The Library is not responsible for loss or damage to exhibits, equipment, supplies or other materials brought to the Library by the meeting group.
7. The Library is not responsible for setting up furniture and equipment for groups using the meeting rooms. No equipment, materials or records may be stored in the meeting rooms or in the Library.
8. No smoking is permitted inside of the Library including meeting areas. Alcoholic beverages may only be served upon meeting insurance requirements and by special approval by the County Administrator or other designated authority.
9. Refreshments are not allowed without permission and special arrangement. Groups are responsible for their own supplies.

**Effective Date: 8/8/95**

**Revision Approved by the LAB: 12/9/15**

**Revision Approved by the BCC: 1/19/16**



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**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 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 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.

# Certificate of Insurance Requirements

Every certificate must include the following:

1. The Certificate must say "Certificate of Liability Insurance" across the top.
2. Your name or the organizing company of the event must be named on the certificate.
3. Under "Type of Insurance", you must indicate all applicable insurance.
4. Under "Limits", you should have at least \$1,000,000.
5. Depending on what type of business or rental the insurance is for the event you may also have other types of insurance marked by an "x".
6. In the box for "Description of Operations" you must also have a description of what type of activity you are hosting:
  - a. Example: "5k Race on September 14, 2013 to be held at the beach in front of Butler Park East".
7. The Certificate Holder for the policy should state:

St. Johns County Board of County Commissioners  
500 San Sebastian View  
St Augustine, FL  
32084
8. In the box for "Description of Operations" you must have "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.
  - a. The certificate must state that either the Certificate holder is additionally insured or name St. Johns County as additionally insured prior to your event date. Applications will not be approved otherwise.

Client#: 37421

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

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 St. Johns County Board of County Commissioners 500 San Sebastian View St. Augustine, FL 38024	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.
<i>Correct County Address</i>	AUTHORIZED REPRESENTATIVE <i>[Signature]</i>

*the form is signed*

ACORD 25 (2010/05) 1 of 1  
 #S227015/M223506

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