



## St. Johns County Public Library System

### Bartram Trail Branch Library

## MEETING ROOM INFORMATION

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:

- Meeting Room Application
- Meeting Room Checklist
- Indemnification and Holds Harmless form
- Certificate of Insurance (required from for-profit organizations)

Please feel free to contact the Reference Desk at the Bartram Trail Library if you need our assistance. 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 below.

Bartram Trail Branch Library  
60 Davis Pond Blvd.  
St. Johns, FL 32259-4390  
Phone 904-827-696  
Fax 904-8276965  
Email: [libbt@sjcfl.us](mailto:libbt@sjcfl.us)

We look forward to seeing you at the Library!

### Bartram Trail Library Operating Hours

Monday – Wednesday – Friday	10:00am – 6:00pm
Tuesday - Thursday	10:00am – 7:00pm
Saturday	10:00am – 5:00pm
Sunday	1:00pm – 5:00pm

\*Groups must vacate meeting rooms 15 minutes prior to closing.

### Library Meeting Room Policy

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

Library Meeting Room Policy

- <https://sjcpls.org/about/policiesplans/>





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**MEETING ROOM CHECKLIST**

Please initial each item below to acknowledge that you have read and will comply with our meeting room policies.	Initials
All of the <i>Meeting Room Application</i> (including insurance requirements, if applicable) must be completed before a room will be reserved.	
All For-Profit organizations must submit proof of insurance.	
Library and St. Johns County sponsored programs receive first priority for use of the meeting rooms.	
Groups must schedule their meetings to allow time for set up and break down. Groups may not enter the library before the library opens or set up the day before.	
Program attendees must park legally. Driveway in front of library must not be used for parking.	
Program attendance cannot exceed the room's posted Fire Code capacity. Manatee Room – 32 Bartram Room – 60	
Groups cannot meet more than once per month unless special permission is granted by the library manager.	
Groups must <b>vacate</b> the meeting room <b>15 minutes</b> before closing time.	
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 Reference Desk.	
The group requesting the meeting room is responsible for using the equipment with minimal library staff assistance. If assistance is anticipated, contact the library to schedule a short practice with the equipment prior to your meeting.	
Group must notify the library if a meeting is to be canceled. Failure to do so may result in denial of future meetings.	

Reviewed by Library Staff (initials)



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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



## St. Johns County Certificate of Insurance Requirements

Insurance certificates must be presented by all for-profit organizations at least 7 days prior to their meeting to insure accuracy.

### **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:

Example: “5k Race on September 14, 2019 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

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 #
INSURED Name 145 W. 30th Street, 4th Floor New York, NY 10001	INSURER A:	Insurance Co.
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

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 CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	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 - COM/POP AGG \$1,000,000
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS HIRED AUTOS SCHEDULED AUTOS NON-OWNED AUTOS					COMBINED SINGLE LIMY (Per accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB 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		79511550	02/05/2011	02/05/2012	WC STATUTORY LIMITS OTHER 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 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. AUTHORIZED REPRESENTATIVE /s/ [Signature] the form is signed
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Correct County Address

the form is signed