

WINSLOW TOWNSHIP  
USE APPLICATION PUBLIC BUILDINGS AND GROUNDS  
(Submit at least two (2) weeks prior to the date requested)  
**PLEASE SEE REVERSE SIDE OF THIS APPLICATION FOR USE POLICY**

APPLICANTS' NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
TELEPHONE #: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_  
ORGANIZATION: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
TELEPHONE #: \_\_\_\_\_  
PERSON RESPONSIBLE FOR  
KEYS, CLEAN UP & SECURITY  
OF BUILDING: \_\_\_\_\_ PHONE NO \_\_\_\_\_

DESCRIBE INTENDED USE AND/OR NATURE OF EVENT\*: \_\_\_\_\_  
\_\_\_\_\_

DATE OF INTENDED USE: \_\_\_\_\_

TIME: FROM: \_\_\_\_\_ TO: \_\_\_\_\_

NUMBER OF PERSONS TO ATTEND: \_\_\_\_\_ KITCHEN FACILITIES REQUIRED: ( ) YES ( ) NO

**\*ALL SPECIAL EVENTS MUST COMPLETE A SEPARATE APPLICATION\*\***

BUILDING PREFERENCE: CHECK ONE

( ) **STAR BUILDING**, 100 ERIAL ROAD, SICKLERVILLE

(Posted Occupancy 49 persons) (main floor 38 chairs & 5 tables 5) (basement 14 chairs & 3 tables)

( ) **SENIOR CITIZENS CENTER**, 33 COOPERS FOLLY ROAD, ATCO

**SIDE A (Kitchen)** ( ) **SIDE B (Bingo)** ( ) **BOTH SIDES** ( ) (Posted Occupancy 497 persons)

( ) **MUNICIPAL BUILDING COURT ROOM**, 125 SOUTH ROUTE 73, BRADDOCK

(Posted Occupancy 270 persons) (150 chairs)

**"NO SMOKING"** REGULATIONS APPLY TO PUBLIC PREMISES (P.L. 1985 CHAPTER 381)

**"NO UNLICENSED GAMES OF CHANCE"** (P.L. 1954 C.5)

**"NO ALCOHOLIC BEVERAGE CONSUMPTION IS PERMITTED ON PREMISES"** (W.T.C. 77-13A)

**ANY DAMAGES OR FAILURE TO CLEAN THE BUILDING MAY RESULT IN NO FUTURE USE,  
TERMINATION OF EXISTING USE, OR RESTITUTION TO THE TOWNSHIP OF WINSLOW,  
INCLUDING BUT NOT LIMITED TO REPLACEMENT COST, REPAIRS AND/OR HOULY LABOR  
CHARGES.**

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**OVER ►**

\*\*\*\*\*  
*Official Use Only*

Reviewed by: \_\_\_\_\_ Fee Received: \$ \_\_\_\_\_ (Non-refundable)

Date Application Received: \_\_\_\_\_ Risk Toolbox Form Received: ☐ Yes ☐ No

Certificate of Insurance Received: ☐ Yes ☐ No Hold Harmless Received: ☐ Yes ☐ No

Approved: Yes \_\_\_\_\_ No \_\_\_\_\_

Comments: \_\_\_\_\_

### Public Building Use Policy

1. Use schedules are maintained by the office of the Municipal Clerk. Unless otherwise prioritized by the Governing Body, any application for use of a building, wherein an event is already approved and scheduled, the application will be administratively denied

#### BLACK OUT DATES: THERE WILL BE NO BUILDING USAGE GRANTED DURING EARLY VOTING.

2. Requests for building usage must be submitted to the Clerk's Office at least two (2) weeks in advance of the desired dates(s).
3. Organizations engaging minors, must complete a background check and must be fingerprinted.
4. Building usage is limited to non-profit, charitable, community service organization, religious and/or civic organizations. Private use is not permitted.
5. Municipal government activities and programs shall have the highest priority for building usage
6. Users are required to provide proof of liability insurance coverage naming Winslow Township as additional insured and sign a Hold Harmless Agreement.
7. The Township has the right to relocate an Organization to an alternate site if their membership has either exceeded or does not warrant the current size of the building.
8. The building should be left, immediately after the day and hours assigned for use, clean and with all furniture and/or appliances returned to their proper location. **ALL TRASH** shall be placed in the outside trash containers provided.
9. Certain authorized organizations store items in the building. Such items are not to be used by unauthorized persons.
10. It is the responsibility of the Applicant upon approval, to pick up, sign for, and return the building key fob during regular business hours (8:30 am – 4:30 pm) to the Office of the Municipal Clerk.
11. At **NO TIME** shall the building be occupied by more persons than allowed under the N.J. Fire Codes, which is posted in the building.
12. Damage to property or injury to any person while on the premises shall be reported as soon as possible to the Office of the Municipal Clerk at 609-567-0700.
13. It is the responsibility of all organizations to keep the **facility neat and clean at all times. Bathroom facilities must be inspected prior to leaving the building.**
14. It is the responsibility of the applicant to make sure **CHILDREN** are supervised at all times, and not allowed to roam through the building.
15. All applicants will be required to turn in a signed check-off list of housekeeping items at the conclusion of their use.
16. Failure to pick up the key, that results in an employee being called in to open the building during off hours, will result in the Organization being charged in accordance with that employee's union contract, or at the appropriate hourly rate. In addition, any damages resulting from any person(s) or participant(s) will be your organizations responsibility, and the Township will seek full restitution. Failure to make any payments billed by the Township will automatically revoke any future use.

17. Non-refundable fees:

- (1) Meeting fees per year.
  - (a) Resident and non-profit organizations: \$100.00
  - (b) Non-resident and non-profit organizations: \$150
- (2) Event fees for each occurrence.
  - (a) Resident and non-profit organizations: \$200.00
  - (b) Non-resident and non-profit organizations: \$300.00

18. Cancellation requests should be made as early as possible to allow for alternate scheduling.

19. Refunds will be determined based on the time of cancellation and any costs already incurred by the Township.

20. **The Township has the discretion to cancel, suspend, or revoke use by any organization due to an emergency, or misuse of the building by any member(s) or participant(s) of that organization.**

RETURN COMPLETED APPLICATION TO:      OFFICE OF THE MUNICIPAL CLERK  
WINSLOW TOWNSHIP MUNICIPAL BUILDING  
125 SOUTH ROUTE 73  
BRADDOCK, NEW JERSEY 08037-9422

**HOLD HARMLESS AGREEMENT**  
**BETWEEN THE TOWNSHIP OF WINSLOW**  
**AND**

\_\_\_\_\_  
**ORGANIZATION NAME**

\_\_\_\_\_  
**ADDRESS (NOT POST OFFICE BOX)**

\_\_\_\_\_  
**TELEPHONE NUMBER**

\_\_\_\_\_  
**ORGANIZATION TYPE (INDIVIDUAL, PARTNERSHIP,  
CORPORATION OR COMMUNITY SERVICE)**

IN CONSIDERATION OF THE USE OF \_\_\_\_\_, ON THE  
FOLLOWING DATES: \_\_\_\_\_ FOR THE PURPOSE OF  
\_\_\_\_\_, THE UNDERSIGNED AGREES TO DEFEND,  
INDEMNIFY AND HOLD THE TOWNSHIP OF WINSLOW AND ITS OFFICERS,  
AGENTS AND EMPLOYEES HARMLESS FROM ANY AND ALL LOSSES,  
ACTIONS, SUITS, CAUSES OF ACTION, DEMANDS, DAMAGES, LIABILITY,  
CLAIMS, COSTS, SETTLEMENTS, JUDGMENTS, AND OTHER EXPENSES  
(INCLUDING, BUT NOT LIMITED TO, COST OF DEFENSE, SETTLEMENT  
AND ATTORNEY'S FEES) OF WHATEVER TYPE OR NATURE WHICH ARE  
ASSERTED AGAINST THE TOWNSHIP OF WINSLOW ARISING OUT OF THE  
USE AND/OR MISUSE OF THE PROPERTY, EQUIPMENT OR SERVICES  
REFERRED TO ABOVE.

I UNDERSTAND THAT THIS HOLD HARMLESS AGREEMENT ALSO  
REQUIRES THAT THE TOWNSHIP OF WINSLOW BE INDEMNIFIED FROM  
ANY LOSSES OR DAMAGES RESULTING FROM THE ACTS OR OMISSIONS  
OF ANY PERSON OR PARTICIPANT IN OR RELATED TO THIS SERVICE  
AND/OR USE OF THE PROPERTY. I AGREE TO FURNISH A CERTIFICATE  
OF INSURANCE SPECIFICALLY NAMING THE TOWNSHIP OF WINSLOW AS  
AN ADDITIONAL INSURED, PROVIDING GENERAL LIABILITY, BODILY  
INJURY AND PROPERTY DAMAGE COVERAGE WITH MINIMUM LIMITS OF  
LIABILITY NOT LESS THAN \$1,000,000.00.

I FURTHER UNDERSTAND, THAT ANY DAMAGES RESULTING FROM ANY PERSON OR PARTICIPANT WILL BE THE RESPONSIBILITY OF \_\_\_\_\_ ORGANIZATION, AND SAID ORGANIZATION AGREES TO MAKE FULL RESTITUTION TO THE TOWNSHIP OF WINSLOW FOR ANY AND ALL EXPENSES, INCLUDING BUT NOT LIMITED TO REPLACEMENT COST, REPAIRS AND HOURLY LABOR CHARGES.

IN ORDER TO INDUCE THE TOWNSHIP OF WINSLOW TO ACCEPT THIS HOLD HARMLESS AGREEMENT, THE FOLLOWING INFORMATION CONCERNING THE INTENDED USE OF THE PREMISES IS FURNISHED:

- A. ALCOHOLIC BEVERAGES WILL NOT BE SERVED.
- B. ANY COSTS RESULTING FROM DAMAGES WILL BE BORNE BY APPLICANT/ORGANIZATION
- C. TOTAL NUMBER OF PERSONS ANTICIPATED IS \_\_\_\_\_
- D. LIVE ENTERTAINMENT (WILL NOT) BE PROVIDED.
- E. OTHER \_\_\_\_\_

SIGNED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_ AS THE BINDING ACT IN DEED OF \_\_\_\_\_  
(NAME OF ORGANIZATION)

\_\_\_\_\_  
AUTHORIZED SIGNATURE

\_\_\_\_\_  
WITNESS

SUBMIT TO: OFFICE OF THE MUNICIPAL CLERK  
TOWNSHIP OF WINSLOW  
125 SOUTH ROUTE 73  
BRADDOCK, NJ 08037-9422

DAI

**REQUIRED INFORMATION NEEDED TO ENTER VENDOR/FACILITIES USER  
INTO RISK TOOLBOX**

<b>NAME OF INSURED USING OR ENTERING TOWNSHIP PRORPERTY</b>			
<b>ADDRESS OF INSURED</b>			
<b>CITY</b>		<b>STATE</b>	<b>ZIP CODE</b>
<b>PHONE NUMBER</b>			
<b>CONTACT PERSON</b>		<b>TITLE</b>	
<b>EMAIL ADDRESS</b>			
<b>BUSINESS NAME, IF DIFFERENT THAN NAME OF INSURED</b>			
<b>TO BE FILLED OUT BY WINSLOW TOWNSHIP EMPLOYEE ADDING VENDOR</b>			
<b>VENDOR ID NO.</b>			

**COI RISK PROFILE (must choose one):**

<b>X</b>	<b>TYPE OF SERVICE</b>	<b>X</b>	<b>TYPE OF SERVICE</b>
	#1 Repair/Minor Contractor: Contracts up to \$50,000		#7 Consultants/Professionals: Attorney, Auditor, Engineer
	#2 Building Contractor up to 1M		#8 Supplier/Vendors
	#3 Building Contractors/ Construction (1M-5M)		#9 Use of Facility: Private Citizen, Org or non-Business Group,
	#4 Building Contractor/Construction (5M+)		#10 Towing Contractors
	#5 Trade Contractors: Painters, Landscapers, Plumbers		#11 Event Vendors
	#6 Environmental Contractors or Consultants		#12 Gun Ranges

**HOLD HARMLESS (must choose one)**

<input type="checkbox"/>	Hold Harmless Required	<input type="checkbox"/>	Hold Harmless not Required
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Winslow Employee is to email this to Crystal at CFiorito@docutrax.com



DOMINIC MAIESE  
MUNICIPAL COMPLEX  
125 South Route 73  
Braddock, NJ 08037-9422  
Tel: (609) 567-0700 Opt 7  
purchasing@winslowtownship.com



Jennifer L. Conway, QPA  
Purchasing Agent  
Department of Purchasing

## TOWNSHIP OF WINSLOW CERTIFICATE OF INSURANCE REQUIREMENTS

1. All new vendors must fill out a Required Information Sheet, per attached, and e-mail it back to the department requesting the information. The department will then send it to docutrax.
2. All Certificates of Insurance must be entered into our electronic system by your broker (we do not want paper certificates). Vendors are not permitted to enter Certificates of Insurance.  
The information you provide in the Required Information Sheet will be entered into our system. You will then receive an e-mail from the Township which you, in turn, must e-mail to your broker. There is a link in the e-mail which your broker will use to enable him/her to enter your insurance information into our system.
3. The Certificate of Insurance must list Township of Winslow as Additional Insured, and the "Addi Insd" box must be checked in the General Liability section of the certificate. Sample attached. \*Should a prospective bidder or vendor not have commercial automobile coverage in their business name, please provide a Hired and Non-Owned Automobile Enforcement to the GL policy.
4. Explanation and date of work, program, or contract being performed for the Township must be entered in the "Description of Operations" section of the Certificate of Insurance.
5. Insurance requirements are listed below.
6. A Hold Harmless Clause, per attached, must be filled in and signed by applicant, and returned to Docutrax – [cfiorito@docutrax.com](mailto:cfiorito@docutrax.com). This form is also available on the Docutrax portal.

**SHOULD YOU HAVE ANY QUESTIONS, PLEASE CONTACT CRYSTAL FIORITO AT 855 747-5866 x717.**

### Certificate of Insurance Guidelines

Category	Description		Certificate of Insurance	Additional Insured
1	<b>Repair/Minor Contractors/Construction: Contracts up to \$50,000</b> <b>Minor Contractors (50K)</b>			
	General Liability	\$500,000 (occurrence); \$1,000,000 (aggregate)	X	X
	Automobile Liability	\$500,000	X	
	Workers Compensation	Statutory	X	*
	Employer's Liability	\$500,000	Included	
2	<b>Building Contractors/Construction: Contracts up to \$1,000,000</b> <b>Building Contractors (1M)</b>			
	General Liability	\$1,000,000 (occurrence); \$2,000,000 (aggregate)	X	X
	Automobile Liability	\$1,000,000	X	
	Workers' Compensation	Statutory	X	*
	Employer's Liability	\$1,000,000	Included	
	Professional Liability	\$1,000,000	X	
	Builder's Risk/Installation Floater	Amount of Contract	X	
3	<b>Building Contractors/Construction: Contracts \$1,000,000 to \$5,000,000</b> <b>Building Contractors (1M - 5M)</b>			
	General Liability	\$1,000,000 (occurrence); \$2,000,000 (aggregate)	X	X
	Automobile Liability	\$1,000,000	X	
	Excess Liability/Umbrella	\$5,000,000 (occurrence); \$5,000,000 (aggregate)	X	X
	Workers' Compensation	Statutory	X	*
	Employer's Liability	\$1,000,000	Included	
	Professional Liability	\$1,000,000	X	
	Builder's Risk/Installation Floater	Amount of Contract	X	



Category	Description		Certificate of Insurance	Additional Insured
4	<b>Building Contractors/Construction: Contracts exceeding \$5,000,000</b>			
	<b>Building Contractors (5M+)</b>			
	General Liability	\$1,000,000 (occurrence); \$2,000,000 (aggregate)	X	X
	Automobile Liability	\$1,000,000	X	
	Excess Liability/Umbrella	\$10,000,000 (occurrence); \$10,000,000 (aggregate)	X	X
	Workers' Compensation	Statutory	X	*
	Employer's Liability	\$1,000,000	Included	
	Professional Liability	\$1,000,000	X	
5	Builder's Risk/Installation Floater	Amount of Contract	X	
	<b>Trade Contractors: Painters, Plumbers, Landscapers, etc.</b>			
	<b>Trade Contractors</b>			
	General Liability	\$1,000,000 (occurrence); \$2,000,000 (aggregate)	X	X
	Automobile Liability	\$1,000,000	X	
	Workers' Compensation	Statutory	X	*
6	Employer's Liability	\$1,000,000	Included	
	<b>Environmental Contractors or Consultants</b>			
	<b>Environmental Contractors</b>			
	General Liability	\$1,000,000 (occurrence); \$2,000,000 (aggregate)	X	X
	Automobile Liability	\$1,000,000	X	
	Workers' Compensation	Statutory	X	*
	Employer's Liability	\$1,000,000	Included	
	Pollution Liability and/or Asbestos Pollution Liability and/or Professional Liability	\$1,000,000 (occurrence); \$2,000,000 (aggregate)	X	X

Category	Description		Certificate of Insurance	Additional Insured
7	<b>Consultants/Professional Service Providers: Solicitor, Labor Attorney, Auditor, Engineer, Risk Management Consultant, Specified Medical Practitioners, etc.</b> <b>Professional Service</b>			
	General Liability	\$1,000,000 (occurrence); \$2,000,000 (aggregate)	X	X
	Automobile Liability	\$1,000,000	X	
	Professional Liability (other than physicians)	\$1,000,000	X	
	Medical Malpractice (doctors, dentists, psychologists)	\$1,000,000	X	
	Workers' Compensation	Statutory	X	*
	Employer's Liability	\$1,000,000	Included	
	Sexual Abuse or Molestation	\$3,000,000	X	X
	Cyber Security and Privacy Liability	\$1,000,000	X	X
	Technology Errors and Omissions	\$1,000,000	X	
8	<b>Suppliers and/or Vendors</b> <b>Suppliers and Vendors</b>			
	General Liability	\$1,000,000	X	X
	Automobile Liability	\$1,000,000	X	
	Workers' Compensation	Statutory	X	*
	Cyber Security & Privacy Liability	\$1,000,000	X	X
	Property Insurance	Replacement Value		
9	<b>Use of Facilities: Private Citizens, Organizations or Non-Business Groups, etc.</b> <b>Use of Facilities</b>			
	General Liability	\$1,000,000	X	X
10	<b>Towing Contractors</b>			
	General Liability	\$1,000,000	X	X
	Comprehensive Liability	\$1,000,000	X	X
	Automobile Liability	\$1,000,000	X	
	Workers' Compensation	Statutory	X	*
	Garage Keepers Liability	Not less than \$100,000	X	X
	Garage Liability	\$1,000,000	X	X
	Endorsement to provide collision coverage for vehicles in tow			
11	<b>Event Vendors</b>			
	General Liability	\$500,000	X	X
	Automobile Liability	\$500,000	X	X
	Workers' Compensation	Statutory	X	*
	Employer's Liability	\$500,000	Included	

Category	Description	Certificate of Insurance	Additional Insured	Category
12	<b>Gun Ranges</b>			
	General Liability	\$1,000,000 (occurrence); \$2,000,000 (aggregate)	X	X
	Automobile Liability	\$1,000,000	X	
	Workers' Compensation	Statutory	X	*
	Employer's Liability	\$1,000,000	Included	
	Pollution Liability and/or Asbestos Pollution Liability	\$1,000,000 (occurrence); \$2,000,000 (aggregate)	X	X

\*Waiver of Subrogation Required

\*\*Limit of \$500,000 can be considered for minor engagements



# CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

PRODUCER

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

NAIC #

INSURED

INSURER A

INSURER B

INSURER C

INSURER D

INSURER E

## COVERAGES

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, AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR. <input type="checkbox"/> <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				GENERAL AGGREGATE	
					PRODUCTS-COMP/OP AGG.	
					PERSONAL & ADV. INJURY	
					EACH OCCURRENCE	
					FIRE DAMAGE (Any one fire)	
					MED. EXP. (Any one Person)	
	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 <input type="checkbox"/> <input type="checkbox"/>				COMBINED SINGLE LIMIT	
					BODILY INJURY (Per person)	
					BODILY INJURY (Per accident)	
					PROPERTY DAMAGE	
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE	
					AGGREGATE	
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNERSHIP/ EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				STATUTORY LIMITS	
					EACH ACCIDENT	
					DISEASE-EA EMPLOYEE	
					DISEASE-EA EMPLOYEE	
	OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

The Township of Winslow is included as an additional insured with respect to: (name of project)

CERTIFICATE HOLDER

ADDITIONAL INSURED: INSURER LETTER

CANCELLATION 15 DAYS NON-PAYMENT OF PREMIUM

Township of Winslow  
125 South Route 73  
Braddock, NJ 08037

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO PROVIDE \_\_\_\_\_ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE