



TOWNSHIP OF WINSLOW

**125 South Route 73
Braddock, NJ 08037
(856)-567-0700 Ext. 8002**

PARK RULES AND REGULATIONS

1. Parks are open as follows:
May 1st through September 30th from 8:00 am to 9:00 pm
October 1st through April 30th from 8:00 am to 8:00 pm
2. The permit holder will be responsible for insuring that the grounds are left clean and in “as found” condition. Trash is placed in the disposal receptacle. If no such trash receptacles are available, then trash shall be carried away by permit holder.
3. **NO ALCOHOLIC BEVERAGES OR SMOKING IS PERMITTED.**
4. Any vendors must obtain the proper permits through the Township of Winslow.
5. The Township of Winslow reserves the option to require one or more Police Officers at said event with all costs borne by the permit holder. The Chief of Police shall determine the number of officers required if any.
6. The Township of Winslow reserves the right to cancel and/or terminate a program if it is determine that there is clear and present health or safety danger to the public.

I HAVE READ AND AGREE WITH THE ABOVE RULES AND REGULATIONS.

DATE

SIGNATURE OF APPLICANT

Permit# _____

**APPLICATION FOR USE OF FACILITIES
WINSLOW TOWNSHIP RECREATION DEPARTMENT**

Date: _____

Name of Applicant/Responsible Person: _____

Address: _____

Phone: _____ Cell: _____

Name of Team: _____

Name of Sponsor: _____

Address: _____

Name and Location of Facility Requested: _____

Date(s) & Time(s) Requested: use separate sheet _____

Type of Sport: _____ **Is this a youth sports team or adult team?** _____**Age of Players: from** _____ **to** _____

Detailed Description of Activity: _____

If available will lighting be needed? Yes No

Applications should be made at least 30 days prior to the date(s) requested. You will receive written notification if this application/permit is approved.

A Certificate of Liability Insurance naming the ***“Township of Winslow”*** as an additional insured must be included with this application.

The undersigned AGREES:

- **To inspect the area(s) requested for use and list any damage or signs of vandalism.**
- **To see that all rules and regulations regarding the use of any Township facility/parks are strictly followed.**
- **Failure to adhere to Chapter 83 entitled “Background Checks” and Chapter 5 entitled “Athletic Facility” may result in the loss of future use of the facility and/or loss of deposit and possible issuance of a fine.**
- **Falsifying information on application is automatic revocation of application and/or permit.**

Print Name: _____

Date: _____

Signature: _____ email: _____

.....
Official Use Only

Reviewed by: _____

Date Application Received: _____

Application Fee \$100.00 Received by _____ Check # _____

Township Recognized Sports Organization Yes No

Deposit: _____ Check # _____

Amount Returned: _____ Additional Charges _____

Reason for additional Charges: _____

Risk Toolbox Form Received: ☐ Yes ☐ NoCertificate of Insurance Received: ☐ Yes ☐ NoHold Harmless Received: ☐ Yes ☐ No

Approved: Yes _____ No _____

Comments: _____

CHECK LIST

- ☐ Schedule of game/games.
- ☐ Completed Vendor/Facilities Risk Toolbox Form attached.
- ☐ Indemnity and Hold Harmless Agreement *(to be filed online see attached instructions)*
- ☐ Certificate of insurance coverage with limits in the amount of \$1,000,000.00/\$3,000,000.00, as well as naming the Township of Winslow as an additional insured thereunder. *(to be filed online see attached instructions)*
- ☐ Proof of crime bond covering theft of league monies in a bond amount acceptable to the Township.
- ☐ Proof of participant accident and health insurance coverage which will provide medical coverage if no personal health insurance is available with limits of coverage acceptable to the Township.
- ☐ Proof of directors and officers insurance with limits of coverage acceptable to the Township.

Any other information which the Winslow Township Committee shall find necessary to make a fair determination as to whether a permit should be issued hereunder.

**PLEASE RETURN THE COMPLETED APPLICATION AND ABOVE
“CHECK LIST” ITEMS TO:**

Winslow Township Municipal Building
Attn: Municipal Clerk's Office
125 South Route 73
Braddock, NJ 08037-9422

PARKS AND FIELDS

☐ **Albion Park: Time:**

Dates:

- ☐ Baseball Field Large
- ☐ Football Field ☐ Basketball Court
- ☐ Concession Stand ☐ Practice Football Area
- ☐ Lights

Type of use:

☐ Practice ☐ Game ☐ Special Events

☐ **Daniel Calabrese Park: Time:**

Dates:

☐ Baseball Field ☐ Field "1small" ☐ Field "2 small"

☐ Lights ☐ Field "3 small" ☐ Field "4 - T"

Type of use:

☐ Practice ☐ Game ☒ Special Events

☐ **Donald Heggan Park: Time:**

Dates:

☐ Baseball Field “small” ☐ Basketball Court

☐ Tennis Court ☐ Deck Hockey Court

Type of use:

☐ Practice ☐ Game ☐ Special Events

☐ **Frank Donio Park: Time:**

Dates:

☐ Baseball Field ☐ Field "1 Large" ☐ Field "2 small"
☐ Football Field ☐ Field "A" ☐ Field "B"
☐ Practice Field ☐ Open Space
☐ Concession Stand ☐ Lights

Type of use:

☐ Practice ☐ Game ☐ Special Events

☐ **Mark Sirolli Park: Time:**

Dates:

☐ Baseball Field ☐ Field "Front-Large" ☐ Field "Back- Small"
☐ Football Field ☐ Basketball Court
☐ Concession Stand

Type of use:

☐ Practice ☐ Game ☐ Special Events

PARKS AND FIELDS

☐ **Villas East Park: Time:**

Dates:

☐ Basketball Court

Type of use:

☐ Practice ☐ Game ☐ Special Events _____

☐ **David Iuliucci Park: Time:**

Dates:

☐ Football Practice Field

☐ Basketball Court

☐ Tennis

Type of use:

☐ Practice ☐ Game ☐ Special Events _____

☐ **Kindall Scott Park: Time:**

Dates:

☐ Basketball Courts

☐ Court "A"

☐ Court "B"

☐ Baseball Field "Small"

☐ Tennis

Type of use:

☐ Practice ☐ Game ☐ Special Events _____

☐ **Carmelo Felix Park: Time:**

Dates:

☐ Baseball Field "Small"

☐ Basketball Court

Type of use:

☐ Practice ☐ Game ☐ Special Events _____

☐ **Stella Maiese Park: Time:**

Dates:

☐ Baseball Field

☐ Field "1-small"

☐ Field "2-small"

☐ Field "3- large"

☐ Concession Stand

☐ Lights

Type of use:

☐ Practice ☐ Game ☐ Special Events _____

☐ **Nicholas Gargano Park: Time:**

Dates:

☐ Baseball Field "small"

☐ Basketball Court

Type of use:

☐ Practice ☐ Game ☐ Special Events _____

PARKS AND FIELDS

☐ **Peter Volpa Park: Time:**

Dates:

- ☐ Basketball Court ☐ Court "1" ☐ Court "2" ☐ Court "3"
☐ Soccer Fields ☐ Concession Stand ☐ Tennis Court
☐ Lights ☐ Baseball Field "Small"

Type of use:

- ☐ Practice ☐ Game ☐ Special Events _____

☐ **Waterford Park: Time:**

Dates:

- ☐ Basketball Court ☐ Tennis Court

Type of use:

- ☐ Practice ☐ Game ☐ Special Events _____

☐ **West Atco Park #1: Time:**

Dates:

- ☐ Baseball Field "Small"
☐ Basketball Court

Type of use:

- ☐ Practice ☐ Game ☐ Special Events _____

☐ **West Atco Park #2: Time:**

Dates:

- ☐ Basketball Court "1" ☐ Basketball Court "2"
☐ Basketball Court "3" with "HDA" ☐ Lights

Type of use:

- ☐ Practice ☐ Game ☐ Special Events _____

☐ **Brian Bowman Park: Time:**

Dates:

- ☐ Baseball Field "Small"
☐ Basketball Court

Type of use:

- ☐ Practice ☐ Game ☐ Special Events _____



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. 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	Repair/Minor Contractors/Construction: Contracts up to \$50,000 Minor Contractors (50K)			
	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	Building Contractors/Construction: Contracts up to \$1,000,000 Building Contractors (1M)			
	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	Building Contractors/Construction: Contracts \$1,000,000 to \$5,000,000 Building Contractors (1M - 5M)			
	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	Building Contractors/Construction: Contracts exceeding \$5,000,000 Building Contractors (5M+)			
	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	
	Builder's Risk/Installation Floater	Amount of Contract	X	
5	Trade Contractors: Painters, Plumbers, Landscapers, etc. Trade Contractors			
	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	
6	Environmental Contractors or Consultants Environmental Contractors			
	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	Consultants/Professional Service Providers: Solicitor, Labor Attorney, Auditor, Engineer, Risk Management Consultant, Specified Medical Practitioners, etc. Professional Service			
	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	Suppliers and/or Vendors Suppliers and Vendors			
	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	Use of Facilities: Private Citizens, Organizations or Non-Business Groups, etc. Use of Facilities			
	General Liability	\$1,000,000	X	X
10	Towing Contractors			
	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	Event Vendors			
	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	Gun Ranges			
	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

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

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

COI RISK PROFILE (must choose one):

X	TYPE OF SERVICE	X	TYPE OF SERVICE
	#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)

	Hold Harmless Required		Hold Harmless not Required
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Winslow Employee is to email this to Crystal at CFiorito@docutrax.com

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

Jennifer Conway
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

Stay Connected – Download the Winslow Township Mobile App “MyWinslow” for Android and iPhone users

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