

Permit# \_\_\_\_\_

## APPLICATION FOR USE OF FACILITIES

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

**TOURNAMENTS/SPECIAL EVENTS****WINSLOW TOWNSHIP RECREATION DEPARTMENT**

Name of Applicant/Responsible Person: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Name of Team: \_\_\_\_\_

Name of Sponsor: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Location of Facility Requested: \_\_\_\_\_

Date &amp; Time Requested: \_\_\_\_\_

Detailed Description of Activity: \_\_\_\_\_

F

*For Tournaments:* Type of Sport: \_\_\_\_\_ Youth or adult sports team: \_\_\_\_\_  
 Age of Players: from \_\_\_\_\_ to \_\_\_\_\_

If available will lighting be needed? ☐ Yes ☐ NoWill there be vendors present: ☐ Yes ☐ No If yes, how many (limit of 15): \_\_\_\_\_

**APPLICATIONS SHOULD BE MADE AT LEAST 30 DAYS PRIOR TO THE DATE REQUESTED.  
 YOU WILL RECEIVE WRITTEN NOTIFICATION IF THIS APPLICATION/PERMIT IS  
 APPROVED.**

*Applicant and all Vendors must provide a Certificate of Liability Insurance naming the "Township of Winslow" as an additional insured and a Hold Harmless Agreement. Please see attached instructions for more information.*

**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**

Date Application Received: \_\_\_\_\_ Reviewed by: \_\_\_\_\_

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 ☐ No / Certificate of Insurance Received: ☐ Yes ☐ NoHold Harmless Received: ☐ Yes ☐ No

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

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



## 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 1<sup>st</sup> through September 30<sup>th</sup> from 8:00 am to 9:00 pm  
October 1<sup>st</sup> through April 30<sup>th</sup> 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

# CHECK LIST

- ☐ Event Date, Schedule and Drawing of event layout.
- ☐ Applicant's 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*)
- ☐ ***If applicable:*** List of Vendors along with the following for each vendor:
  - ☐ Hold Harmless Agreement (*all vendors*)
  - ☐ Certificate of Insurance (*food and activity vendors only*)
  - Food Vendors Only:**
  - ☐ Temporary Event/Farm Market Coordinator (*copy of form submitted to county*)
- ☐ 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.
- ☐ Proof of Uniformed Police or Private Security

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:

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

## □ Daniel Calabrese Park:

- Baseball Field
- Field "1small"
- Field "2 small"
- Lights
- Field "3 small"
- Field "4 - T"

## □ Donald Heggan Park: :

- Baseball Field "small"
- Basketball Court
- Tennis Court
- Deck Hockey Court

## □ Frank Donio Park:

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

## □ Mark Sirolli Park:

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

## □ Villas East Park:

- Basketball Court

## □ David Iuliucci Park

- Football Practice Field
- Basketball Court
- Tennis

## □ Kindall Scott Park:

- Basketball Courts
- Court "A"
- Court "B"
- Baseball Field "Small"
- Tennis

## □ Carmelo Felix Park:

- Baseball Field "Small"
- Basketball Court

☐ **Stella Maiese Park:**

- ☐ Baseball Field
- ☐ Field "1-small"
- ☐ Field "2-small"
- ☐ Field "3- large"
- ☐ Concession Stand
- ☐ Lights

☐ **Nicholas Gargano Park:**

- ☐ Baseball Field "small"
- ☐ Basketball Court

☐ **Peter Volpa Park:**

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

☐ **Waterford Park:**

- ☐ Basketball Court
- ☐ Tennis Court

☐ **West Atco Park #1:**

- ☐ Baseball Field "Small"
- ☐ Basketball Court

☐ **West Atco Park #2:**

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

☐ **Brian Bowman Park:**

- ☐ Baseball Field "Small"
- ☐ Basketball Court

**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><i>TO BE FILLED OUT BY WINSLOW TOWNSHIP EMPLOYEE ADDING VENDOR</i></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)**

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

**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





## 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	
	Builder's Risk/Installation Floater	Amount of Contract	X	
5	<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	*
	Employer's Liability	\$1,000,000	Included	
6	<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