

I'm in waretown I'll send u an answer after 230 when I get back into office Sent from my Verizon, Samsung Galaxy smartphone

----- Original message -----

From: Francis Sarno <fscottsarno@gmail.com>

Date: 9/14/22 8:26 AM (GMT-05:00)

To: Jean Broadbent <jbroadbent@barnegat.net>

Subject: Re: forms

Good morning Jean,

I didn't realize one of our candidates had an conflict with Oct 8th.. they'll be in Florida. I was wondering if either Oct 15th from 8am to 11am was open or Oct 1st from 8am-11am.

Thank you

Scott

On Tue, Sep 13, 2022, 4:10 PM Jean Broadbent <jbroadbent@barnegat.net> wrote:

Jeanne Broadbent
Recreation Director
Barnegat Township
900 W Bay Ave.
Barnegat, NJ 08005
609-698-0080 x 122
609-548-6319 (Cell)
609-698-1302 (fax)

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Jeanne BroadbentRecreation DirectorBarnegat Township900 W Bay
Ave.Barnegat, NJ 08005609-698-0080 x 122609-548-6319 (Cell)609-698-
1302 (fax)

Subject: Fwd: Re: forms

From: Jean Broadbent <jbroadbent@barnegat.net>

To: Donna M. Manno <clerk@barnegat.net>

Date: Monday, 10/03/2022 2:34 PM

Jeanne Broadbent
Recreation Director
Barnegat Township
900 W Bay Ave.
Barnegat, NJ 08005
609-698-0080 x 122
609-548-6319 (Cell)
609-698-1302 (fax)

--- Original message ---

Subject: Re: forms

From: Francis Sarno <fscottsarano@gmail.com>

To: Jean Broadbent <jbroadbent@barnegat.net>

Date: Friday, 09/16/2022 12:48 PM

Hi Jean,

We're going to go with Oct. 8th from 8am-11am. I'm waiting on Bill Ridgeway to finalize the insurance. He said it should be today.. I'll drop everything off once I have it.

Thanks

Scott

On Wed, Sep 14, 2022, 4:50 PM Jean Broadbent <jbroadbent@barnegat.net> wrote:
Both are available

Jeanne Broadbent
Recreation Director
Barnegat Township
900 W Bay Ave.
Barnegat, NJ 08005
609-698-0080 x 122
609-548-6319 (Cell)
609-698-1302 (fax)

On Wednesday 09/14/2022 at 12:02 pm, [jbroadbent](mailto:jbroadbent@barnegat.net) wrote:

I'm in waretown I'll send u an answer after 230 when I get back into office

Barnegat Township Recreation Community Center Use Application

Date of Application: 9/14/22

REMINDER: Applicant's must use the key pad on the side of the building to gain access after hours. Call Jeanne Broadbent 609-548-6319 or email jbroadbent@barnegat.net to obtain the CODE to the lock box.

Name of Organization: CTE Sarno, Geane, Sherman & Washburn

Contact Person Name: Scott Sarno

Address: 7 Hertimer Ct

Home Phone: _____ Cell: 509-618-4765

Email: Fsarno@gmail.com

Will you be responsible for the building on the day of your Event? Yes

If not, who will be in attendance and responsible? _____

Date requested: 10/8/22 Time: 8 am to 11 am
(Allow time to set-up and clean-up in your request)

Community Center: Room Only X Kitchen X

Number of tables needed 10 Number of chairs needed 50

Description of your non-profit event: Meet and greet board of education candidates

Is this a fundraising event? YES NO X
If needed, are your permits in order? Yes Do you have non-profit status? _____

We require a copy of all publicly materials released to the public _____

Total Participants: 75 Max number of participants is 275 as per fire code in Community Center

Age of Participants: 18+ The child/adult ratio is 15:1 (adult chaperone per 15 children)

Insurance Certificate on File: _____ New Application with insurance attached: X

All applicants must have liability insurance in the amount of \$1,000,000 and provide a copy of the certificate on which Barnegat Township is named as the Certificate Holder. (Clubs may have members sign the HOLD HARMLESS AGREEMENT in lieu of insurance certificate)

As a representative of the organization applying, the undersigned agrees to the use of Barnegat Township Facilities in accordance with all the rules and regulations and policies provided by Barnegat Township. The undersigned, acting for and on behalf of the organization does hereby certify that A) he/she has the authority to act on behalf of said organization, B) that said organization does hereby agree to indemnify, defend and hold harmless the Township of Barnegat, its employees or volunteers in the event of accident or injury while utilizing Township Facilities.

Date: 9/13/22 Name of Applicant: Scott Sarno

Organization: CTE Sarno, Geene, Sherman & Wasitum

Signature of Applicant: Scott Sarno

To be completed and signed by a Township Official

Date: Township Official:

Approved: Denied:

Reason:

*Security deposit required: amount:

**Security deposits will be refunded when it has been deemed that the facility was left in satisfactory condition. If the facility was left in unsatisfactory condition, the Township will refund only that portion not used to return the facility to satisfactory condition. Leaving the facilities in unsatisfactory condition will jeopardize future use by your organization.

*We require a Township Employee on site. Yes No
(Chaperone required personnel, at the rate of \$25 per hour, are the responsibility of the hosting organization)

**We require a Police Officer on site. Yes No
(Sarnes for required Police Officers, at the officer's current rate of pay, are the responsibility of the hosting organization)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
9/20/2022

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 have **ADDITIONAL INSURED** provisions or 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 W.B. Grant Agency, Inc. 344 So. Main Street Barneget NJ 08005	CONTACT NAME: William Ridgway	
	PHONE (A/C, No, Ext): 609-698-2162	FAX (A/C, No):
INSURED Scott Sarno 7 Herkimer Court Barneget NJ 08005	E-MAIL ADDRESS: william.ridgwayjr@wbgrantagency.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: United States Liability Ins Co	
	INSURER B:	
	INSURER C:	
	INSURER D:	
INSURER E:		
INSURER F:		

COVERAGES **CERTIFICATE NUMBER:** 1360436915 **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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC OTHER:	Y		SE1056844	10/8/2022	10/10/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 1,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ HIRED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB ☐ OCCUR EXCESS LIAB ☐ CLAIMS-MADE DED ☐ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N ☐	N/A				PER STATUTE ☐ OTH-ER ☐ E.I. EACH ACCIDENT \$ E.I. DISEASE - EA EMPLOYEE \$ E.I. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Barneget Township is added as an additional insured to the general liability policy listed above.
Event: meet and Greet Breakfast being held on 10/8/2022 in the recreation center.

CERTIFICATE HOLDER Barneget Township Attn Recreation Dept. 900 West Bay Avenue Barneget NJ 08005	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
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