Ralph Bernardo

To: Clerk's Dept.
Subject: RE: OPRA request - Use of Brewer Recreation Center

Hi Edie - Please find attached the OPRA request for copies of rentals for the Recreation Center. Please keep in mind the Recreation Center was closed to the public in 2020 due to COVID. When we did re-open - it was Clark residents only until April 2021.

To: Ralph Bernardo, Recreation Dept.
From: Edie Merkel, Township Clerk
Re: OPRA - use of Recreation Dept.
Date: May 6, 2022

Please provide the requested documents (see below) to me as soon as possible but no later than Friday, May 13th.
Thank you

-----Original Message-----
From: James M <opra+request-31584-4387453c@requests.opramachine.com>
Sent: Friday, May 06, 2022 1:40 PM
To: Clerk's Dept. <clerk@ourclark.com>
Subject: OPRA request - Use of Brewer Recreation Center

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Dear Clark Township,

This is a request for public records made under OPRA and the common law right of access. I am not required to fill out an official form. Please acknowledge receipt of this message.
Records requested:

Please provide all applications for use of the Brewer Recreation Center in accordance with Clark town code 240-5 for the years 2020 to present. Please include organization's application, certificate of insurance, and fee paid.

Yours faithfully,
James M

Please use deliver records electronically via email to the below UNIQUE address for all replies to this request:
opra+request-31584-4387453c@requests.opramachine.com

Is clerk@ourclark.com the wrong address for OPRA requests to Clark Township? If so, please contact us using this form:
https://linkprotect.cudasvc.com/url?a=https%3a%2f%2fopramachine.com%2fchange_request%2fnew%3fbody%3dclark_township&c=E,1,hO5WazwXH7lxJMm_2fP7CQWpAQuwrU_-Af7A2nJVdPJyoOfc2aUDaAx0T7jIWFZwtPvm68SUbYYZXAyiaToG_bHjkx8Qai5DvOiFA7zRPFU,&typo=1

Clark Recreation Department

Application for Rec Center/Park/Court Permit

Signature, completed Application and Certificate of Liability Insurance are necessary to process Applications. Return all completed application to the Clark Recreation Office, 430 Westfield Ave. Clark NJ 07066.

Applicants Name/Organization: Calvin Harper / TOP Shelf Athletics
Address: 184 W. Demarest Ave Englewood, NJ 07631
Name of Person Filing: Calvin Harper
Telephone: [redacted]
Rec Center/Park/Court Location: Brewer Recreation Center
Type of Activity: Basketball
Date Requested: 7/4/22 Rain Date: _____
Hours Desired: 9am - 7pm
Start Time: 9am End Time: 7PM
Rental Cost: $500
Estimated Number of People: 75

The applicant acknowledges that he/she knows they are responsible for the condition of the rec center/park/court at the conclusion of the affair. They also understand that there is to be no alcoholic beverages, no barbecuing, no smoking on the premises. The event must conclude at dusk if outside. Garbage must be bagged and placed in receptacles within the park and/or placed in dumpster in rec center parking lot. Payment MUST be paid in full before the date of the event.

If this application is approved, the undersigned individual and the organization which he/she represents as agent hereby agrees to assume full liability for any and all damage to property and injury to persons there in during the period of such use, and full responsibility for the proper observance of the regulations stipulated on this application.

Applicants Signature: _____ **Date:** 4/12/22

Approved and Signed: _____ **Date:** 4/13/22

Director of Recreation

Department of Public Works use only:

Hours beyond schedule: _____
Condition of area used: _____
Unusual occurrence: _____

Organization must provide a certificate of Liability Insurance providing satisfactory evidence of comprehensive liability

Client#: 1517252 USABAS

Calvin

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 3/15/2022

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 any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
USI Insurance Services, LLC 6501 S. Fiddlers Green Cir Greenwood Village, CO 80111 303 837-8500	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS: den.certificate@usi.com	

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
USA Basketball 27 S. Tejon Street Suite 100 Colorado Springs, CO 80903	INSURER A : Arch Insurance Company	11150
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			SBCGL1812301	09/30/2021	09/30/2022	EACH OCCURRENCE	$1,000,000
	CLAIMS-MADE [X] OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Any one person)	$0
	POLICY [ ] PRO-JECT [ ] LOC						PERSONAL & ADV INJURY	$1,000,000
	OTHER:						GENERAL AGGREGATE	$5,000,000
							PRODUCTS - COMP/OP AGG	$5,000,000
	AUTOMOBILE LIABILITY							$
	ANY AUTO						COMBINED SINGLE LIMIT (Ea accident)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per person)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
	UMBRELLA LIAB / OCCUR							$
	EXCESS LIAB / CLAIMS-MADE						EACH OCCURRENCE	$
	DED / RETENTION $						AGGREGATE	$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH)	N / A					PER STATUTE / OTH-ER	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT	$
							E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: Coach Calvin Harper, License #41804259.

CERTIFICATE HOLDER

Clark Department of Recreation
430 Westfield Ave.
Clark, NJ 07066

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

TXMBC

Clark Recreation Department

Application for Rec Center/Park/Court Permit

Signature, completed Application and Certificate of Liability Insurance are necessary to process Applications. Return all completed application to the Clark Recreation Office, 430 Westfield Ave. Clark NJ 07066.

Applicants Name/Organization: Pia Perez VS Kante
Address: Lawton Rd
Name of Person Filing: Pia Perez
Telephone: [redacted]
Rec Center/Park/Court Location: Gym
Type of Activity: Graduation Ceremony
Date Requested: 4/25/21 Rain Date: /
Hours Desired:
Start Time: 9:00 End Time: 12:00
Rental Cost: $ 300
Estimated Number of People: 100

The applicant acknowledges that he/she knows they are responsible for the condition of the rec center/park/court at the conclusion of the affair. They also understand that there is to be no alcoholic beverages, no barbecuing, no smoking on the premises. The event must conclude at dusk if outside. Garbage must be bagged and placed in receptacles within the park and/or placed in dumpster in rec center parking lot. Payment MUST be paid in full before the date of the event.

If this application is approved, the undersigned individual and the organization which he/she represents as agent hereby agrees to assume full liability for any and all damage to property and injury to persons there in during the period of such use, and full responsibility for the proper observance of the regulations stipulated on this application.

Applicants Signature: Pia Perez **Date:** 3/1/21

Approved and Signed: Ralph Bernardo **Date:** 3/2/21

Director of Recreation

Department of Public Works use only:

Hours beyond schedule:

Condition of area used:

Unusual occurrence:

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 04/14/2022

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	
K&K Insurance Group, Inc 1712 Magnavox Way Fort Wayne IN 46804	CONTACT NAME: MM – Martial Arts School PHONE (A/C, No, Ext): 1-800-648-6406 FAX (A/C, No): 1-260-459-5940 E-MAIL ADDRESS: info@martialartsinsurance-kk.com PRODUCER CUSTOMER ID:

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
uxf clark center llc DBA usa karate and fitness 1120 raritan rd clark NJ 07066 A Member of the Sports, Leisure & Entertainment RPG	INSURER A: Markel Insurance Company	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER: W02155410 **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	X COMMERCIAL GENERAL LIABILITY; CLAIMS-MADE [ ] OCCUR [X]	X		M1MAS000000017500	04/15/2022 12:01 AM EDT	04/15/2023 12:01 AM	EACH OCCURRENCE	$1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$1,000,000
							MED EXP (Any one person)	$5,000
							PERSONAL & ADV INJURY	$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY [ ] PROJECT [X] LOC [ ] OTHER:						GENERAL AGGREGATE	$5,000,000
							PRODUCTS - COMP/OP AGG	$1,000,000
							PROFESSIONAL LIABILITY	$1,000,000
A	AUTOMOBILE LIABILITY; ANY AUTO; OWNED AUTOS ONLY; SCHEDULED AUTOS; X HIRED AUTOS ONLY; X NON-OWNED AUTOS ONLY; X NOT PROVIDED WHILE IN TRANSIT			M1MAS000000017500	04/15/2022 12:01 AM EDT	04/15/2023 12:01 AM	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
							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 Y/N; ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH); If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					PER STATUTE / OTHER	
							E.L. EACH ACCIDENT	
							E.L. DISEASE - EA EMPLOYEE	
							E.L. DISEASE - POLICY LIMIT	
A	MEDICAL PAYMENTS FOR PARTICIPANTS			M1MAS000000017500	04/15/2022 12:01 AM EDT	04/15/2023 12:01 AM	PRIMARY MEDICAL	
							EXCESS MEDICAL	$50,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Sexual Abuse or Sexual Molestation Liability - $1,000,000 each occurrence (included above) $1,000,000 aggregate (included above)
Facility #1: 1120 raritan rd clark New Jersey 07066
Facility #2: 1144 saint georges ave avenel, New Jersey 07001
Martial Arts style(s): Karate, Kickboxing (cardio/fitness only), Taekwondo, Birthday parties
The certificate holder is added as an additional insured, but only for liability caused in whole or in part by the acts or omissions of the named insured

CERTIFICATE HOLDER

Tomasso Family Partners & Sabert ... realty & management ... c/o
... LibertyCorner Rd Suite 203
Warren NJ 07059
(Sponsor)

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

[signature]

Coverage is only extended to U.S. events and activities.
NOTICE TO TEXAS INSUREDS: The insurer for the purchasing group ... the insurance laws and regulations ... Texas

ACORD 25 (2016/03)

Clark Recreation Department

Application for Rec Center/Park/Court Permit

Signature, completed Application and Certificate of Liability Insurance are necessary to process Applications. Return all completed application to the Clark Recreation Office, 430 Westfield Ave. Clark NJ 07066.

Applicants Name/Organization: Team Sharp
Address: 132 N. 10th St Kenilworth
Name of Person Filing: Michele Sharp
Telephone: [redacted]
Rec Center/Park/Court Location: Gym
Type of Activity: Basketball Camp
Date Requested: Aug 16 -21- Rain Date: ~~Aug~~
Hours Desired: 9:00-12:00
Start Time: 9:00 End Time: 12:00
Rental Cost: $ 1050
Estimated Number of People: 30-40

The applicant acknowledges that he/she knows they are responsible for the condition of the rec center/park/court at the conclusion of the affair. They also understand that there is to be no alcoholic beverages, no barbecuing, no smoking on the premises. The event must conclude at dusk if outside. Garbage must be bagged and placed in receptacles within the park and/or placed in dumpster in rec center parking lot. Payment MUST be paid in full before the date of the event.

If this application is approved, the undersigned individual and the organization which he/she represents as agent hereby agrees to assume full liability for any and all damage to property and injury to persons there in during the period of such use, and full responsibility for the proper observance of the regulations stipulated on this application.

Applicants Signature: Michele Sharp **Date:** 6/15/21

Approved and Signed: Linda Bertucci **Date:** 6/16/21

Director of Recreation

Department of Public Works use only:

Hours beyond schedule: _____

Condition of area used: _____

Unusual occurrence: _____

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 08/09/2021

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	CONTACT NAME: Mass Merchandising Underwriting
K&K Insurance Group, Inc. 1712 Magnavox Way Fort Wayne IN 46804	PHONE (A/C, No, Ext): 1-800-426-2889 FAX (A/C, No): 1-260-459-5105 E-MAIL ADDRESS: info@campinsurance-kk.com PRODUCER CUSTOMER ID:

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
Team Sharp 232 N. 10th St Kenilworth, NJ 07033 A Member of the Sports, Leisure & Entertainment RPG	INSURER A: Nationwide Mutual Insurance Company	23787
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** W01999949 **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	X COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:	X		6BRPG0000007496800	08/12/2021 12:01 AM EDT	08/12/2022 12:01 AM	EACH OCCURRENCE	$1,000,000
							DAMAGE TO RENTED PREMISES (Ea Occurrence)	$1,000,000
							MED EXP (Any one person)	$5,000
							PERSONAL & ADV INJURY	$1,000,000
							GENERAL AGGREGATE	$5,000,000
							PRODUCTS – COMP/OP AGG	$1,000,000
							PROFESSIONAL LIABILITY	$1,000,000
A	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY [X] NOT PROVIDED WHILE IN HAWAII			6BRPG0000007496800	08/12/2021 12:01 AM EDT	08/12/2022 12:01 AM	LEGAL LIAB TO PARTICIPANTS	$1,000,000
							COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
							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) Y / N [ ] If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					[ ] PER STATUTE [ ] OTHER	
							E.L. EACH ACCIDENT	
							E.L. DISEASE – EA EMPLOYEE	
A	MEDICAL PAYMENTS FOR PARTICIPANTS			6BRPG0000007496800	08/12/2021 12:01 AM EDT	08/12/2022 12:01 AM	E.L. DISEASE – POLICY LIMIT	
							PRIMARY MEDICAL	
							EXCESS MEDICAL	$25,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Legal Liability to Participants (LLP) limit is a per occurrence limit.
Note: Coverage is only provided for the camp dates that have been paid for and reported. Please contact our office if you need additional camp dates added to your policy.
Type of Camp: Basketball
Camp Location: Clark Rec Center, 430 Westfield Ave, Clark, New Jersey 07066; Date(s) of Camp: 08/16/2021 to 08/19/2021
The certificate holder is added as an additional insured, but only for liability caused, in whole or in part, by the acts or omissions of the named insured.

CERTIFICATE HOLDER	CANCELLATION
Clark Rec Center 430 Westfield Ave Clark, NJ 07066 (Owner/Lessor of Premises)	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 Scott Rowland

Coverage is only extended to U.S. events and activities.
** NOTICE TO TEXAS INSUREDS: The Insurer for the purchasing group may not be subject to all the insurance laws and regulations of the State of Texas

Clark Recreation Department

Clark pavilion

Application for Rec Center/Park/Court Permit

Signature, completed Application and Certificate of Liability Insurance are necessary to process Applications. Return all completed application to the Clark Recreation Office, 430 Westfield Ave. Clark NJ 07066.

Applicants Name/Organization: NJ Bathbusters
Address: South Plainfield, NJ
Name of Person Filing: James Torres
Telephone: [redacted]
Rec Center/Park/Court Location: Pit + Ball Field
Type of Activity: Softball practice
Date Requested: Tuesdays + Thursdays Rain Date: Fridays
Hours Desired: 6:00pm - 8:00pm
Start Time: April 5 2022 End Time: July 20 2022
Rental Cost: Fee would for Clark Residents
Estimated Number of People: 12 players, 2 coaches, parents

The applicant acknowledges that he/she knows they are responsible for the condition of the rec center/park/court at the conclusion of the affair. They also understand that there is to be no alcoholic beverages, no barbecuing, no smoking on the premises. The event must conclude at dusk if outside. Garbage must be bagged and placed in receptacles within the park and/or placed in dumpster in rec center parking lot. Payment MUST be paid in full before the date of the event.

If this application is approved, the undersigned individual and the organization which he/she represents as agent hereby agrees to assume full liability for any and all damage to property and injury to persons there in during the period of such use, and full responsibility for the proper observance of the regulations stipulated on this application.

Applicants Signature: James Torres **Date:** 3/29/22

Approved and Signed: _____ **Date:** _____

Director of Recreation

Department of Public Works use only:

Hours beyond schedule: _____

Condition of area used: _____

Unusual occurrence: _____

Organization must provide a certificate of Liability Insurance providing satisfactory evidence of comprehensive liability insurance in the aggregate of at least $1,000,000 combined single limit, also naming The Township of Clark and all its employees (for town facilities) and another certificate for the BOE facilities naming the Clark Board of Education and its employees as additional insured. Certificates of insurance must be submitted before use permits will be issued.

FEE SCHEDULE:

Gym	$500 per day
Cafeteria	$200 per day
Tennis Courts/Pickleball	$100 per day
Fields	$200 per day
Room 2	$100 per day

Hold Harmless Agreement for All Reservations

No Alcoholic Beverages are permitted in conjunction with any field permit.
User agrees to Hold-Harmless and indemnify the Township of Clark from all claims, suits or other actions arising from, caused by or which are the alleged result of any act or omission of any organization, corporation, guest, invitee, licensee, visitor or other person present on the premises listed above in order to participate in, organize, assist, enjoy, supervise or in any other way further the activity to be held on the specified permit date(s). The user is responsible for any damage which occurs as part of their use of the facility.

The risks of illness and injury from league activities, including communicable diseases such as COVID-19, are significant and while rules, equipment and personal discipline may reduce these risks, such risks do exist. The Township of Clark is not responsible for any participant associated with this Athletic Field Applicant for contracting any communicable diseases such as COVID-19. Notwithstanding the foregoing, The Township of Clark and this Rental Applicant expressly understand and acknowledge that nothing herein can be construed to release any third party's rights to make a claim or pursue a cause of action.

Applicants Signature: James Torres Date: 3/29/22

Applicants Name: James Torres e-mail: coachjames2470@gmail.com

Office Use Only:

Received By: _____ Date & Time Received: _____

CERTIFICATE OF INSURANCE

Issue Date: 8/11/2021

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:
Edgewood Partners Ins. Center
License #0B29370
10877 White Rock Road, Suite #300
Rancho Cordova, CA 95670
USSSA@epicbrokers.com

INSURERS AFFORDING COVERAGE

INSURER A: Everest National Insurance Co
INSURER B: Everest National Insurance Co
INSURER C: United States Fire Insurance Company
INSURER D:
INSURER E:

Insured:
United States Specialty Sports Association
5800 Stadium Parkway
Melbourne, FL 32940
800-741-3014

Coverages:

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 Effective Date	Policy Expiration Date	Limits
A	Commercial General Liability Occurrence Basis	Y	Y	SI8GL01833-211	8/1/2021	8/16/2022	Each Occurrence $1,000,000 Damage to Rented Premises(ea occ) $1,000,000 Med Exp (any one person) $ Excluded General Aggregate $3,000,000 Personal and Adv Injury $1,000,000 Products - Comp/OP Agg $1,000,000 Participant Legal Liability $1,000,000 Sexual Abuse & Molestation (Each Incident) $1,000,000 Sexual Abuse & Molestation (Aggregate) $2,000,000
B	Excess Liability			SI8EX01692-211	8/1/2021	8/16/2022	Each Occurrence $1,000,000 Aggregate $1,000,000
C	Participant Accident			US1529383	8/1/2021	8/16/2022	AD&D $ None Primary Medical $ None Excess Medical $100,000 Weekly Indemnity $ None

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule may be attached if more space is required)
Coverage includes amateur play and practice in the insured sport for : NJ Batbusters Torres FPGirls12&UA - [2022-9222202963862]
When required by written contract, Certificate Holder is included as additional insured with primary coverage and waiver of subrogation as respects to General Liability. $500.00 Deductible for excess medical

Certificate Holder:

NJ Batbusters Torres
James Torres
22 Lasatta Ave
Englishtown NJ 07726

Coverage Effective Date: 8/11/2021 8:35:00 AM

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.

Certificate # USSSA-435255

Authorized Representatives: Eric J. Rooks

Clark Recreation Department

Application for Rec Center/Park/Court Permit

Signature, completed Application and Certificate of Liability Insurance are necessary to process Applications. Return all completed application to the Clark Recreation Office, 430 Westfield Ave. Clark NJ 07066.

Applicants Name/Organization: Cesar Kai Academy
Address: 777 Walnut Ave ◦ Cranford, NJ 07016
Name of Person Filing: Sarah Armendariz
Telephone: [redacted]
Rec Center/Park/Court Location: Recreation Center /Gym
Type of Activity: Karate Belt Testing
Date Requested: 3/25/22 Rain Date: N/A
Hours Desired:
Start Time: 5:00 pm End Time: 8:00 pm
Rental Cost: $300
Estimated Number of People: 75 - 100

The applicant acknowledges that he/she knows they are responsible for the condition of the rec center/park/court at the conclusion of the affair. They also understand that there is to be no alcoholic beverages, no barbecuing, no smoking on the premises. The event must conclude at dusk if outside. Garbage must be bagged and placed in receptacles within the park and/or placed in dumpster in rec center parking lot. Payment MUST be paid in full before the date of the event.

If this application is approved, the undersigned individual and the organization which he/she represents as agent hereby agrees to assume full liability for any and all damage to property and injury to persons there in during the period of such use, and full responsibility for the proper observance of the regulations stipulated on this application.

Applicants Signature: _____ **Date:** 03-22-22

Approved and Signed: _____ **Date:** 3/22/22

Director of Recreation

Department of Public Works use only:

Hours beyond schedule:

Condition of area used:

Unusual occurrence:

Organization must provide a certificate of Liability Insurance providing satisfactory evidence of comprehensive liability insurance in the aggregate of at least $1,000,000 combined single limit, also naming The Township of Clark and all its employees (for town facilities) and another certificate for the BOE facilities naming the Clark Board of Education and its employees as additional insured. Certificates of insurance must be submitted before use permits will be issued.

FEE SCHEDULE:

Gym	$500 per day
Cafeteria	$200 per day
Tennis Courts/Pickleball	$100 per day
Fields	$200 per day
Room 2	$100 per day

Hold Harmless Agreement for All Reservations

No Alcoholic Beverages are permitted in conjunction with any field permit.
User agrees to Hold-Harmless and indemnify the Township of Clark from all claims, suits or other actions arising from, caused by or which are the alleged result of any act or omission of any organization, corporation, guest, invitee, licensee, visitor or other person present on the premises listed above in order to participate in, organize, assist, enjoy, supervise or in any other way further the activity to be held on the specified permit date(s). The user is responsible for any damage which occurs as part of their use of the facility.

The risks of illness and injury from league activities, including communicable diseases such as COVID-19, are significant and while rules, equipment and personal discipline may reduce these risks, such risks do exist. The Township of Clark is not responsible for any participant associated with this Athletic Field Applicant for contracting any communicable diseases such as COVID-19. Notwithstanding the foregoing, The Township of Clark and this Rental Applicant expressly understand and acknowledge that nothing herein can be construed to release any third party's rights to make a claim or pursue a cause of action.

Applicants Signature: _____ Date: 03-22-22

Applicants Name: _____ e-mail: _____

Office Use Only:

Received By: _____ Date & Time Received: _____

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 03/23/2022

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	CONTACT NAME: None/blank	
The Branna Agency 1376 US Highway 22 PO Box 1170 Mountainside NJ 07092	PHONE (A/C, No, Ext): (908) 654-1999	FAX (A/C, No): (908) 654-0242
	E-MAIL ADDRESS:	

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
Cesar-Kai Karate Academy LLC 1343 Brookfall Ave Union NJ 07083	INSURER A : Ohio Security Insurance Company	24082
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** 22-23 Cesar Kai **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		BFS61398401	05/10/2022	05/10/2023	EACH OCCURRENCE	$
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
							GENERAL AGGREGATE	$
							PRODUCTS - COMP/OP AGG	$
								$
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY SCHEDULED AUTOS HIRED AUTOS ONLY 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) Y / N If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					PER STATUTE OTH-ER	
							E.L. EACH ACCIDENT	$
							E.L. DISEASE - EA EMPLOYEE	$
A				BFS61398401	05/10/2022	05/10/2023	E.L. DISEASE - POLICY LIMIT	$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Organization must provide a certificate of Liability Insurance providing satisfactory evidence of comprehensive liability insurance in the aggregate of at least $1,000,000 combined single limit, also
naming The Township of Clark and all its employees (for town facilities) and another certificate for the BOE facilities naming the Clark Board of Education and its employees as additional insured.

CERTIFICATE HOLDER

Township of Clark
430 Westfield Avenue
Clark NJ 07066

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

SB

Clark Recreation Department

Application for Rec Center/Park/Court Permit

Signature, completed Application and Certificate of Liability Insurance are necessary to process Applications. Return all completed application to the Clark Recreation Office, 430 Westfield Ave. Clark NJ 07066.

Applicants Name/Organization: Team Stamp
Address: 232 N 10th St Kenilworth NJ
Name of Person Filing: Michelle Stamp
Telephone: [redacted]
Rec Center/Park/Court Location: Gym
Type of Activity: Basketball practice
Date Requested: Mon-Tues-Fri Rain Date: APR-MAY-JUNE
Hours Desired: 6-730 3 hrs
Start Time: 6:30 End Time: 7:30
Rental Cost: $150
Estimated Number of People: 12-15

The applicant acknowledges that he/she knows they are responsible for the condition of the rec center/park/court at the conclusion of the affair. They also understand that there is to be no alcoholic beverages, no barbecuing, no smoking on the premises. The event must conclude at dusk if outside. Garbage must be bagged and placed in receptacles within the park and/or placed in dumpster in rec center parking lot. Payment MUST be paid in full before the date of the event.

If this application is approved, the undersigned individual and the organization which he/she represents as agent hereby agrees to assume full liability for any and all damage to property and injury to persons there in during the period of such use, and full responsibility for the proper observance of the regulations stipulated on this application.

Applicants Signature: Michelle Stamp **Date:** 3/13/22

Approved and Signed: Rich Bernardo **Date:** 3/15/22

Director of Recreation

Department of Public Works use only:

Hours beyond schedule: _____

Condition of area used: _____

Unusual occurrence: _____

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 03/13/2022

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	CONTACT NAME: Mass Merchandising Underwriting
K&K Insurance Group, Inc. 1712 Magnavox Way Fort Wayne IN 46804	PHONE (A/C, No, Ext): 1-800-426-2889 FAX (A/C, No): 1-260-459-5105 E-MAIL ADDRESS: info@sportsinsurance-kk.com PRODUCER CUSTOMER ID:

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
Team Sharp LLC DBA: Team Sharp 232 N. 10th St KENILWORTH, NJ 07033 A Member of the Sports, Leisure & Entertainment RPG	INSURER A: Nationwide Mutual Insurance Company	23787
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** W02127876 **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	X COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:	X		6BRPG0000007788000	03/15/2022 12:01 AM EDT	03/15/2023 12:01 AM	EACH OCCURRENCE	$2,000,000
							DAMAGE TO RENTED PREMISES (Ea Occurrence)	$1,000,000
							MED EXP (Any one person)	$5,000
							PERSONAL & ADV INJURY	$2,000,000
							GENERAL AGGREGATE	$5,000,000
							PRODUCTS – COMP/OP AGG	$2,000,000
							PROFESSIONAL LIABILITY	$2,000,000
							LEGAL LIAB TO PARTICIPANTS	$2,000,000
A	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY X NOT PROVIDED WHILE IN HAWAII			6BRPG0000007788000	03/15/2022 12:01 AM EDT	03/15/2023 12:01 AM	COMBINED SINGLE LIMIT (Ea accident)	$2,000,000
							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) Y / N [ ] If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					[ ] PER STATUTE [ ] OTHER	
							E.L. EACH ACCIDENT	
							E.L. DISEASE – EA EMPLOYEE	
A	MEDICAL PAYMENTS FOR PARTICIPANTS			6BRPG0000007788000	03/15/2022 12:01 AM EDT	03/15/2023 12:01 AM	E.L. DISEASE – POLICY LIMIT	
							PRIMARY MEDICAL	
							EXCESS MEDICAL	$250,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Legal Liability to Participants (LLP) limit is a per occurrence limit.
Sport(s): Basketball Age(s): 12 and under, 13-15, 16-19
The certificate holder is added as an additional insured, but only for liability caused, in whole or in part, by the acts or omissions of the named insured.

CERTIFICATE HOLDER	CANCELLATION
Clark Rec Center 430 Westfield Ave Clark, NJ 07066 (Owner/Lessor of Premises)	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 Scott Turnbull

Coverage is only extended to U.S. events and activities.
** NOTICE TO TEXAS INSUREDS: The Insurer for the purchasing group may not be subject to all the insurance laws and regulations of the State of Texas

Clark Recreation Department

Application for Rec Center/Park/Court Permit

Signature, completed Application and Certificate of Liability Insurance are necessary to process Applications. Return all completed application to the Clark Recreation Office, 430 Westfield Ave. Clark NJ 07066.

Applicants Name/Organization: STANLEY OLUSU
Address: 436 ROSETTA PLACE, UNION NJ 07083
Name of Person Filing: STANLEY OLUSU
Telephone: [redacted]
Rec Center/Park/Court Location:
Type of Activity: BASKETBALL
Date Requested: 4/2, 4/9, 4/16, 4/30, 5/7, 5/21 Rain Date: N/A
Hours Desired: Two Hours
Start Time: 0900 AM End Time: 1100 AM
Rental Cost: $100
Estimated Number of People: 15 MAX

The applicant acknowledges that he/she knows they are responsible for the condition of the rec center/park/court at the conclusion of the affair. They also understand that there is to be no alcoholic beverages, no barbecuing, no smoking on the premises. The event must conclude at dusk if outside. Garbage must be bagged and placed in receptacles within the park and/or placed in dumpster in rec center parking lot. Payment MUST be paid in full before the date of the event.

If this application is approved, the undersigned individual and the organization which he/she represents as agent hereby agrees to assume full liability for any and all damage to property and injury to persons there in during the period of such use, and full responsibility for the proper observance of the regulations stipulated on this application.

Applicants Signature: _____ **Date:** 3/17/22

Approved and Signed: Ralph Brunardo **Date:** 3/17/22

Director of Recreation

Department of Public Works use only:

Hours beyond schedule: _____

Condition of area used: _____

Unusual occurrence: _____

Organization must provide a certificate of Liability Insurance providing satisfactory evidence of comprehensive liability insurance in the aggregate of at least $1,000,000 combined single limit, also naming The Township of Clark and all its employees (for town facilities) and another certificate for the BOE facilities naming the Clark Board of Education and its employees as additional insured. Certificates of insurance must be submitted before use permits will be issued.

FEE SCHEDULE:

Gym	$500 per day
Cafeteria	$200 per day
Tennis Courts/Pickleball	$100 per day
Fields	$200 per day
Room 2	$100 per day

Hold Harmless Agreement for All Reservations

No Alcoholic Beverages are permitted in conjunction with any field permit.
User agrees to Hold-Harmless and indemnify the Township of Clark from all claims, suits or other actions arising from, caused by or which are the alleged result of any act or omission of any organization, corporation, guest, invitee, licensee, visitor or other person present on the premises listed above in order to participate in, organize, assist, enjoy, supervise or in any other way further the activity to be held on the specified permit date(s). The user is responsible for any damage which occurs as part of their use of the facility.

The risks of illness and injury from league activities, including communicable diseases such as COVID-19, are significant and while rules, equipment and personal discipline may reduce these risks, such risks do exist. The Township of Clark is not responsible for any participant associated with this Athletic Field Applicant for contracting any communicable diseases such as COVID-19. Notwithstanding the foregoing, The Township of Clark and this Rental Applicant expressly understand and acknowledge that nothing herein can be construed to release any third party's rights to make a claim or pursue a cause of action.

Applicants Signature: _____ Date: 03/17/22

Applicants Name: STANLEY OWUSU e-mail: STANLOWUSU@GMAIL.COM

Office Use Only:

Received By: _____ Date & Time Received: _____

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 05/09/2022

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	CONTACT NAME: Mass Merchandising Underwriting
K&K Insurance Group, Inc. 1712 Magnavox Way Fort Wayne, IN 46804	PHONE (A/C, No, Ext): 1-800-426-2889 FAX (A/C, No): 1-260-459-5105 E-MAIL ADDRESS: info@sportsinsurance-kk.com PRODUCER CUSTOMER ID:

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
Stanley Owusu 436 Rosetta Place Union, NJ 07083 A Member of the Sports, Leisure & Entertainment RPG	INSURER A: Nationwide Mutual Insurance Company	23787
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** U00014986 **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	X COMMERCIAL GENERAL LIABILITY			6BRPG0000007788000	05/09/2022 10:12 AM EDT	05/09/2023 12:01 AM	EACH OCCURRENCE	$1,000,000
	[ ] CLAIMS-MADE [X] OCCUR						DAMAGE TO RENTED PREMISES (Ea Occurrence)	$1,000,000
							MED EXP (Any one person)	$5,000
							PERSONAL & ADV INJURY	$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$5,000,000
	[ ] POLICY [ ] PRO-JECT [ ] LOC						PRODUCTS – COMP/OP AGG	$1,000,000
	[ ] OTHER:						PROFESSIONAL LIABILITY	$1,000,000
								$1,000,000
A	AUTOMOBILE LIABILITY			6BRPG0000007788000	05/09/2022 10:12 AM EDT	05/09/2023 12:01 AM	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS						BODILY INJURY (Per accident)	
	[X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	
	X Not provided while in Hawaii.HAWAII							
	[ ] UMBRELLA LIAB [ ] OCCUR						EACH OCCURRENCE	
	[ ] EXCESS LIAB [ ] CLAIMS-MADE						AGGREGATE	
	[ ] DED [ ] RETENTION							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N/A					[ ] PER STATUTE [ ] OTHER	
	ANY PROPRIETOR/PARTNER/ EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N [ ]						E.L. EACH ACCIDENT	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE – EA EMPLOYEE	
							E.L. DISEASE – POLICY LIMIT	
A	MEDICAL PAYMENTS FOR PARTICIPANTS			6BRPG0000007788000	05/09/2022 10:12 AM EDT	05/09/2023 12:01 AM	PRIMARY MEDICAL	
							EXCESS MEDICAL	$25,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Legal Liability to Participants (LLP) limit is a per occurrence limit.
Sport(s): Basketball Age(s): Over 19

CERTIFICATE HOLDER

Evidence of Coverage

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

Scott Turnbull

Coverage is only extended to U.S. events and activities.
** NOTICE TO TEXAS INSUREDS: The Insurer for the purchasing group may not be subject to all the insurance laws and regulations of the State of Texas

Clark Recreation Department

Application for Rec Center/Park/Court Permit

Signature, completed Application and Certificate of Liability Insurance are necessary to process Applications. Return all completed application to the Clark Recreation Office, 430 Westfield Ave. Clark NJ 07066.

Applicants Name/Organization: Woman Persia
Address: _____
Name of Person Filing: Woman Persia
Telephone: [redacted]
Rec Center/Park/Court Location: Gym
Type of Activity: Zumbathon
Date Requested: 4/30/22 Rain Date: _____
Hours Desired: 9-12 (3)
Start Time: 9:00 AM End Time: 12:00 PM
Rental Cost: $ 300
Estimated Number of People: 100

The applicant acknowledges that he/she knows they are responsible for the condition of the rec center/park/court at the conclusion of the affair. They also understand that there is to be no alcoholic beverages, no barbecuing, no smoking on the premises. The event must conclude at dusk if outside. Garbage must be bagged and placed in receptacles within the park and/or placed in dumpster in rec center parking lot. Payment MUST be paid in full before the date of the event.

If this application is approved, the undersigned individual and the organization which he/she represents as agent hereby agrees to assume full liability for any and all damage to property and injury to persons there in during the period of such use, and full responsibility for the proper observance of the regulations stipulated on this application.

Applicants Signature: _____ **Date:** _____

Approved and Signed: Ralph Bernardo **Date:** 3/1/22

Director of Recreation

Department of Public Works use only:

Hours beyond schedule: _____

Condition of area used: _____

Unusual occurrence: _____

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

Format

DATE (MM/DD/YYYY): 05/09/2022

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	CONTACT NAME: MM – Dance Instructor
K&K Insurance Group, Inc. 1712 Magnavox Way Fort Wayne IN 46804	PHONE (A/C, No, Ext): 1-800-506-4856 FAX (A/C, No): 1-260-459-5502 E-MAIL ADDRESS: info@fitnessinsurance-kk.com PRODUCER CUSTOMER ID:

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
Jennifer A Ocampo 21, Spencer Ave Colonia, NJ 07067 A Member of the Sports, Leisure & Entertainment RPG	INSURER A: Nationwide Mutual Insurance Company	23787
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** W02181900 **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	X COMMERCIAL GENERAL LIABILITY	X		6BRPG0000007446200	09/30/2021 12:01 AM EDT	09/30/2022 12:01 AM	EACH OCCURRENCE	$1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea Occurrence)	$1,000,000
							MED EXP (Any one person)	$5,000
							PERSONAL & ADV INJURY	$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$5,000,000
	POLICY PRO-JECT LOC						PRODUCTS – COMP/OP AGG	$1,000,000
	OTHER:						PROFESSIONAL LIABILITY	$1,000,000
							LEGAL LIAB TO PARTICIPANTS	$1,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	
	ANY AUTO						BODILY INJURY (Per person)	
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	
	NOT PROVIDED WHILE IN HAWAII							
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	
	DED RETENTION							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N/A					PER STATUTE OTHER	
	ANY PROPRIETOR/PARTNER/ EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N						E.L. EACH ACCIDENT	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE – EA EMPLOYEE	
							E.L. DISEASE – POLICY LIMIT	
	MEDICAL PAYMENTS FOR PARTICIPANTS						PRIMARY MEDICAL	
							EXCESS MEDICAL	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certified Instructor of: ZUMBA ®

The certificate holder is added as an additional insured, but only for liability caused, in whole or in part, by the acts or omissions of the named insured.

CERTIFICATE HOLDER

Clark Recreation Center
430 Westfield Avenue
Clark, NJ 07066
(Owner/Lessor of Premises)

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

Scott Turnbull

Coverage is only extended to U.S. events and activities.
** NOTICE TO TEXAS INSUREDS: The Insurer for the purchasing group may not be subject to all the insurance laws and regulations of the State of Texas

Clark Recreation Department

Application for Rec Center/Park/Court Permit

Signature, completed Application and Certificate of Liability Insurance are necessary to process Applications. Return all completed application to the Clark Recreation Office, 430 Westfield Ave. Clark NJ 07066.

Applicants Name/Organization: Talon Harper for Sheir Athletics
Address: 184 W. Demarest Ave Englewood, NJ 07631
Name of Person Filing: Talon Harper
Telephone: [redacted]
Rec Center/Park/Court Location: Bower Recreation Center
Type of Activity: Basketball
Date Requested: 5/1/22 Rain Date: _____
Hours Desired: 6:00 - 9pm
Start Time: 7pm End Time: 9pm
Rental Cost: $420
Estimated Number of People: 75

The applicant acknowledges that he/she knows they are responsible for the condition of the rec center/park/court at the conclusion of the affair. They also understand that there is to be no alcoholic beverages, no barbecuing, no smoking on the premises. The event must conclude at dusk if outside. Garbage must be bagged and placed in receptacles within the park and/or placed in dumpster in rec center parking lot. Payment MUST be paid in full before the date of the event.

If this application is approved, the undersigned individual and the organization which he/she represents as agent hereby agrees to assume full liability for any and all damage to property and injury to persons there in during the period of such use, and full responsibility for the proper observance of the regulations stipulated on this application.

Applicants Signature: _____ **Date:** 4/11/22

Approved and Signed: _____ **Date:** 4/12/22

Director of Recreation

Department of Public Works use only:

Hours beyond schedule: _____
Condition of area used: _____
Unusual occurrence: _____

Organization must provide a certificate of Liability Insurance providing satisfactory evidence of comprehensive liability

insurance in the aggregate of at least $1,000,000 combined single limit, also naming The Township of Clark and all its employees (for town facilities) and another certificate for the BOE facilities naming the Clark Board of Education and its employees as additional insured. Certificates of insurance must be submitted before use permits will be issued.

FEE SCHEDULE:

Gym	$500 per day
Cafeteria	$200 per day
Tennis Courts/Pickleball	$100 per day
Fields	$200 per day
Room 2	$100 per day

Hold Harmless Agreement for All Reservations

No Alcoholic Beverages are permitted in conjunction with any field permit.

User agrees to Hold-Harmless and indemnify the Township of Clark from all claims, suits or other actions arising from, caused by or which are the alleged result of any act or omission of any organization, corporation, guest, invitee, licensee, visitor or other person present on the premises listed above in order to participate in, organize, assist, enjoy, supervise or in any other way further the activity to be held on the specified permit date(s). The user is responsible for any damage which occurs as part of their use of the facility.

The risks of illness and injury from league activities, including communicable diseases such as COVID-19, are significant and while rules, equipment and personal discipline may reduce these risks, such risks do exist. The Township of Clark is not responsible for any participant associated with this Athletic Field Applicant for contracting any communicable diseases such as COVID-19 Notwithstanding the foregoing, The Township of Clark and this Rental Applicant expressly understand and acknowledge that nothing herein can be construed to release any third party's rights to make a claim or pursue a cause of action.

Applicants Signature: _____ Date: 4/12/22

Applicants Name: _____ e-mail: _____

Office Use Only:

Received By: _____ Date & Time Received: _____

Calvin

Client#: 1517252 USABAS

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 3/15/2022

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 any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER USI Insurance Services, LLC 6501 S. Fiddlers Green Cir Greenwood Village, CO 80111 303 837-8500	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: den.certificate@usi.com
INSURED USA Basketball 27 S. Tejon Street Suite 100 Colorado Springs, CO 80903	INSURER(S) AFFORDING COVERAGE / NAIC # INSURER A : Arch Insurance Company 11150 INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			SBCGL1812301	09/30/2021	09/30/2022	EACH OCCURRENCE	$1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$1,000,000
							MED EXP (Any one person)	$0
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY	$1,000,000
	POLICY PRO-JECT LOC						GENERAL AGGREGATE	$5,000,000
	OTHER:						PRODUCTS - COMP/OP AGG	$5,000,000
	AUTOMOBILE LIABILITY							$
	ANY AUTO						COMBINED SINGLE LIMIT (Ea accident)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per person)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
	UMBRELLA LIAB / OCCUR							$
	EXCESS LIAB / CLAIMS-MADE						EACH OCCURRENCE	$
	DED / RETENTION $						AGGREGATE	$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N						PER STATUTE / OTH-ER	
	(Mandatory in NH) N / A						E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: Coach Calvin Harper, License #41804259.

CERTIFICATE HOLDER

Clark Department of Recreation
430 Westfield Ave.
Clark, NJ 07066

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

TXMBC

Clark Recreation Department

Application for Rec Center/Park/Court Permit

Signature, completed Application and Certificate of Liability Insurance are necessary to process Applications. Return all completed application to the Clark Recreation Office, 430 Westfield Ave. Clark NJ 07066.

Applicants Name/Organization: GENEVIVE FELICIANO
Address: 160 SUMMIT AVE, CLARK, NJ 07066
Name of Person Filing: GENEVIVE FELICIANO
Telephone: [redacted]
Rec Center/Park/Court Location: REC CENTER CLARK, NJ
Type of Activity: BIRTHDAY PARTY
Date Requested: 6/25/22 Rain Date: N/A
Hours Desired: 7 HRS
Start Time: 12:00 End Time: 7:00
Rental Cost: $ 400
Estimated Number of People: 100

The applicant acknowledges that he/she knows they are responsible for the condition of the rec center/park/court at the conclusion of the affair. They also understand that there is to be no alcoholic beverages, no barbecuing, no smoking on the premises. The event must conclude at dusk if outside. Garbage must be bagged and placed in receptacles within the park and/or placed in dumpster in rec center parking lot. Payment MUST be paid in full before the date of the event.

If this application is approved, the undersigned individual and the organization which he/she represents as agent hereby agrees to assume full liability for any and all damage to property and injury to persons there in during the period of such use, and full responsibility for the proper observance of the regulations stipulated on this application.

Applicants Signature: [signature] **Date:** 6/13/22

Approved and Signed: _____ **Date:** _____

Director of Recreation

Department of Public Works use only:

Hours beyond schedule: _____

Condition of area used: _____

Unusual occurrence: _____

Organization must provide a certificate of Liability Insurance providing satisfactory evidence of comprehensive liability insurance in the aggregate of at least $1,000,000 combined single limit, also naming The Township of Clark and all its employees (for town facilities) and another certificate for the BOE facilities naming the Clark Board of Education and its employees as additional insured. Certificates of insurance must be submitted before use permits will be issued.

FEE SCHEDULE:

Gym	$500 per day
Cafeteria	$200 per day
Tennis Courts/Pickleball	$100 per day
Fields	$200 per day
Room 2	$100 per day

Hold Harmless Agreement for All Reservations

No Alcoholic Beverages are permitted in conjunction with any field permit.
User agrees to Hold-Harmless and indemnify the Township of Clark from all claims, suits or other actions arising from, caused by or which are the alleged result of any act or omission of any organization, corporation, guest, invitee, licensee, visitor or other person present on the premises listed above in order to participate in, organize, assist, enjoy, supervise or in any other way further the activity to be held on the specified permit date(s). The user is responsible for any damage which occurs as part of their use of the facility.

The risks of illness and injury from league activities, including communicable diseases such as COVID-19, are significant and while rules, equipment and personal discipline may reduce these risks, such risks do exist. The Township of Clark is not responsible for any participant associated with this Athletic Field Applicant for contracting any communicable diseases such as COVID-19. Notwithstanding the foregoing, The Township of Clark and this Rental Applicant expressly understand and acknowledge that nothing herein can be construed to release any third party's rights to make a claim or pursue a cause of action.

Applicants Signature: _____ Date: _____

Applicants Name: _____ e-mail: _____

Office Use Only:

Received By: _____ Date & Time Received: _____

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 05/08/2022

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	CONTACT NAME: MM – Zumba Instructor
K&K Insurance Group, Inc. 1712 Magnavox Way Fort Wayne Indiana 46804	PHONE (A/C, No, Ext): 1-800-506-4856 FAX (A/C, No): 1-260-459-5502 E-MAIL ADDRESS: info@fitnessinsurance-kk.com PRODUCER CUSTOMER ID:

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
Genevieve Madayag Feliciano DBA: Genevieve Feliciano 262 SUMMIT AVE FORDS, NJ 08863 A Member of the Sports, Leisure & Entertainment RPG	INSURER A: Nationwide Mutual Insurance Company	23787
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** W02181634 **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	X COMMERCIAL GENERAL LIABILITY	X		6BRPG0000007111800	09/15/2020 12:01 AM EDT	09/15/2022 12:01 AM	EACH OCCURRENCE	$1,000,000
	[ ] CLAIMS-MADE [X] OCCUR						DAMAGE TO RENTED PREMISES (Ea Occurrence)	$1,000,000
							MED EXP (Any one person)	$10,000
							PERSONAL & ADV INJURY	$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	per year $5,000,000
	[ ] POLICY [ ] PRO-JECT [ ] LOC						PRODUCTS – COMP/OP AGG	per year $1,000,000
	OTHER:						PROFESSIONAL LIABILITY	$1,000,000
							LEGAL LIAB TO PARTICIPANTS	$1,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	
	[ ] ANY AUTO						BODILY INJURY (Per person)	
	[ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS						BODILY INJURY (Per accident)	
	[ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	
	[ ] NOT PROVIDED WHILE IN HAWAII							
	[ ] UMBRELLA LIAB [ ] OCCUR						EACH OCCURRENCE	
	[ ] EXCESS LIAB [ ] CLAIMS-MADE						AGGREGATE	
	[ ] DED [ ] RETENTION							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N/A					[ ] PER STATUTE [ ] OTHER	
	ANY PROPRIETOR/PARTNER/ EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N [ ]						E.L. EACH ACCIDENT	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE – EA EMPLOYEE	
							E.L. DISEASE – POLICY LIMIT	
A	MEDICAL PAYMENTS FOR PARTICIPANTS			6BRPG0000007111800	09/15/2020 12:01 AM EDT	09/15/2022 12:01 AM	PRIMARY MEDICAL	
							EXCESS MEDICAL	$5000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certified Instructor of: ZUMBA®
Sexual Abuse or Sexual Molestation Liability - $100,000 each occurrence (included above)/$300,000 aggregate (included above)
The certificate holder is added as an additional insured, but only for liability caused, in whole or in part, by the acts or omissions of the named insured.

CERTIFICATE HOLDER	CANCELLATION
The Township of Clark 420 Westfield Ave Clark, NJ 07066 (Owner/Lessor of Premises)	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 Scott Turnbull

Coverage is only extended to U.S. events and activities.
** NOTICE TO TEXAS INSUREDS: The Insurer for the purchasing group may not be subject to all the insurance laws and regulations of the State of Texas

Clark Recreation Department

Application for Rec Center/Park/Court Permit

Signature, completed Application and Certificate of Liability Insurance are necessary to process Applications. Return all completed application to the Clark Recreation Office, 430 Westfield Ave. Clark NJ 07066.

Applicants Name/Organization: WITH Grace Initiative (Waves Salon)

Address: 310 centennial ave Cranford,Nj 07016

Name of Person Filing: Carissa Bowden

Telephone: [redacted]

Rec Center/Park/Court Location: gym/cafeteria

Type of Activity: tricky tray fundraiser

Date Requested: May 15,2022 Rain Date:

Hours Desired: 4

Start Time: 12:00 pm End Time: 4 pm

Rental Cost: in town fundraiser

Estimated Number of People: 75

The applicant acknowledges that he/she knows they are responsible for the condition of the rec center/ park/court at the conclusion of the affair. They also understand that there is to be no alcoholic beverages, no barbecuing, no smoking on the premises. The event must conclude at dusk if outside. Garbage must be bagged and placed in receptacles within the park and/or placed in dumpster in rec center parking lot. Payment MUST be paid in full before the date of the event.

If this application is approved, the undersigned individual and the organization which he/she represents as agent hereby agrees to assume full liability for any and all damage to property and injury to persons there in during the period of such use, and full responsibility for the proper observance of the regulations stipulated on this application.

Applicants Signature:

_____ **Date:** 5/08/2022

Approved and Signed: _____ **Date:** 5/8/22

Director of Recreation

Department of Public Works use only:

Hours beyond schedule: _____

Condition of area used: _____

Unusual occurrence: _____

Organization must provide a certificate of Liability Insurance providing satisfactory evidence of comprehensive liability insurance in the aggregate of at least $1,000,000 combined single limit, also naming The Township of Clark and all its employees (for town facilities) and another certificate for the BOE facilities naming the Clark Board of Education and its employees as additional insured. Certificates of insurance must be submitted before use permits will be issued.

FEE SCHEDULE:

Gym	$500 per day
Cafeteria	$200 per day
Tennis Courts/Pickleball	$100 per day
Fields	$200 per day
Room 2	$100 per day

Hold Harmless Agreement for All Reservations

No Alcoholic Beverages are permitted in conjunction with any field permit.
User agrees to Hold-Harmless and indemnify the Township of Clark from all claims, suits or other actions arising from, caused by or which are the alleged result of any act or omission of any organization, corporation, guest, invitee, licensee, visitor or other person present on the premises listed above in order to participate in, organize, assist, enjoy, supervise or in any other way further the activity to be held on the specified permit date(s). The user is responsible for any damage which occurs as part of their use of the facility.

The risks of illness and injury from league activities, including communicable diseases such as COVID-19, are significant and while rules, equipment and personal discipline may reduce these risks, such risks do exist. The Township of Clark is not responsible for any participant associated

with this Athletic Field Applicant for contracting any communicable diseases such as COVID-19. Notwithstanding the foregoing, The Township of Clark and this Rental Applicant expressly understand and acknowledge that nothing herein can be construed to release any third party's rights to make a claim or pursue a cause of action.

Applicants Signature: _____ Date: 05/08/2022

Applicants Name: Carissa Bowden_____ e-mail: Cbowden77@gmail.com_____

Office Use Only:

Received By: _____ Date & Time Received: _____