



Morris County Park Commission: Vendor Application

All documents must be submitted with this form **no later than 2 weeks prior to the rental date.**

Return to: Morris County Park Commission Attn: Event Committee,
P.O. Box 1295, Morristown, NJ 07962-1295 OR events@morrisparks.net

Vendor/Business Name: _____

Type of Vendor *Check the Appropriate Box:* Merchandise Rental Service (Tents/Chairs)
Entertainment (DJ, Games) Videographer/Photographer Timing Services Physical Trainer
Food (Caterer Food Truck Food served from a Trailer Food served from a Tent)
Other: _____

Vendor Contact: _____ **Date:** _____

Address: _____

Town: _____ **State:** _____ **Zip Code:** _____ **Phone:** _____

Cell Phone: _____ **Email:** _____

Event Information: Information for the Event or Reservation the Vendor is attending on MCPC Property.

Name of Event: _____ Date(s): _____

Location (Park): _____ Service Provided: _____

Does the Vendor plan to collect money on site? **YES (\$30 Vendor Fee Required)** **NO**

Will the Vendor cook on site? **YES** **NO**

Will the Vendor bring a Generator? **YES** **NO**

Will the Vendor be bringing a tent? **YES (Size: _____)** **NO**

Morris County Park Commission Indemnification:

The Contractor/Vendor/Supplier whose name and signature appear below hereby agrees to indemnify, defend and hold harmless the Morris County Park Commission, the County of Morris, their employees, agents, Commissioners, professionals and volunteers (collectively "Morris County") from and against any and all claims, losses, penalties, damages, settlement, costs, charges, professional fees (including attorney's fees and related costs) and/or other expenses or liabilities of any nature whatsoever including, without limitation, the investigation and defense of any claims, arising out of or resulting from the provision of any goods, services or consumables by the Contractor/Vendor/Supplier or the operation of any business or trade by Contractor/Vendor/Supplier or any completed operations, including, without limitation, claims for damage, or loss that (a) is attributable to bodily injury, sickness, disease or death, or to injury or to destruction of tangible property including the loss of use resulting therefrom, (b) is caused in whole or in part by any act or act of omission of the Contractor/ Vendor /Supplier, or their sub-contractors, exhibitors, other vendors or anyone directly or indirectly employed or affiliated in any manner with Contractor /Vendor/Supplier or, (c) anyone for whose acts Contractor/Vendor/Supplier may be liable (including a claim by an employee of the Contractor /Vendor/Supplier or their sub-contractors, exhibitors or other vendors). This agreement also applies to all volunteers of the Contractor/Vendor/Supplier.

The Contractor/Vendor/Supplier agrees to add and schedule the County of Morris as additional insured on a primary, non-contributory basis for general liability, automobile liability (when applicable) and excess liability when required, with a waiver of Subrogation on all policies in favor of the County of Morris. The Contractor/Vendor/Supplier shall provide proof of insurance coverages to the Morris County Park Commission prior to commencing any operations.

Print Name

Signature

Title

Date Signed

enjoy the experience

morris county park commission

Morris County Park Commission Insurance Information

Return to: Attn: Recreation Department
P.O. Box 1295
Morristown, NJ 07962-1295

973.326.7616

Events@morrisparks.net

VENDOR INFORMATION:

Insurance Requirements, Fire Marshal, Health Department and Liquor information provided below.

1. Certificate of Insurance

- **General Liability Insurance*** - \$1 Million Each Occurrence, \$2 Million Aggregate
- **Business Auto*** - \$1 Million Each Accident
- **Workers Compensation** - Proof of Workers Comp.

Each Accident \$500,000/Disease each employee \$500,000/Disease Policy Limit \$500,000

***Morris County Park Commission and the County of Morris named as Additional Insured**

ACORD		CERTIFICATE OF LIABILITY INSURANCE			DATE (MM/DD/YYYY)		
					2/27/2019		
<p>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.</p> <p>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).</p>							
PRODUCER		CONTACT NAME:					
Insurance Agency		PHONE (A/C, No, Ext):		FAX (A/C, No):			
		E-MAIL ADDRESS:					
INSURED		INSURER(S) AFFORDING COVERAGE			NAIC #		
Rental Group Information		INSURER A:					
		INSURER B:					
		INSURER C:					
		INSURER D:					
		INSURER E:					
		INSURER F:					
COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:							
<p>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.</p>							
INSTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" 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 <input type="checkbox"/> OTHER: _____		X	POLICY NUMBER	5/1/2018	5/1/2019	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE \$2,000,000 PRODUCTS-COMP/OP AGG LEGAL LIAB TO PARTICIPANTS
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			POLICY NUMBER	5/1/2018	5/1/2019	COMBINED SINGLE LIMIT (Ea Accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED (Mandatory in NJ) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N		POLICY NUMBER	5/1/2018	5/1/2019	PER STATUTE OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000 EXCESS MEDICAL \$
MEDICAL PAYMENTS FOR PARTICIPANTS \$							
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Certificate Holder is Additional Insured as required by written contract or agreement.							
CERTIFICATE HOLDER				CANCELLATION			
Morris County Park Commission The County of Morris PO Box 1295 Morristown, NJ 07962-1295				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			
ACORD 25 (2016/03)				© 1988-2015 ACORD CORPORATION. All rights reserved.			
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- General Liability Insurance*
 - \$1 Million Each Occurrence
 - \$2 Million Aggregate
- Business Auto
 - \$1 Million Each Accident
 - Don't have a business vehicle? See #3
- Workers Compensation
 - Each Accident \$500,000
 - Disease each employee \$500,000
 - Disease Policy Limit \$500,000
 - Don't have worker's comp? See #3

Must be listed as Certificate Holder:
 Morris County Park Commission
 The County of Morris
 PO Box 1295
 Morristown, NJ 07962-1295

NOTE: Vendors who provide and/or serve alcohol require Liquor Liability Coverage.
Liquor Liability (if required) - \$1 Million Each Claim, \$1 Million Aggregate.

2. Endorsement Form - Required for Food/Liquor Vendors and all vendors on site more than one day per year.

Named Endorsement* - CG 20 10, CG 2026 or the Equivalent

*Morris County Park Commission and the County of Morris named as Additional Insured

Policy Number
Must match the Gernal Liability Policy Number

Endorsement Type:
CG 20 26
CG 20 10

Additional Insured Must State:
Morris County Park Commission
The County of Morris
PO Box 1295
Morristown, NJ 07962-1295

3. Additional Information

Don't have a Business Vehicle?

Auto Coverage - Complete only if vendor is not brining a Commercial Vehicle or Trailer on site.

Provide the Name of the Car Insurance Company and the last 4 digits from a personal policy.

Insurance Company: _____ **Last 4 Digits of Policy #:** _____ **Expiration:** _____

Don't carry Worker's Compensation?

Download the following forms on www.morrisparks.net/insurance

1. **Self-Employed Certificate** - Complete only if renter is Self-Employed and not required to carry Workers Comp.
2. **Unincorporated Entity Certificate** - Complete only if renter uses volunteers, does not have employees, and is not required to carry Workers Comp.

Fire Marshal Information:

Cooking on site, using a tent larger that a 10'x10' pop-up or placing small tents side by side requires permits from the Morris County Fire Marshal.

REQUEST a Cooking, Food Truck or Tent Permit Application (events@morrisparks.net)

Health Department Information:

Food Vendors are required to comply with all state and local health requirements.

CONTACT the local Health Department for the location you will be at.

Liquor License:

Any vendor serving alcohol must have proper NJ ABC licensing and provide a copy of the license.