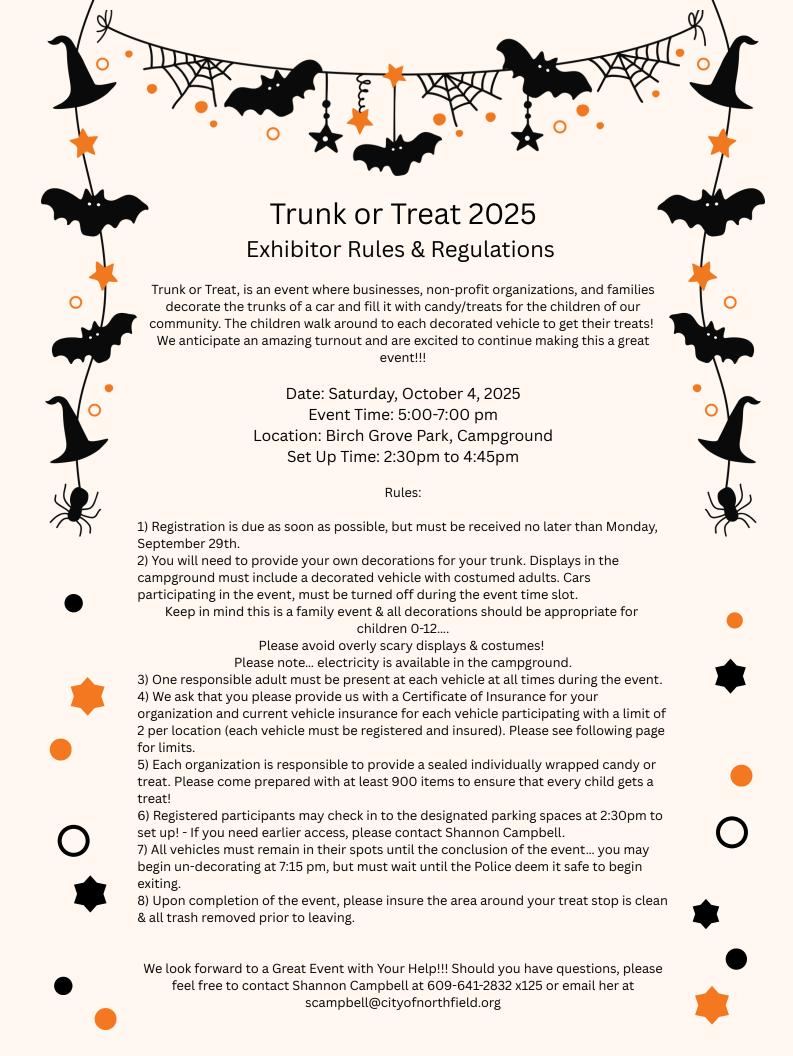


TRUNK OR TREAT OCTOBER 4, 5-7PM

Organization Name: Contact Name (s): E-mail address: Phone #: Cell Phone #:			
	ne?		
_	dult during Event:		
On-Premise Contact Phone Number during Event:			
PLEASE RETURN All RE	QUIRED DOCUMENTS BY SEPTEMBER 29TH		
EMAIL: scampbell@cityofnorthfield.org; FAX: 609-641-6274; DROP OFF OR MAIL: 1600 Shore Road, Northfield, NJ 08225			
		If you do not receive confirm	ation of your registration by October 2nd, please
_	tact Shannon Campbell.		
Rules and Re	gulations are on a separate page.		
	(Name of Contractor/Exhibitor/Facility		
User) agrees to defend, pay on behalf of, is and volunteers, elected and appointed off behalf of the City of Northfield against all therewith, and for any damages which ma Northfield, its agents, employees and volu- reason of personal injury, including bodily	indemnify, and hold harmless the City of Northfield, its employees icials, its agents, employees and volunteers and others working of claims, demands, suits, or loss, including all costs connected by be asserted, claimed or recovered against or from the City of unteers and others working on behalf of the City of Northfield by injury or death and/or property damage, including loss of use ay connected or associated with this contract"		
Ву:	Ву:		
For the Organization	City of Northfield		
Witness or Notary	Witness or Notary		
	** OFFICE USE ONLY **		
	_ □ Email □ Fax □ Mail Confirmed with □ Phone Call □ Email Hold Harmless received:		

Approved by: _

Campsite Number: _____



Schedule of Insurance*

Notwithstanding the indemnification and defense obligations of the USER, the USER shall provide at its own cost and expense proof of the following insurance to the "MUNICIPALITY":

- General Liability including Products & Completed Operations Insurance with a minimum combined single limit of liability per occurrence for bodily injury and property damage of *one million* (\$1,000,000) dollars* with a minimum annual aggregate of *two million* (\$2,000,000) dollars*.
- MUNICIPALITY shall be named as an "Additional Insured".
- A copy of the "Additional Ensured" Endorsement shall be provided

Failure by the **USER** to supply such written evidence of required insurance and to maintain same for the duration of this agreement shall result in default of this agreement and **USER** shall be prohibited from using said FACILITY (IES).

The insurance companies for the above coverage must be licensed by the State of New Jersey and acceptable to the MUNICIPALITY. The USER shall take no action to cancel or materially change any of the insurance required under this Contract without the MUNICIPALITY's prior approval. The maintenance of insurance under this section shall not relieve the USER of any liability greater than the limits or scope of the applicable insurance coverage.

Instructions for Obtaining Insurance

In order to facilitate the purchase of special event insurance our municipality allows you to do so on-line by using your own credit card. You may obtain a quote without obligation to purchase by following the instructions below:

1. Visit the TULIP website at:

https://tulip.onebeaconentertainment.com/e/tulip/apply.aspx

- 2. For the Venue Name: Northfield Birch Grove Park Facility Code is 4990-372.
- 3. Follow the site's remaining instructions. When you have paid for the coverage using your credit card our municipality will automatically receive the proof of insurance we require.
- 4. In the event you need to cancel coverage you may do so up until the day prior to the event and you will receive a full refund of the premium paid.
- 5. If further assistance is required, please call the TULIP help desk at 800-507-8414 Monday through Friday between 8:30 A.M. and 8:00 P.M. Eastern Time.