



WARREN COUNTY LIBRARY

2 Shotwell Drive, Belvidere NJ 07823
P: 908-475-6386 | www.warrenlib.org

The Warren County Library is pleased to announce opening our meeting space to groups. This email/letter includes several documents you will need to read and complete when requesting the use of meeting room space.

These documents are:

- Warren County Library Meeting Room Policy
- Warren County Library Meeting Room Application and Use Agreement
- Warren County Board of County Commissioners Office – Insurance Requirement Checklist

These documents are new and include the insurance requirements for the use of space in Warren County buildings.

The application, insurance information, and any requests for an exemption or waiver from compliance with rules or policies (i.e., insurance) must be received and approved before booking any meeting dates.

Please allow additional time for the library and its insurance carrier to review your application. Applications that are incomplete or missing documents cannot be approved. Approved applications will be valid for the current calendar year or the end date of insurance coverage (if applicable).

Completed applications can be emailed to: meetingroomapplications@warrenlib.org, hand-delivered to any branch, or mailed to Warren County Library, ATTN Director, 2 Shotwell Drive, Belvidere, NJ 07823.

If you have questions about the policy or application, don't hesitate to contact me.

Maureen Baker Wilkinson
Director
Warren County Library
director@warrenlib.org
908-475-6338

WARREN COUNTY LIBRARY
MEETING ROOM APPLICATION AND USE AGREEMENT
Application is valid for the current calendar year and must be updated annually.

All applicants must be submitted to, and approved by, the Library and the Library's insurance carrier. For purposes of this Meeting Room Application and Use Agreement the individual and organization submitting the application shall be referred to individually and collectively as the "Applicant."

Date of Application: _____ Date Application Received: _____

Name of Organization: _____

Address: _____ City: _____ State: _____ Zip: _____

Contact Number: _____ Email: _____

What area does the Organization serve? _____

President/Chair of Organization/Group: _____ Phone _____

Additional Contact Person: _____ Phone _____

Individual applying on behalf of Organization

Name: _____ Title/Position: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Phone: Home _____ Mobile: _____ Email: _____ Library Card No. _____

Meeting Room Use Request Details:

Date(s) requested: _____ Start time: _____ End time: _____

Event Location: _____

Brief description of type and purpose of meeting to be scheduled: _____

Type of Activity (please explain, e.g., speaker, film, discussion, demonstration, etc.) _____

Expected attendance: _____ Adults _____ Children _____

Will refreshments be served (specify): _____

Are you requesting an exception or waiver from compliance with any rules or policies (e.g., insurance) Yes _____ No _____

If yes, please specify the rule(s)/policy(ies) and the basis and reasons: _____

Non-profit Groups:

Group 501C number _____ Insurance Information _____

Number of Members: _____ Area or Community Served _____

Community Groups:

Number of Members: _____ Area or Community Served _____

How does your group provide support and services, which benefit the immediate and future community and public?

Please attach your governing documents (constitution, mission statement, or by-laws)

I have read the Warren County Library Meeting Room Policy and accept the terms of its use.

Print Name (Individual submitting application on behalf of Organization)

Title/Position

Signature _____

Date _____

Staff Use				
Name	Branch	Date	Event Location	Occupancy Capacity of Reserved Location

Staff Use			
Certificate of Insurance naming the library as an additional insured:			
Certificate Received:	On file in Library	Insurance Approval	Expiration Date:

Meeting Room Application:

Approved: ____ Denied: ____ Date: _____

Signature of Authorized Library Staff

ACKNOWLEDGEMENT AND AGREEMENT OF MEETING ROOM POLICIES AND COMPLIANCE WITH TERMS AND CONDITIONS OF USE

I, _____, individually and, as _____ (title/position) on behalf of _____ (name of organization) (the individual and organization shall hereinafter be referred to individually and collectively as the "Applicant") hereby acknowledge I have received a copy of the Warren County Library Meeting Room Policy ("Policy") governing the use of the Library's meeting rooms, the terms of which are expressly incorporated herein by reference, and that I read it, understood it and hereby agree to abide and be bound by the terms and provisions of said Policy and of this Meeting Room Application and Use Agreement ("Agreement") and to assume full and complete responsibility for compliance with all rules, requirements, terms, conditions and provisions of the same on behalf of myself, the aforementioned Organization and any and all persons using the meeting room. Applicant further understands, acknowledges and agrees that Applicant is individually and jointly responsible for the cost of any damages, repairs or cleanup caused by the Organization or attendees. APPLICANT expressly agrees to ASSUME ANY AND ALL RISKS AND LIABILITY and to RELEASE, DISCHARGE, WAIVE, RELINQUISH, HOLD HARMLESS, INDEMNIFY and DEFEND, THE WARREN COUNTY LIBRARY, THE WARREN COUNTY LIBRARY COMMISSION, THE COUNTY OF WARREN, THE WARREN COUNTY BOARD OF COMMISSIONERS AND THEIR RESPECTIVE ELECTED AND APPOINTED OFFICIALS, OFFICERS, EMPLOYEES, AGENTS, ATTORNEYS, INSURERS, SERVANTS, VOLUNTEERS SUCCESSORS, ASSIGNS, DESIGNEES, GUESTS AND INVITEES from and against any and all LIABILITIES, CLAIMS, DEMANDS, RIGHTS, ACTIONS, SUITS, CAUSES OF ACTION, OBLIGATIONS, DEBTS, COSTS, EXPENSES, LOSSES, CHARGES, SETTLEMENTS, DAMAGES, JUDGMENTS, INTEREST, AWARDS, PENALTIES, FINES, professional fees (including attorney's fees and related costs) and/or other expenses or liabilities of whatever kind or nature whatsoever, including, without limitation, the investigation and defense of claims, in law, equity or otherwise, related to, resulting from or arising, directly or indirectly, in whole or in part, ARISING FROM THE USE OF THE LIBRARY MEETING ROOM BY APPLICANT OR THE ORGANIZATION, 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 there from, (b) is caused in whole or in part by any act or act of omission by the Applicant, or their members, presenters, vendors, suppliers, participants, volunteers, or anyone directly or indirectly employed or affiliated in any manner with the Applicant. Applicant further understands that any violation or failure to comply with this Agreement, the Policy and/or any other rules or policies of the Library shall result in revocation of approval of the use of the meeting room and denial of subsequent applications.

Print Name (Individual submitting application on behalf of Organization)

Title/Position

By: _____

Date _____

Print Name (Authorized Library Staff)

Title/Position

Signature _____

Date _____



Warren County Board of County Commissioners Office

Wayne Dumont Jr., Administration Bldg.
165 County Route 519 South
Belvidere, NJ 07823
Phone: 908-475-6500 Fax: 908-475-6528
www.administrator@co.warren.nj.us

Insurance Requirement Checklist

Renter/Organization: _____

Description of Event: _____

Date, Time, Place Requested: _____

Name & Address of Contact: _____

Telephone & Email: _____

Check Off If Attached

1. Certificate of Insurance for General Liability naming Warren County Board of County Commissioners as Additional Insured (Warren County Board of County Commissioners must be listed in the Certificate Holder Box).

- Combined Single Limit of \$1,000,000 each occurrence and \$2,000,000 aggregate for bodily injury and property damage.
- Any organization that provides youth service, services to developmentally disabled individuals of any age, or any senior citizens, must provide coverage for sexual abuse and molestation which covers bodily injury, emotional distress or mental anguish related to any claim, cause of action or liability associated with child molestation or sexual abuse, with limits no less than \$1,000,000 per wrongful act and \$2,000,000 aggregate. This coverage may be provided as an endorsement to the Commercial General Liability Policy or under a separate policy and must be written on an "occurrence" and not on a claims made or claims made and reported basis. Coverage for such claims must not be subject to any exclusion, restriction or sub-limit. The Board of County Commissioners of the County of Warren must be named as additional insured with respect to sexual abuse and molestation claims.

2. Certificate of Insurance for Business Automobile Insurance naming Warren County Board of County Commissioners as Additional Insured.
- Automobile Liability Coverage, with a combined single limit of liability per occurrence of \$1,000,000 for bodily injury, property damage.
3. Certificate of Insurance for Workers' Compensation and Employers Liability.
- Employers Liability Limit shall be a minimum of \$500,000, in accordance with New Jersey Statute (\$500,000/\$500,000/\$500,000).
4. Additional Insured Named Endorsement/CG2010-Owners, Lessees or Contractors – Scheduled Person or Organization or CG2026- Designated Person or Organization.
5. Copy of Signed Application/ Agreement.