

AGREEMENT

For Use of Facilities of the Town of Pendleton
By Non-Town Organizations

Name of Organization NNY Revenue Softball

Name of Representative Nicole Miller

Mailing Address [Redacted] Town 1450 Phone [Redacted]

Contact Person (if different) [Redacted] ne _____

Requests use of the facilities at Town Hall Park Shelter Elementary Old Highway Garage

Other (specify) Softball field

Room(s) (if applicable, please specify) _____

Equipment (if applicable, please specify) _____

Other (describe) _____

Date(s): *Starting end of April - June Time(s): Start 5:30 AM PM; End 8:00 AM PM

Please describe activity looking to have tuesday's and Thursday for home league games which dates should be sent soon. And then for practices

It is mutually agreed that only the facilities listed above are to be used by the above named organization and only for the date(s) and time(s) requested.

Date 3-2-22 Signature of Organization Representative Nicole Miller

Remarks _____

Note: It may become necessary to displace a group/activity due to unforeseen circumstances. Town of Pendleton activities will at all times take priority over non-Town activities.

Town Clerk Authorization

Date 3/14/22 Signature of Town Clerk Abraham K. Maurer

Park facilities use also requires Signature of Highway Superintendent _____

Insurance Certificate Required YES NO Certificate Provided YES NO

Requested Facilities Available YES NO

Remarks to follow up w/ DPW for scheduling

Town Board Authorization

Authorized by _____ Approved at _____ TB Meeting

Date _____ Signature / Title of Authorizing Authority _____

In consideration of the use of the Town of Pendleton facilities, the aforementioned organization on this form agrees to abide by the following rules and regulations established by the Town:

1. Admission fees are not to be charged except when the proceeds are to be expended for charitable purposes, except as provided by law.
 2. Grounds and buildings must be kept clean, neat and orderly.
 3. Organizations must assume responsibility for keeping order while they are using the facilities.
 4. All costs resulting from careless use of Town property or damage to Town property will be assessed against the organization.
 5. Only the facilities provided in this agreement are to be used. They must be used only at the time(s) designated.
 6. Tobacco use within Town buildings is prohibited.
 7. Alcoholic beverages are not allowed at any time in Town buildings. Furthermore, the use of alcoholic beverages at the time of any organized youth event is prohibited. Examples include organized baseball and softball games and practices.
 8. Skateboards, rollerblades and similar items may not be used inside any Town building.
 9. All schedules must be completed and approved by the Town Clerk and/or Highway Superintendent, and no changes are to be made without his/her approval.
 10. Bicycles, wagons, etc. are not to be taken inside a Town building.
 11. In case the person in charge is changed, the organization must report that fact in writing immediately to the Town of Pendleton.
 12. In case of an accident resulting in injury to any person or damage to any property, it **MUST BE REPORTED** immediately to Town Board. All reports **MUST** be in writing.
 13. Facilities usage is limited to Town of Pendleton organizations in which the majority of members are Town residents.
 14. The Town Board reserves the right to alter or change any or all provisions of this agreement or to cancel it in its entirety at any time providing that notice of such action be given in writing to the organization concerned.
 15. The Town Board requires a **Certificate of Insurance** from the organization and it must have the required insurance coverage(s) as identified in the Facilities Use Agreement Rules and Regulations affixed to this application before this application will be considered.
 16. Groups will be required to enter/exit the Town building(s) promptly at the time designated and approved.
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**TOWN OF PENDLETON
FACILITIES USE - GENERAL ANNOUNCEMENT**

GENERAL ANNOUNCEMENT

Directions: the group representative should make the following general announcement to the group participants.

1.0 Cancellation of Program

In the event the Town of Pendleton Town Hall is closed due to some unforeseen circumstance (inclement weather, power failure, etc.) your group may not be able to meet on that day. It is at the discretion of the Town Board to allow facilities usage in such circumstances.

Should this occur the Town will make every effort to make a general announcement on the local radio stations and/or Town website. Please advise your participants should this situation arise.

2.0 Fire Alarms

If the fire alarms sounds while your group is present in the building all participants must leave the building immediately. Prior to the start of your activity, the group should familiarize itself with the nearest exit routes and the quickest means of egress. Remember to evacuate the Town facility immediately when you hear the audible fire alarm!

3.0 Safety Rules

The safety and well being of building occupants is of the utmost importance to the Town Board. Group representatives are required to inform all participants of the following items:

- 3.1 Designated parking areas.
- 3.2 Emergency exits and egress routes.
- 3.3 Construction activities and other "stay clear" areas in the buildings/grounds.
- 3.4 Adherence to all Facility Rules and Regulations

I Nicole Miller acknowledge that I have received a copy of the General Announcement sheet, emergency exiting and designated parking area diagrams and agree to assume the full responsibility for notifying the participants of the NNY Revenge Softball of these items.
(Name of Group)

Nicole Miller
Signature - Requesting Officer

Nicole Miller
Print Name

3-2-22
Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/01/2021

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 K.L. Hudson Agency, Inc. 2777 Sheridan Drive, Tonawanda, NY, 14150		CONTACT NAME: PHONE (A/C, No. Ext): 7168323670 E-MAIL ADDRESS: kevin@klhudsoninsurance.com PRODUCER CUSTOMER ID :		FAX (A/C No): 8558323671
INSURED SSEI Program Management Inc. WNY Revenge 12U 248 Idlewood Dr Tonawanda, NY, 14150		INSURER(S) AFFORDING COVERAGE		NAIC # AA1340041
		INSURER A : HDI Global Specialty SE		
		INSURER B :		
		INSURER C :		
		INSURER D :		
		INSURER E :		
		INSURER F :		

COVERAGES

CERTIFICATE NUMBER: A-SP-SU-21-10-19-240753

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	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> INCLUDES ATHLETIC PARTICIPANTS GENERAL AGGREGATE LIMIT APPLIES PER:	Y	N	HDGL19000413	11/01/2021	11/01/2022	EACH OCCURRENCE	\$ 1,000,000.00
							DAMAGE TO PREMISES RENTED (Any one premises)	\$ 300,000.00
							MED EXP (any one person)	\$ 5,000.00
							PERSONAL & ADV INJURY	\$ 1,000,000.00
							GENERAL AGGREGATE	\$ 3,000,000.00
							PRODUCTS - COMP/OP AGG	\$ 2,000,000.00
								\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> NON-OWNED AUTO <input type="checkbox"/> SCHEDULED AUTOS						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
	UMBRELLA LIAB EXCESS LIAB DEDUCTIBLE RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
								\$
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below		N/A				WC STATUTORY LIMITS	OTHER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
A	OTHER Abuse/Molestation	Y		HDGL19000413	11/01/2021	11/01/2022	Each Occurrence: \$ 25,000.00	Aggregate: \$ 50,000.00

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Certificate Issue Date :Mar 11 2022 11:26AM EST
 Liability Policy Deductible: \$ 0.00 per each bodily injury or property damage claim. ISO Occurrence form CG 00 01 04 13 and company's specific forms. Coverage for Participant Legal Liability requires that every participant signs a waiver/release. The certificate holder is named as Additional Insured with respect to negligent acts or omissions of the Named Insured and only with respect to the Operations of the Insured during the coverage period. RE: Registered Softball participants: 11/01/2021 - 11/01/2022;

CERTIFICATE HOLDERTown of Pendleton
6570 Campbell Blvd
Lockport, NY, 14094**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

Mark Di Perno

AGENCY K.L. Hudson Agency, Inc.		NAMED INSURED WNY Revenge 12U	
POLICY NUMBER HDGL19000413		248 Idlewood Dr Tonawanda, NY, 14150	
CARRIER HDI Global Specialty SE	NAIC CODE AA1340041	EFFECTIVE DATE: 11/01/2021	
ADDITIONAL REMARKS			

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

(This area is intentionally left blank for additional remarks.)