



St. Johns County Public Library System
Ponte Vedra Beach Branch Library
101 Library Blvd.
Ponte Vedra Beach, FL 32082
(904) 827-6950
(904) 827-6955 - fax
www.sjcpls.org

Dear Meeting Room Applicant:

Welcome to the Ponte Vedra Beach Branch Library! We look forward to serving you and hope that we will be able to provide space for your public meeting.

Please note that all applicable forms must be completed and returned before a room reservation can be made.

In this packet you will find the following forms and the action requested of each applicant:

Application for Use of Meeting Room	Return
Indemnification and Hold Harmless	Return
Cancellation Agreement	Return
Equipment Request	Return, if applicable
Meeting Room Checklist	Return
Frequency Agreement	Return, if applicable
Meeting Room Policy	Keep for your records
Meeting Room Regulations	Keep for your records
Insurance Requirements Policy	If applicable, submit required proof of insurance (see sample on page I-D-12)

Please feel free to contact the Reference Desk at the Ponte Vedra Beach Branch Library if you need any assistance. Our friendly Reference Staff will address all your meeting room needs. You may fax, mail or drop off this application to the contact information listed above.

We look forward to seeing you at the Ponte Vedra Beach Branch Library!

Warmest Regards,

Amy Ring, Manager
Ponte Vedra Beach Branch Library

Updated October 2011



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Indemnification and Hold Harmless:

The BUSINESS and/or INDIVIDUAL(**hereinafter referred to as USER**) agrees to indemnify and hold the County and its officers, agents, and employees harmless from any and all liability, damages, actions, claims, demands, expenses, judgments, fees and costs of whatever kind or character, arising from, by reason of, or in connection with the use of the facilities described herein. **It is the intention of the USER that the COUNTY and its officers, agents, and employees shall not be liable or in any way responsible for injury damage, liability, loss, or expense due to accidents, mishaps, misconduct, negligence, or injuries either in person, or property, which are caused by the USER, or those individuals the USER brings onto the premises for the event.**

The **USER** expressly assumes full responsibility for any and all damages or injuries which may result to any person or property by reason of or in connection with the use of the facilities pursuant to this agreement, and agrees to pay the COUNTY for all damages to the facilities, **which are caused by the USER, or those individuals the USER brings onto the premises for the event.**

The **USER** represents that its activities pursuant to this agreement will be supervised by adequately trained personnel, and that user will observe, and cause the participants in the activity to observe, all safety rules for the facility and the activity. The **USER** acknowledges that the COUNTY has no duty to and will not provide supervision during the activity.

Name of Organization

Print Name of Authorized Agent

Signature of Authorized Agent

Date signed

Witness

Cancellation Agreement:

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Library/County-Sponsored programs receive first priority for use of the meeting rooms.

The Library reserves the right to cancel a reservation in order to use a meeting room for Library or County purposes.

Name of Organization: _____

Contact Person: _____

Signature: _____ Date: _____

AV Equipment Request

<input checked="" type="checkbox"/>	Equipment Requested	Dates Requested
	LCD Projector	
	TV/DVD Player	
	TV/VCR Player	
	Laptop	
	Extension Phone	
	Microphone	

In order to better meet your needs, please specify the exact use of equipment (Powerpoint Presentation, Movie, etc.)

Note: It is the responsibility of the group requesting the equipment to be able to use it with minimal library staff assistance. Please contact the library before your meeting to request a training session.

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MEETING ROOM CHECKLIST

Please initial each item below to acknowledge that you have read and understand our meeting room policies.	Group Contact	Staff
All forms of the Meeting Room Application (including insurance requirements, if applicable) must be completed before a room can be reserved.		
Library Sponsored programs receive first priority for use of the meeting rooms.		
Groups cannot meet more than once per month unless special permission is granted by the library manager.		
Groups must vacate the meeting room <u>15 minutes</u> before closing time.		
Groups should schedule their meetings to allow for setup and breakdown time.		
Groups cannot enter the library before the library opens.		
Chairs and tables must be returned to original positions.		
All AV equipment on cart must be returned to the Reference Desk.		
Groups must complete the Check-In form and receive key <u>before</u> entering assigned meeting room.		
Meeting room must be locked and key returned to the Reference Desk at the end of your meeting. Do not pass off the key to the next group.		

Frequency Agreement:

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Groups are limited to one (1) meeting per month due to high demand. If your group needs to meet more often, please fill out the request below. The Library Manager will review your request and contact you with a decision within 10 business days of receipt of your request.

Name of Organization: _____

Contact Person: _____

Signature: _____ Date: _____

Please explain your meeting room needs (frequency & reason):

****For internal use only****

Request Approved or Denied (Circle one)

Reason: _____

Date: _____

Staff Name: _____

MEETING ROOM POLICY:

St. Johns County Public Library System

Policy and Procedure Manual

Policy Title: Meeting Room

Effective Date: 8-8-95

Revision Approved by the LAB: 9/12/06

St. Johns County Public Library provides use of meeting rooms to the general public. Library facilities are open to programs sponsored or cosponsored by the Library or other organizations engaged in educational, cultural, recreational, charitable or government interest activities which complement or promote the Library's mission and goals. **Library/County-Sponsored programs receive first priority for use of the meeting rooms.**

All meetings and programs are open to the public. Meeting rooms are not to be used for personal or private profit, advertising or solicitation of business. No admission fee may be charged nor sales made. However, a fee for resource materials, books or payment for a program speaker may be collected upon the approval of the Library Director. Library-related fund raising activities are allowed.

Granting permission for use of the meeting rooms does not imply Library endorsement of the aims, policies or activities of any group.

The Meeting Room Policy and Meeting Room Procedures will be interpreted and enforced by the Library Director.

MEETING ROOM REGULATIONS:

1. All groups requesting to use meeting rooms must complete and sign the “Application for Use of Meeting Rooms”, “Indemnification and Hold Harmless Agreement”, “Cancellation Agreement”, and meet all insurance requirements as necessary before a meeting room can be reserved. The person signing the application assumes complete financial responsibility for any abuse of Library Premises or equipment while they are being used by the group.
2. Meetings will generally be scheduled for no more than once per month and no more than one year in advance.
3. **The Library reserves the right to cancel a reservation in order to use a meeting room for library or County purposes.** As much advanced notice as possible will be given if cancellation becomes necessary.
4. Organizations must notify the Library at least forty-eight hours in advance if a reservation is going to be canceled. Failure to notify the Library of cancellation may result in denial of future use of the meeting rooms.
5. The Library reserves the right to limit the number of reservations by any organization so that all groups may have a fair opportunity to use the meeting rooms.
6. Maximum attendance for programs or meetings in the Library’s meeting rooms varies by branch and is determined by the County Fire Marshal.
7. Meetings are to be held during regular library hours and must adjourn 15 minutes prior to the scheduled closing time.
8. The Library is not responsible for loss or damage to exhibits, equipment, supplies or other materials brought to the Library by the meeting group.
9. The Library is not responsible for setting up furniture and equipment for groups using the meeting rooms. No equipment, materials or records may be stored in the meeting rooms or in the Library.
10. No smoking is permitted inside of the Library including meeting areas. Alcoholic beverages may only be served upon meeting insurance requirements and by special approval by the County Administrator or other designated authority.
11. Refreshments are not allowed without permission and special arrangement. Groups are responsible for their own supplies.



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**Insurance Certificates *must* be presented
at least 7 days before meeting to ensure accuracy.**

Insurance Requirements Policy:

For use of County Facilities

Effective January 1, 2006

Business/Corporation/For-Profit Organizations

A. The BUSINESS hereby states and affirms that insurance coverage required is in place at the time of this Agreement, and will remain so for the term of this rental agreement and that the BUSINESS will not occupy the premises under this Agreement until it has obtained all insurance required under such laws. The BUSINESS agrees to submit documentation of all insurance coverage to the COUNTY or its representatives upon request. All insurance policies shall be issued by companies authorized to do business under the laws of the State of Florida. Compliance with the foregoing requirements shall not relieve the BUSINESS of its liability and obligations under this rental agreement.

B. The BUSINESS shall maintain during the term of this rental agreement commercial general liability insurance in the amount of one million dollars (\$1,000,000.00) combined single limit to protect the BUSINESS and the COUNTY from claims for damages for bodily and personal injury, including wrongful death, as well as from claims of property damages which may arise from any operations under this rental agreement, whether such operations are by the BUSINESS or by anyone directly employed by or contracting with the BUSINESS.

C. The BUSINESS shall maintain, during the life of this rental agreement, comprehensive automobile liability insurance in the amount of one hundred thousand dollars (\$100,000.00) per person, three hundred thousand dollars (\$300,000.00) per occurrence combined single limits to protect the BUSINESS from claims for damages for bodily injury, including wrongful death, as well as from claims for property damage, which may arise from the ownership, use, or maintenance of owned, or non-owned automobiles, including rented automobiles whether such operations are by the BUSINESS or by anyone directly or indirectly employed by the BUSINESS.

D. The BUSINESS shall maintain, during the life of this rental agreement, adequate Workers Compensation Insurance and Employers Liability Insurance in at least such amounts as are required by law. If the BUSINESS is not required to maintain Workers Compensation Insurance and Employers Liability Insurance under Florida Law, verification noting this exclusion shall be provided to the COUNTY by the BUSINESS insurance carrier.

E. All insurance, other than Workers Compensation, to be maintained by the BUSINESS shall specifically include St Johns County as an *Additional Insured*, by policy endorsement, except as such coverage is specifically waived in writing by the COUNTY, and a Certificate of Insurance naming St. Johns County Board of County Commissioners, 500 San Sebastian View, St. Augustine, FL 32084, as *Additional Insured* must be provided to the COUNTY by the BUSINESS insurance carrier.

F. The insurance requirement is deemed contractual, and the COUNTY shall not be deemed responsible to any third party for any failure of insurance coverage.

Alcohol on County Premises

Alcohol is only permitted in or on County premises with the written permission of the County Administrator on a completed Application for Permit for Possession and Consumption of Alcoholic Beverage on Public Property in Accordance with Ordinance 99-50 AND with proof of liquor liability insurance coverage in the amount of one million dollars (\$1,000,000.00) per occurrence which **specifically includes St Johns County as an *Additional insured by policy endorsement***. Liquor liability insurance is required of all applicants.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
Month/Date/Year

PRODUCER Insurce Agent/Broker Name Insurce Agent/Broker Street Address or P.O. Box Insurce Agent/Broker City, State & Zip Code Contact & Phone Number	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
	INSURERS AFFORDING COVERAGE	NAIC #
INSURED Vendor Name Vendor Street Address or P.O. Box Vendor City, State & Zip Code	INSURER A: Name of Insurance Company	Enter NAIC#
	INSURER B: Name of Insurance Company (if applicable)	Enter NAIC#
	INSURER C: Name of Insurance Company (if applicable)	Enter NAIC#
	INSURER D: Name of Insurance Company (if applicable)	Enter NAIC#
	INSURER E: Name of Insurance Company (if applicable)	Enter NAIC#

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	<input checked="" type="checkbox"/>	GENERAL LIABILITY <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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	Enter Policy #	Enter Effective Date	Enter Expiration Date	EACH OCCURENCE	\$1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000
						MED EXP (Any one person)	\$N/A
						PERSONAL & ADV INJURY	\$1,000,000
						GENERAL AGGREGATE	\$2,000,000
						PRODUCTS - COMP/OP AGG	\$1,000,000
							\$
A	<input checked="" type="checkbox"/>	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> _____ <input type="checkbox"/> _____	Enter Policy #	Enter Effective Date	Enter Expiration Date	COMBINED SINGLE LIMIT (Each Occurrence)	\$1,000,000
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
A	<input checked="" type="checkbox"/>	GARAGE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> _____	Enter Policy # (if required)	Enter Effective Date	Enter Expiration Date	AUTO ONLY - EA ACCIDENT	\$1,000,000
						OTHER THAN AUTO ONLY: EA ACC	\$
						AGG	\$
A	<input checked="" type="checkbox"/>	EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$Enter Amount	Enter Policy # (if required)	Enter Effective Date	Enter Expiration Date	EACH OCCURENCE	\$Enter Limit
						AGGREGATE	\$Enter Limit
							\$
							\$
							\$
A	<input checked="" type="checkbox"/>	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	Enter Policy #	Enter Effective Date	Enter Expiration Date	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	
						E.L. EACH ACCIDENT	\$500,000
						E.L. DISEASE - EA EMPLOYEE	\$500,000
						E.L. DISEASE - POLICY LIMIT	\$500,000
	<input type="checkbox"/>	OTHER					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Certificate holder is named as additional insured.

CERTIFICATE HOLDER

St. Johns County
 Risk Management Dept.
 4020 Lewis Speedway
 St. Augustine, FL 32084

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE INSURER AFFORDING COVERAGE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE