



St. Johns County Public Library System  
Main Library  
1960 N. Ponce de Leon Blvd.  
St. Augustine, FL 32084  
904.827.6940 - phone  
904.827.6945 - fax  
[www.sjcpls.org](http://www.sjcpls.org)

Dear Meeting Room Applicant:

Welcome to the Main 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
Meeting Room Checklist	Return
Insurance Requirements Policy	If applicable, submit required proof of insurance (see sample on page I-D-6)

Please feel free to contact the Reference Desk at the Main Library if you need any assistance. Our friendly Adult Services 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 Main Library!

Warmest Regards,

Valerie Peischel Mull  
Main Library Branch Manager

# MEETING ROOM CHECKLIST

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this page

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 using the room.		
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 <b>vacate</b> the meeting room <b><u>5 minutes</u></b> before closing time.		
Groups should schedule their meetings to allow for setup and breakdown time.		
Group must notify the library if a meeting is to be canceled. Failure to do so may result in denial of future meetings.		
Chairs and tables must be returned to original positions.		



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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, 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.

## Certificates of Insurance

Anytime any vendor/individual is using County property/equipment and/or providing a service on behalf of the County they must provide the County with a "Certificate of Insurance." **Without these certificates you may be unknowingly exposing the County to liability.** All contracts/agreements/applications must contain language detailing the insurance requirements set forth by the County.

The Certificate of Insurance must show proof of general liability insurance in the amount of \$1,000,000 and any other ancillary coverage like liquor liability insurance if required. It is preferable to have the "Certificate" issued to the County by the broker/insurance company directly and not by the individual.

### **Every certificate must include the following:**

- 1) It must say "Certificate of Liability Insurance" across the top.
- 2) The name of the insured, which would be the person or vendor you're working with.
- 3) Under "Type of Insurance" you should see an "X" indicating "General Liability."
- 4) Under "Limits" you should see \$1,000,000.
- 5) You may also see other types of insurance marked by an "X". Some of these are applicable depending on what type or business or rental the insurance is for. You must see "Liquor Liability" somewhere on this certificate with a policy limit, if it is required for the event.
- 6) In the box for "Description of Operations" you must see a description of what type of business or activity the vendor/individual is doing.  
Example: Meeting on May 13, 2011,  
Space at the Main Library on May 23, 2011
- 7) In the box for "Description of Operations" you must also see "St. Johns County is named as additional insured" or "Certificate holder is named as additional insured." There should be no special exceptions or conditions placed in this box.
- 8) Certificate Holder:  
St. Johns County  
500 San Sebastian View  
St. Augustine, FL 32084  
(this should not be your department address or name, but rather the County's main address and general name)

Approved 4/26/2011

Client#: 37421

UPRIG

# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
04/08/2011

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	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED	INSURER A:	Insurance Co.
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

*Name*  
145 W. 30th Street, 4th Floor  
New York, NY 10001

*Vendor/ Individual Name*

COVERAGES CERTIFICATE NUMBER: 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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	X	79513481	02/05/2011	02/05/2012	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$1,000,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMPOP AGG \$1,000,000 COMBINED SINGLE LIMIT (EA ACCIDENT) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE \$ AGGREGATE \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					\$ \$ \$ \$ \$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					\$ \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N N/A	79511550	02/05/2011	02/05/2012	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000

*General Liability*

*Effective Date*

*Policy Limits*

*No Coverage*

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

- RE: Show and workshop on April 23, 2011 at Ponce Vedra Concert Hall located at 1050 A1A North, Ponte Vedra Beach, Florida.
- St. Johns County is included as an Additional Insured.

*Must include both 1 and 2. (Very Important)*

<b>CERTIFICATE HOLDER</b> St. Johns County Board of County Commissioners 500 San Sebastian View St. Augustine, FL 38024	<b>CANCELLATION</b> 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 <i>[Signature]</i>
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*Correct County Address*

*the form is signed*

ACORD 25 (2010/05) 1 of 1 #S227015/M223506

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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