



## Morris County Park Commission: Vendor/Exhibitor Application

All documents must be submitted with this form **no later than 2 weeks prior to the rental date.**

Return to: Morris County Park Commission Attn: Event Committee,  
P.O. Box 1295, Morristown, NJ 07962-1295 OR [events@morrisparks.net](mailto:events@morrisparks.net)

**Vendor/Business Name:** \_\_\_\_\_

**Type of Vendor** *check the appropriate box*     Merchandise     Rental Service (Tents/Chairs)     Exhibitor  
 Entertainment     Videographer/Photographer     Timing Services     Physical Trainer  
 Food (  Caterer     Food Truck     Food served from a trailer     Food served from a tent)  
 Other: \_\_\_\_\_

**Vendor Contact:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Town:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Event Information:** Vendors may only be on site when contracted for a Rental or Event permitted on MCPC Property. The Vendor Application and supporting documents must be submitted and approved to receive MCPC Vendor Permit.

Name of Event: \_\_\_\_\_ Location (Park): \_\_\_\_\_

Date(s): \_\_\_\_\_ Est. Attendance: \_\_\_\_\_ Service Provided: \_\_\_\_\_

Does the Vendor plan to collect money onsite?     Yes (\$30 vendor fee required)     No

Will the Vendor be using or providing an open flame?     Yes (Type: \_\_\_\_\_)     No

Will the Vendor bring a generator?     Yes     No

Will the Vendor be bringing a tent?     Yes (Size: \_\_\_\_\_)     No

### **Morris County Park Commission Indemnification:**

The Contractor/Vendor/Supplier whose name and signature appear below hereby agrees to indemnify, defend, hold and save the Morris County Park Commission, the County of Morris and the Morris County Board of County Commissioners, including their officials, officers, directors, employees, agents, professionals and volunteers (collectively "Morris County") harmless from and against any and all claims, losses, penalties, damages, settlement, costs, charges, professional fees (including attorney's fees and related costs) and all other expenses or liabilities of any nature whatsoever including, without limitation, the investigation and defense of any claims, arising out of or related to the provision of any goods, services or consumables by the Contractor/Vendor/Supplier or the operation of any business or trade by Contractor/Vendor/Supplier or any operations conducted thereby, including, without limitation, claims for damage, or loss that is attributable to bodily injury, sickness, disease or death, or to injury or to destruction of tangible property, including the loss of use resulting therefrom, and is caused in whole or in part by any act or omission of the Contractor/ Vendor /Supplier, or their sub-contractors, exhibitors, other vendors or anyone directly or indirectly employed or affiliated in any manner with Contractor /Vendor/Supplier or anyone for whose acts Contractor/Vendor/Supplier may be liable (including a claim by an employee of the Contractor /Vendor/Supplier or their sub-contractors, exhibitors or other vendors), regardless of whether any such damage or loss is attributable in part to a party indemnified hereunder. This agreement also applies to all volunteers of the Contractor/Vendor/Supplier.

The Contractor/Vendor/Supplier agrees to add and schedule the County of Morris as additional insured on a primary, noncontributory basis for general liability, automobile liability (when applicable) and excess liability (when required), with a waiver of subrogation on all policies in favor of the County of Morris. The Contractor/Vendor/Supplier shall provide proof of insurance coverages to the Morris County Park Commission prior to commencing any operations.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Organization Name

# enjoy the experience

**morris county park commission**

## Morris County Park Commission Insurance Information

Return to: Attn: Recreation Department  
P.O. Box 1295  
Morristown, NJ 07962-1295

**973.326.7616**

[Events@morrisparks.net](mailto:Events@morrisparks.net)

### VENDOR INFORMATION:

Insurance Requirements, Fire Marshal, Health Department and Liquor information provided below.

#### 1. Certificate of Insurance

- **General Liability Insurance\*** - \$1 Million Each Occurrence, \$2 Million Aggregate
- **Business Auto\*** - \$1 Million Each Accident
- **Workers Compensation** - Proof of Workers Comp.

Each Accident \$500,000/Disease each employee \$500,000/Disease Policy Limit \$500,000

**\*Morris County Park Commission and the County of Morris named as Additional Insured**

ACORD		CERTIFICATE OF LIABILITY INSURANCE				DATE (MM/DD/YYYY) 2/27/2019																																									
<p><b>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.</b></p> <p><b>IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or 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).</b></p>																																															
PRODUCER Insurance Agency		CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS:																																													
INSURED Rental Group Information		INSURER(S) AFFORDING COVERAGE				NAIC #																																									
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		INSURER B:																																													
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		INSURER D:																																													
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		INSURER F:																																													
<p><b>COVERAGES</b>      <b>CERTIFICATE NUMBER:</b>      <b>REVISION NUMBER:</b></p> <p>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.</p> <table border="1"> <thead> <tr> <th>INSR LTR</th> <th>TYPE OF INSURANCE</th> <th>ADDL INSD</th> <th>SUBR WVD</th> <th>POLICY NUMBER</th> <th>POLICY EFF (MM/DD/YYYY)</th> <th>POLICY EXP (MM/DD/YYYY)</th> <th>LIMITS</th> </tr> </thead> <tbody> <tr> <td>A</td> <td> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY  <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR              GEN'L AGGREGATE LIMIT APPLIES PER:  <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC  <input type="checkbox"/> OTHER:         </td> <td></td> <td>X</td> <td>POLICY NUMBER</td> <td>5/1/2018</td> <td>5/1/2019</td> <td>           EACH OCCURRENCE \$1,000,000            DAMAGE TO RENTED PREMISES (Ea occurrence)            MED EXP (Any one person)            PERSONAL &amp; ADV INJURY            GENERAL AGGREGATE \$2,000,000            PRODUCTS-COMP/OP AGG            LEGAL LIAB TO PARTICIPANTS         </td> </tr> <tr> <td></td> <td>           AUTOMOBILE LIABILITY  <input type="checkbox"/> ANY AUTO  <input type="checkbox"/> OWNED AUTOS ONLY  <input type="checkbox"/> HIRED AUTOS ONLY  <input type="checkbox"/> SCHEDULED AUTOS  <input type="checkbox"/> NON-OWNED AUTOS ONLY         </td> <td></td> <td></td> <td>POLICY NUMBER</td> <td>5/1/2018</td> <td>5/1/2019</td> <td>           COMBINED SINGLE LIMIT (Ea Accident) \$1,000,000            BODILY INJURY (Per person) \$            BODILY INJURY (Per accident) \$            PROPERTY DAMAGE (Per accident) \$            \$         </td> </tr> <tr> <td></td> <td>           UMBRELLA LIAB  <input type="checkbox"/> EXCESS LIAB  <input type="checkbox"/> OCCUR  <input type="checkbox"/> CLAIMS-MADE            DED RETENTION \$         </td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>           EACH OCCURRENCE            AGGREGATE \$         </td> </tr> <tr> <td></td> <td>           WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED (Mandatory in NJ)            If yes, describe under DESCRIPTION OF OPERATIONS below            MEDICAL PAYMENTS FOR PARTICIPANTS         </td> <td>Y/N</td> <td>N/A</td> <td>POLICY NUMBER</td> <td>5/1/2018</td> <td>5/1/2019</td> <td>           PER STATUTE OTHER            E.L. EACH ACCIDENT \$ 500,000            E.L. DISEASE - EA EMPLOYEE \$ 500,000            E.L. DISEASE - POLICY LIMIT \$ 500,000            EXCESS MEDICAL \$         </td> </tr> </tbody> </table>								INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:		X	POLICY NUMBER	5/1/2018	5/1/2019	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE \$2,000,000 PRODUCTS-COMP/OP AGG LEGAL LIAB TO PARTICIPANTS		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			POLICY NUMBER	5/1/2018	5/1/2019	COMBINED SINGLE LIMIT (Ea Accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$		UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE AGGREGATE \$		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED (Mandatory in NJ) If yes, describe under DESCRIPTION OF OPERATIONS below MEDICAL PAYMENTS FOR PARTICIPANTS	Y/N	N/A	POLICY NUMBER	5/1/2018	5/1/2019	PER STATUTE OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000 EXCESS MEDICAL \$
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<p>DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Certificate Holder is Additional Insured as required by written contract or agreement.</p>																																															
CERTIFICATE HOLDER Morris County Park Commission The County of Morris PO Box 1295 Morristown, NJ 07962-1295				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 SIGNATURE																																											
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- General Liability Insurance\***  
\$1 Million Each Occurrence  
\$2 Million Aggregate
- Business Auto**  
\$1 Million Each Accident  
*Don't have a business vehicle? See #3*
- Workers Compensation**  
Each Accident \$500,000  
Disease each employee \$500,000  
Disease Policy Limit \$500,000  
*Don't have worker's comp? See #3*

**Must be listed as Certificate Holder:**  
Morris County Park Commission  
The County of Morris  
PO Box 1295  
Morristown, NJ 07962-1295

**NOTE: Vendors who provide and/or serve alcohol require Liquor Liability Coverage.**  
**Liquor Liability (if required) - \$1 Million Each Claim, \$1 Million Aggregate.**

**2. Endorsement Form - Required for Food/Liquor Vendors and all vendors on site more than one day per year.**

**Named Endorsement\*** - CG 20 10, CG 2026 or the Equivalent

\*Morris County Park Commission and the County of Morris named as Additional Insured

POLICY NUMBER: **Must Match General Liability Policy Number** COMMERCIAL GENERAL LIABILITY **CG 20 26 07 04**

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)
Morris County Park Commission The County of Morris PO Box 1295 Morristown, NJ 07962-1295

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) named in this Schedule.

**Policy Number**  
Must match the General Liability Policy Number

**Endorsement Type:**  
CG 20 26  
CG 20 10

**Additional Insured Must State:**  
Morris County Park Commission  
The County of Morris  
PO Box 1295  
Morristown, NJ 07962-1295

**3. Additional Information**

**Don't have a Business Vehicle?**

**Auto Coverage** - Complete only if vendor is not bringing a Commercial Vehicle or Trailer on site.

Provide the Name of the Car Insurance Company and the last 4 digits from a personal policy.

**Insurance Company:** \_\_\_\_\_ **Last 4 Digits of Policy #:** \_\_\_\_\_ **Expiration:** \_\_\_\_\_

**Don't carry Worker's Compensation?**

Download the following forms on [www.morrisparks.net/insurance](http://www.morrisparks.net/insurance)

1. **Self-Employed Certificate** - Complete only if renter is Self-Employed and not required to carry Workers Comp.
2. **Unincorporated Entity Certificate** - Complete only if renter uses volunteers, does not have employees, and is not required to carry Workers Comp.

**Fire Marshal Information:**

Cooking on site, using a tent larger than a 10'x10' pop-up or placing small tents side by side requires permits from the Morris County Fire Marshal.

**REQUEST** a Cooking, Food Truck or Tent Permit Application ([events@morrisparks.net](mailto:events@morrisparks.net))

**Health Department Information:**

Food Vendors are required to comply with all state and local health requirements.

**CONTACT** the local Health Department for the location you will be at.

**Liquor License:**

Any vendor serving alcohol must have proper NJ ABC licensing and provide a copy of the license.