

City of Ventnor City

SPECIAL EVENT

APPLICATION



Mayor Beth Holtzman
Commissioner Lance Landgraf
Commissioner Tim Kriebel

City of Ventnor
Ventnor City, New Jersey

Guidelines:

Please be sure to complete all sections of this application. Incomplete applications will result in delays in the review process and could result in a denied Special Event Application. All proposed activities and events are subject to the approval of the City of Ventnor City. The city and applicable reviewing offices will not consider your event for approval if the application is incomplete. You will be notified if the application is approved.

Prior to the issuance of an approved Special Event Permit, costs incurred are the sole expense and risk of the event organizer/promoter.

Do not assume that all aspects of the event will be approved. You may be asked to amend your plan(s) or event(s) based on, but not limited to; the availability of services, scheduling of other events and/or the need to maintain order and safety in and around the event.

Therefore, you are encouraged not to make any arrangements for your event until approval from the city has been received.

This application should be typed/printed clearly, signed, and returned to:

**Office of Special Events
City of Ventnor – City Hall
6201 Atlantic Avenue – 2nd Floor OEM
Ventnor City NJ 08406
609-823-7919**

Applications MUST be received at least 45 days prior to event. All applications will be reviewed either by the Safety Committee or the Recreation Board at their scheduled monthly meeting. You may be required to present a summary of the event at a meeting if applicable to your event. You will be contacted with a date and time for appearance.

Please ensure you complete any necessary secondary permit requirements needed at this time, additional fees may be required:

- Police Detail Application
- Fire Permit Application
- Street Closings Application
- Film/TV Production Application
- Temporary Vendor Application
- Drone Application
- 4-Wheel Drive Application

Completion of this application does not guarantee the approval of the event.

The insurance certificate should read as follows:

City of Ventnor
City Hall
6201 Atlantic Avenue
Ventnor, NJ 08406

The name of your event MUST be on your insurance certificate.

SPECIAL EVENT FEES

All checks made payable to: City of Ventnor

Section 1:

EVENT TYPE	DESCRIPTION	FEE	APPLICATION MUST BE SUBMITTED
Type A	1-99 attendees'	\$25	45 days prior to event
Type B	100-299 attendees'	\$50	60 days prior to event
Type C	300-499 attendees'	\$100	90 days (3 months) prior to event
Type D	500 or more attendees'	\$200	120 days (4 months) prior to event

- Attendees' includes participants and spectators

Section 2:

EVENT TYPE	DESCRIPTION	FEE
Beach Party*	Suffolk or Newport Ave beaches 6pm to 10pm	\$250
Ski Beach*	Dorset & Burke Ave	\$250
Beach *	Surfing / Athletic / Concert / Various locations	\$250
Basketball Court	Somerset Ave	\$200
Tennis Court	Somerset Ave	\$200
Volleyball Courts	Suffolk Ave or Cambridge Ave	\$200
Boardwalk	Used for runs/walks	\$100
Fishing Pier	Used for runs/walks	\$100

*Multiple events: 1st date \$250 / 2nd – 5th date \$50 each / 6th date or more \$25 each

Section 3: (Secondary Permit required)

EVENT TYPE	DESCRIPTION	FEE
4-Wheel Drive	4x4 on beach – Annual / Secondary permit required	\$100
Temporary Vendor	Food Truck / Secondary permit required	\$50
Temporary Vendor	Single day event / Secondary permit required	\$25
Block Party	Additional fees may apply / Secondary permit required	\$25
Film / TV	Additional fees may apply / Secondary permit required	\$25
4-Wheel Drive	4x4 on beach – Fishing Derby/ Secondary permit required	\$25
Drone	Operation of Drone in Ventnor / Secondary permit required	\$25
Fire Permit	Contact Bureau of Fire Prevention 609-823-7942	Various

Total from: Section 1: \$ _____ Section 2: \$ _____ Section 3: \$ _____ +

Application fee: **\$25.00** required for all events. One check is acceptable for these fees.

Refundable Security Deposit: All special events require a five hundred dollar (**\$500.00**) security deposit. Security deposit to be refunded if area where the event is held is left clean, no damage occurred, and no rules or regulations were violated. A separate check is required.

Total amount due: \$ _____ + \$500.00 Security Deposit

All checks made payable to: City of Ventnor

Special Event Fees: (If Applicable)

Name:	Fee:	Notes:
STAFF		
<u>PUBLIC SAFETY:</u>		
Police	\$85 / hour	Minimum 3 hours
Fire / EMS (2 man crew)	\$85 / hour	Minimum 3 hours
OEM	\$85 / hour	Minimum 3 hours
Lifeguards	\$100 per guard	Flat Rate
Dispatchers	\$65 / hour	Minimum 3 hours
<u>PUBLIC WORKS:</u>		
Public Works	\$65 / hour	Minimum 3 hours
Water & Sewer	\$65 / hour	Minimum 3 hours
Sign Shop	\$65 / hour	Minimum 3 hours
<u>BUILDING DEPT:</u>		
Code Enforcement	\$65 / hour	Minimum 3 hours
Inspections / Licenses	\$65 / hour	Minimum 3 hours
EQUIPMENT		
<u>PUBLIC WORKS:</u>		
Dumpster	ACUA Rate	Dumpster & Disposal
Trash Cans	\$20	per can
Motor broom	\$80	per vehicle
Front end loader	\$60	per vehicle
Bucket Truck	\$65	per vehicle
Lift Truck	\$65	per vehicle
Beach Tractor	\$75	per vehicle
Dump Truck	\$50	per vehicle
Pickup Truck	\$30	per vehicle
Weed Whacker / Blower	\$10	per vehicle
Mower	\$50	per vehicle
Barricade / Cones	\$10	per item
Water / Hydrant	\$100	per area
Bathrooms	\$50	per site
<u>PUBLIC SAFETY:</u>		
Police Vehicle	\$75	per vehicle / per day
Ambulance	\$100	per vehicle / per day
High Wheel Vehicle	\$150	per vehicle / per day
Lifeguard Boat	\$45	per vehicle / per day
ATV	\$60	per vehicle / per day
Jet ski	\$55	per vehicle / per day
Message board	\$100	per sign

*Certain events may require additional resources, fees may apply.

NO ALCOHOL IS ALLOWED unless an ABC Permit is approved.

- No glass bottle drinks shall be permitted on the beach or at ski beach.
- No Fireworks permitted at any event, includes sparklers.
- No balloons of any kind.
- Activity on Dunes are PROHIBITED and protected under DEP.
- **All pre-event determined fees and costs shall be paid at least ten (15) business days (3 weeks) prior to the event. Any costs determined after the event need to be settled immediately upon receipt of the invoice.**
- Proof of insurance shall be provided 30 calendar days prior to the event. Applicants shall at their own cost and expense furnish a policy or policies for property damage and bodily injury in the amount specified by the City's Risk Manager. Also, the City must be named as an additional insured. It is the applicant's responsibility to provide the required certificate of insurance when it is required from a third party vendor.
- Premises shall be left in as good a condition as received with reasonable wear and tear expected. All trash shall be disposed of properly. Applicant accepts responsibility for any damages which might occur during the period of use. City property shall not be removed from the premises. The City reserves the right to invoice the applicant post-event for return of Premises to as good a condition as received with reasonable wear and tear expected.
- Applicant must promptly reimburse the City for any damages of any kind to City property, outside of reasonable wear and tear, which may result from the use by the applicant of the City's premises under the permission granted herein.
- The City reserves the right to invoice the Applicant post event for City services, materials, and equipment or any other costs incurred by the City.
- Applicant shall comply with all laws, rules and regulations of the federal, state and local governments governing operations and conduct on City property. Applicant will also comply with all requirements of this application and any issued permits.
- The noise level shall not exceed the maximum applicable permitted levels or time restrictions as permitted by Local and State law. For reference, see Ventnor City Code (Maximum permissible sound levels.)
- The Permittee, its agents, employees, officers and assignees assume all liability for any injury to persons or damage to public or private property caused, directly or indirectly, by the permitted event. Furthermore, the Permittee, its agents, employees, officers and assignees agree to defend, indemnify, and hold harmless the City of Ventnor City, its agents, representatives, employees and officers against any and all claims, damages, losses, and expenses (including but not limited to attorney fees, court costs, and cost of appellate proceedings), related to, arising out of, or alleged to have resulted from the acts, errors, mistakes, or omissions of the Permittee, its agents, employees, contractors, subcontractors, customers, invitees, guests or other persons doing business with the applicant, in connection with the Special Event described in the application and or permit.
- Applicant agrees that the information in this application is true and correct to the best of their knowledge. Applicant certifies that they have read, understand and agree to abide by the rules and regulations governing the proposed Special Event. Any misrepresentation or deviation from the final permit conditions may result in immediate revocation of the permit, halting of the event, and probationary use of City property in the future.
- Cancellation of a permit or permit application must be submitted in writing. Permit fees and application fees are non-refundable if the event is cancelled due to any circumstance. Applicant is liable for City incurred expenses for events which are cancelled. Failure to use the dates approved on the permit shall be considered grounds for cancellation of your Event. Please contact the Office of Special Events to reschedule your Event.
- Applicant agrees to **inform** the Office of Special Events of **any changes** to this application **at least ten (10) business days prior** to the date of the Special Event.
- NO PAN HANDLING OF ANY KIND: VENTNOR CITY ORDINANCE Chapter 171
- **The applicant, by signing authorizes a full background investigation.**



CITY OF VENTNOR

Special Event Application

Date Application Submitted: _____

1. Name of Event: _____

2. Detailed description of event: _____

3. Event Date(s): Provide the dates/times the event will take place.

Day	Date	Day of Week	Start Time	AM/PM	End Time	AM/PM	Anticipated Participants	Anticipated Spectators
Day 1								
Day 2								
Day 3								

4. Event Setup/Breakdown: Indicate if "Not Applicable" for this event: ___ Not Applicable

Setup:				Breakdown:			
Date	Day of Week	Start Time	AM/PM	Date	Day of Week	Start Time	AM/PM

5. Rain or Shine Event? ___ Yes ___ No

Rain Dates: _____

6. Location of Event: _____

7. Type of Event: (If the activity or event is not listed please write in "other")

___ Athletic ___ Run ___ Walk ___ Parade ___ Concert ___ Training/Instructional

___ Wedding Reception ___ Rally ___ Fair ___ Farmer/Outdoor Market ___ Block Party

___ Other _____

8. Contact Information:

Name: _____

Address: _____

Mobile/Cell Phone: _____ Landline Phone: _____

Relationship to group/organization seeking to hold event: _____

I am authorized to complete and submit this application on behalf of the organization seeking this special event: YES NO

Name of Organization: _____

Address: _____

Mobile/Cell Phone: _____ Landline Phone: _____

Website: _____ Email: _____

Day of Event – On site contact:

Name: _____

Title: _____ Email: _____

Mobile/Cell Phone: _____

9. Has this event been held in the past? YES NO

Date of last event? _____

How many times has this event occurred? _____

Where was this event last held? _____

10. Will this event be advertised or broadcasted? YES NO

11. Do you grant permission to the City of Ventnor to take photographs at your event for promotional purposes? YES NO

Please indicate whether the following items pertain to your event:

YES	NO	DESCRIPTION:	NOTES:
		Food Concession and/or food preparation area: _____ _____ _____	Specify Method: ___ Gas ___ Electric Other _____
		Generators: Name of Provider: _____ _____	Size _____ Number to be used _____ Type of fuel _____
		First Aid Facility(ies): Location _____	Ambulance: Yes _____ No _____
		Will you set up tables and/or chairs	How many _____
		Fencing, barrier, or barricades	How many _____
		Tents and/or Canopies (May require additional permit application Fire Bureau)	Dimension:
		Vehicles and/or Trailers (May require additional permit application)	Location:
		Trash cans and/or Dumpsters, How Many _____	Location:
		Portable Toilets, If yes, please indicate Company: _____	# of units: _____
		Stage(s)	Dimensions:
		Entertainment	Describe:
		Inflatables: <u>Secondary Application needed</u> Company: _____	Insurance required
		Amplified Sound If yes, please indicate: START TIME: _____ and END TIME: _____	City of Ventnor Ordinance requires that noise levels not exceed 70 decibels between 7:00 am and 11:00 pm in a residential or commercial zone
		DRONE: <u>Secondary Application needed</u> FAA License # _____	if YES applicant MUST supply FAA license
		Swimming, only at protected beaches during 10am and 6pm when lifeguards are present.	Beaches are unprotected after 6pm

AFFIDAVIT OF APPLICANT:

Everything that I have stated on this application is correct to the best of my knowledge. I have read, understand, and agree to abide by the policies, rules, and regulations listed on this form as they pertain to the requested usage. By signing this application, the applicant agrees to follow all rules and regulations. The permit, if granted, is not transferable and is revocable at any time at the absolute discretion of the City of Ventnor. All programs and facilities of the city of Ventnor are open to all citizens regardless of race, sex, age, color, religion, nationality, origin, or handicap.

The Application by signing authorizes a full background investigation.

NAME OF APPLICANT: _____

(Print)

SIGNATURE: _____ DATE: _____

Company Name: _____

Inter-Departmental Acknowledgement:

Department:	Signature:	Date:
Emergency Management		
Police Department		
Fire Department/EMS		
Recreation Board		
Public Works / Water Sewer Dept.		
Building Dept. / Code Enforcement		
Beach Patrol (if applicable)		
Administration (if applicable)		

Notes: _____

FEES to be collected: _____

Official use only:

_____ APPROVED

_____ DENIED

SIGNATURE: _____ DATE: _____

Use of Facilities Agreement

City of Ventnor a Municipality of the State of New Jersey, hereinafter referred to as
“**MUNICIPALITY**”, hereby agrees to allow

(Name of Person(s) or Organization)

hereinafter referred to as “**USER**”, to use the facilities listed below:

Name and Location of FACILITY(IES):

hereinafter referred to as “**FACILITY(IES)**”

for _____

(State the Purpose)

on the following date(s) and time(s):

The above **USER** shall inspect the described **FACILITY (IES)** prior to the use of the **FACILITY (IES)** and report any defective, hazardous or dangerous conditions found at the **FACILITY (IES)** to VCPD – Dispatch at 609-822-2101 at **MUNICIPALITY**, and **USER** shall immediately cease the use of the **FACILITY (IES)** until such defective, hazardous or dangerous conditions are remedied. After the use of the **FACILITY(IES)**, **USER** shall immediately report to the **MUNICIPALITY** any and all defects, hazards, damages or dangerous conditions upon or adjacent to the **FACILITY(IES)**.

Indemnification

USER shall indemnify, save harmless and defend the **MUNICIPALITY**, its elected and appointed officials, its employees, agents, volunteers and others working on behalf of the **MUNICIPALITY**, from and against any and all claims, losses, costs, attorney’s fees, damages, or injury including death and/or property loss, expense claims or demands arising out of **USER’s** use of the named Facilities, including all suits or actions of every kind or description brought against the **MUNICIPALITY**, either individually or jointly with **USER** for or on account of any damage or injury to any person or persons or property, caused or occasioned or alleged

to have been caused by, or on account of, any of the activities conducted by or caused to be conducted by **USER**, or through any negligence or alleged negligence in safeguarding the **FACILITY(IES)**, participants, or members of the public, or through any act, omission or fault or alleged act, omission or fault or alleged act, omission or fault of the **USER**, its employees, agents, volunteers, subcontractors or others under the direction, control or under any contractual relationship with the **USER**.

Insurance

Notwithstanding the indemnification and defense obligations of the **USER**, **USER** shall purchase and maintain such insurance described in the attached schedule and as is appropriate for the type of use and hazards present and as will provide protection from any and all covered claims which may arise out of or caused or alleged to have been caused in any manner from **USER**'s use of the **FACILITY(IES)**, whether it is to be used by the **USER**, its employees, agents, volunteers, subcontractors or others under the direction, control or under any contractual relationship with the **USER** or by anyone for whose acts any of them may be liable.

USER shall be required to name the **MUNICIPALITY** as an "Additional Insured" on the **USER**'s policy of commercial general liability insurance, and simultaneously with the delivery of the executed *Use of Facilities Agreement*, **USER** shall provide the **MUNICIPALITY** with a Certificate of Insurance indicating that the insurance coverage as described in the attached schedule, and as is appropriate for the type of use and hazards present, has been obtained and that the **MUNICIPALITY** has been designated as an "Additional Insured" where required. On or before the renewal date of said policy, **USER** shall be required to provide the **MUNICIPALITY** with a Certificate of Insurance indicating the continuation of insurance coverage and designating the **MUNICIPALITY** as an "Additional Insured" for the duration of this agreement.

The schedule of insurance and the limits of liability for the insurance shall provide coverage for not less than the amounts listed in the attached schedule or greater where required by law.

Signed by an authorized representative of the **USER** and the **MUNICIPALITY** on
this _____ day of _____, 20_____.

USER

City of Ventnor - MUNICIPALITY

Schedule of Insurance*

Notwithstanding the indemnification and defense obligations of the **USER**, the **USER** shall provide at its own cost and expense proof of the following insurance to the “**MUNICIPALITY**”:

General Liability including Products & Completed Operations Insurance with a minimum combined single limit of liability per occurrence for bodily injury and property damage of *one million (\$1,000,000) dollars** with a minimum annual aggregate of *two million (\$2,000,000) dollars**.

Auto Liability, minimum 100,000-300,000-100,000 and
Workers Comp, statutory minimum limits 100,000-500,000-100,000. *One million (\$1,000,000) dollars is requested for higher hazard exposures. These limits apply to the Employers Liability Section of the Workers Comp Act.*

MUNICIPALITY shall be named as an “Additional Insured”.

Failure by the **USER** to supply such written evidence of required insurance and to maintain same for the duration of this agreement shall result in default of this agreement and **USER** shall be prohibited from using said FACILITY (IES).

The insurance companies for the above coverage must be licensed by the State of New Jersey and acceptable to the **MUNICIPALITY**. The **USER** shall take no action to cancel or materially change any of the insurance required under this Contract without the **MUNICIPALITY**'s prior approval. The maintenance of insurance under this section shall not relieve the **USER** of any liability greater than the limits or scope of the applicable insurance coverage.

* Above insurance schedule to be prepared in consultation with your Risk Management Consultant as recommended within the JIF Certificate of Insurance Guidelines. Depending on the use of your **FACILITY(IES)**, your RMC may recommend that “Liquor Liability or Host Liquor Liability” coverage be provided by **USER**. For certain uses, it may be recommended that coverage for “Spectators” and/or “Athletic Participants” be required or that Sports Accident coverage be maintained by the **USER**.

INDEMNITY AND HOLD HARMLESS AGREEMENT

(Individual / Group / Contractor)

agrees to release, indemnify, and hold harmless the **CITY OF VENTNOR** and/or the Atlantic County Municipal Joint Insurance Fund, and their agents and employees, from and against all claims, damages, losses, and expenses, including reasonable attorneys' fees in case it shall be necessary to file an action, arising out of performance of the work herein or the use of municipal facilities which is (1) for bodily injury, illness or death, or for property damage, including loss of use, and (2) caused in whole or in part by

(Individual / Group / Contractor)

negligent act or omission, or that of a subcontractor, or that of anyone employed by them or for whose acts contractor or subcontractor may be liable.

This indemnification and agreement shall apply in all instances whether the **CITY OF VENTNOR** and/or the Atlantic County Municipal Joint Insurance Fund, is made a direct party to the initial action or claim or is subsequently made a party to the action by third party in pleading or is made a party to a collateral action arising, in whole or in part, from any of the issues emanating from the original cause of action or claim.

Description of Event / Facility / Contract: _____

Location: _____

Date(s): _____

Rain Date(s): _____

By: _____

(Authorized Signature of the Individual / Group / Contractor)

Print Name: _____ Title: _____

Date: _____

Witness: _____ Title: _____

Date: _____



CERTIFICATE OF LIABILITY INSURANCE

OP ID: GS

DATE (MM/DD/YYYY)

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:	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

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 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"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	X					EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 1,000,000
							Emp Ben.	\$ 1,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0						EACH OCCURRENCE	\$ 8,000,000
							AGGREGATE	\$ 8,000,000
								\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input checked="" type="checkbox"/> PER STATUTE <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

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

CERTIFICATE HOLDER**CANCELLATION**

City of Ventnor
6201 Atlantic Avenue
Atlantic City, NJ 08406

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

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