



**VFW HALL RENTAL AGREEMENT**  
**For: 814 Warwick Turnpike, Hewitt, NJ 07421**

Event Date: \_\_\_\_\_ From: \_\_\_\_\_ am/pm To: \_\_\_\_\_ am/pm

Type of event: \_\_\_\_\_

Renter's Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_

Will alcohol be served? \_\_\_\_\_. **If yes, you must obtain a Host Liquor Liability policy and provide a Certificate of Insurance (COI) naming West Milford VFW Post 7198 (WMVFW) as an additional insured and ensure that alcohol will not be served to anyone under the age of 21. Example of COI is included in this packet.**

Homeowners Insurance Co.: \_\_\_\_\_

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

Policy number: \_\_\_\_\_

**Terms of Rental Agreement:**

1. The Renter does hereby agree to rent the building managed by West Milford VFW Post 7198 (WMVFW) for the sum of **\$325** for an all-day rental on the date set forth above.
2. The rental fee shall be paid within three (3) weeks of booking, not later than \_\_\_\_\_. The rental fee must be paid in full prior to the event. In the event the Renter fails to make the scheduled payment for the event, it may be canceled by the WMVFW.
3. The Renter shall pay a refundable security deposit of **\$200**, which must be paid at the time of signing this agreement. The security deposit shall be forfeited if there is any damage to the walls, furnishings or any other WMVFW property caused by Renter, guests or occupants. In the event of no damages, the security deposit shall be returned within 14 days after the event.
4. In the event the reservation is canceled by the Renter less than 14 days before the event, the deposit shall be forfeited. In the event the reservation is canceled more than 14 days before the

**West Milford Memorial VFW Post 7198**

event, the deposit shall be refunded within 14 days. No security deposit refunds shall be granted without WRITTEN notice of cancellation by the Renter.

5. Renter will be required to provide a Certificate of Insurance (COI) in ACORD format, **naming West Milford VFW Post 7198 as an additional insured**, from the Renters' homeowners insurance carrier no later than THREE (3) days prior to the event. If alcohol is planned, a Host Liquor Liability policy, **naming West Milford VFW Post 7198 as an additional insured**, will also be required no later than THREE (3) days prior to the event.

### **Renters Rules and Responsibilities:**

1. The Renter shall be responsible to restore the premises to the same condition that existed at the time of the use of the premise, which includes:
  - Sweeping and mopping floors, ensuring no food, spills or stains remain on floor
  - **Removing all garbage from the premises**
  - Ensuring that there is no property damage, inside or outside the hall
  - Not removing any equipment, furnishings or decor belonging to WMVFW
  - Ensuring that all the lights are turned off and thermostat is returned per instructions
2. Event restrictions:
  - No illegal activities, narcotics or other illegal substances.
  - No firearms are permitted on site
  - No one under the age of 21 may be served alcohol or be allowed to consume alcohol on premises
  - All alcohol served or consumed during the event must be served and monitored by an authorized and appropriate representative of the Renter
  - No alcohol consumption shall be permitted in the parking lot of the building.
  - No bachelor or bachelorette parties
  - The premises shall only be used for the type of event indicated on this agreement
  - No taping, nailing or use of thumb tacks to hold decorations or signs to any wall, ceiling panel or door
  - Absolutely no fog/smoke producing equipment will be utilized within the hall
3. Equipment used for the event shall be inspected for damage after each use. The Renter shall be responsible for all lost, damaged or broken equipment, any damages to the premises, furnishings or decor. **It is also agreed that the WMVFW shall not be responsible for any property of the Renter, the Renter's guests or any other person invited to the event. The Renter shall be responsible for all persons who attend the event and shall ensure that all persons act in an orderly, responsible and safe manner.**





## Hold Harmless Agreement

Between **West Milford VFW Post 7198** and:

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

In consideration for the use of the West Milford VFW Post 7198 (WMVFW) rental hall on the following date: \_\_\_\_\_, the undersigned agrees to indemnify and hold the West Milford VFW Post 7198 and its agents and volunteer members harmless from any and all claims, suits, or damages of any nature whatsoever and made by any person(s), or entities, including costs and attorney fees arising out of the use of the property referred to above. I (We) further agree to defend WMVFW against any claims or suits of any nature whatsoever, brought by any person or entity against WMVFW resulting from the use or rental of the premises. I (We) understand that this hold harmless agreement also includes my (our) agreement to indemnify WMVFW from any losses, claims, or damages resulting from the acts, conduct, or missions of any guests, participants, visitors, or other person attending the event.

I (We) agree that we will be required to furnish a Certificate of Insurance in ACORD format or, **if alcohol is served, a Host Liquor Liability policy specifically naming the WMVFW as an additional insured**, providing general liability, bodily injury, and property damage coverage.

Signed this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

As the binding act and deed of:

\_\_\_\_\_  
Renter (Signature Here)

\_\_\_\_\_  
West Milford VFW Post 7198 (Signature Here)



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
DATE

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 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).

PRODUCER Name of the Insurance Company Address of the Insurance Company	CONTACT NAME: Event Helper Customer Service	
	PHONE (A/C No. Ext): 530-477-6521	FAX (A/C, No):
	E-MAIL ADDRESS: info@theeventhelper.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Insurance Carrier Name	#
INSURED Name of the Organizer/Renter Address of Organizer/Renter	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
<input checked="" type="checkbox"/>	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <b>Host Liquor Liability</b>  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	N	POLICY NUMBER	START	END	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>1,000,000</b> MED EXP (Any one person) \$ <b>5,000</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>2,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b> DEDUCTIBLE \$ XXXX
<input type="checkbox"/>	<b>AUTOMOBILE LIABILITY</b> <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						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
<input type="checkbox"/>	<b>UMBRELLA LIAB</b> <b>EXCESS LIAB</b> DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
<input type="checkbox"/>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

Certificate holder listed below is named as additional insured.

Any policy established with this vendor will include event type and expected attendance.

**CERTIFICATE HOLDER****CANCELLATION**

WEST MILFORD VFW POST 7198 814 WARWICK TURNPIKE PO BOX 1064 HEWITT NJ 07421	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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