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 **$300** for an all-day rental **(6:30a - 11:00p)** 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

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.**

4. This Agreement is granted upon the expressed condition that in the event Renter fails to observe the regulations governing the facilities or carry out the covenants and conditions of this Agreement or in the event the WMVFW deems the conduct of the Renter, guests or occupants, to be objectionable or improper, the WMVFW shall have full power and authority to terminate the event or expel any person or persons who are deemed to be acting in an unruly, unsafe, illegal manner or acting with dangerous behavior or who are in violation of any other provision of this Agreement. WMVFW shall have the right to immediately re-enter the premises and take full possession of the said facilities. The Renter certifies that they have read and will comply with the enclosed Renters Rules and Responsibilities.

5. All rentals shall be terminated no later than 11:30pm on the date of the event and the premises shall be vacated at that time.

6. In consideration of the provisions of this Agreement, the Renter releases WMVFW from any and all suits, actions, compensation, consequential and punitive damages and any and all property damage, personal injuries, illnesses, or deaths resulting from any occurrence or accident that may occur as a result of or arise out of the leasing or use of the premises including any and all incidents and liabilities attributed to any alcoholic beverage consumption while in attendance at the event.

This Hall Rental Agreement and accompanying Hold Harmless Agreement are specifically incorporated herein. Renter acknowledges having received a copy and having read the same.

_____	_____	_____	_____
Renter	Date	WMVFW Representative	Date
_____	_____	_____	_____
Renter	Date	WMVFW Representative	Date

Please return this signed agreement, along with the Hold Harmless, to
vfwpost7198bookings@gmail.com

For Office Use:

SECDEP: Rec'd: _____ Check No.: _____ WMVFW Rep: _____ Date: _____

BAL: Rec'd: _____ Check No.: _____ WMVFW Rep: _____ Date: _____

SECDEP Returned: Renter: _____ Date: _____

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: _____ from **6:30am to 11:00pm**, 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	
	[X] **COMMERCIAL GENERAL LIABILITY** [ ] CLAIMS-MADE [X] OCCUR [X] Host Liquor Liability [ ] GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:	Y	N	POLICY NUMBER	START	END	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG DEDUCTIBLE	$ 1,000,000 $ 1,000,000 $ 5,000 $ 1,000,000 $ 2,000,000 $ 2,000,000 $ XXXX
	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY [ ] [ ]						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) 	$ $ $ $ $
	[ ] **UMBRELLA LIAB** [ ] OCCUR [ ] **EXCESS LIAB** [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $						EACH OCCURRENCE AGGREGATE 	$ $ $
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? **Y / N** [ ] **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below	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

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

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

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