

PLYMOUTH TOWNSHIP PARKS
APPLICANT INSURANCE REQUIREMENTS

GROUP NAME: _____ **PERMIT NO:** _____

The applicant shall not be allowed to reserve a shelter/pavilion in any Plymouth Township Park until they have obtained the insurance required under this paragraph. All coverage shall be with insurance companies licensed and admitted to do business in the State of Michigan. All coverage shall be with insurance carriers acceptable to Charter Township of Plymouth.

Commercial General Liability Insurance: The Applicant shall procure and maintain during the time of use, Commercial General Liability Insurance on an "Occurrence Basis" with limits of liability not less than \$1,000,000 per occurrence and aggregate combined single limit, Personal Injury, Bodily Injury, and Property Damage.

Motor Vehicle Liability: The Applicant shall procure and maintain during the life of this contract Motor Vehicle Liability Insurance, including Michigan No-Fault Coverage, with limits of liability not less than \$1,000,000 per occurrence combined single limit, Bodily Injury, and Property Damage.

**The above amounts of insurance for General Liability and Motor Vehicle Liability can be obtained through one policy or through the use of an underlying policy and an umbrella policy.

Additional Insured: Commercial General Liability as described above, shall include **an endorsement** stating that the following shall be ***Additional Insured:*** The Charter Township of Plymouth, all elected and appointed officials, all employees and volunteers, all boards, commissions, and/or authorities and board members, including employees and volunteers thereof. It is understood and agreed that by naming the Township of Plymouth as additional insured, coverage afforded is considered to be primary and any other insurance the Township of Plymouth may have in effect shall be considered secondary and/or excess.

Cancellation Notice: Commercial General Liability Insurance and Motor Vehicle Liability Insurance, as described above, shall include an endorsement stating the following: "It is understood and agreed that Thirty (30) days Advance Written Notice of Cancellation, Non-Renewal, Reduction, and/or Material Change shall be sent to:

Charter Township of Plymouth
Division of Public Services
9955 N. Haggerty Road
Plymouth, MI 48170

Proof of Insurance Coverage: The Applicant shall provide the Charter Township of Plymouth a certificate of coverage at the time of reservation. If any of the above coverage expires during the term of this agreement, the Applicant shall deliver renewal certificates to Charter Township of Plymouth at least ten (10) days prior to the expiration date.

Indemnification/Release: To the fullest extent permitted by law, _____, agrees to defend, pay on behalf of, release, indemnify, and hold harmless the Charter Township of Plymouth, its elected and appointed officials, employees and volunteers, and others working on behalf of the Charter Township of Plymouth, against any and all claims, demands, suits, or loss, including all costs connected therewith, and for any damages which may be asserted, claimed, or recovered against or from the Charter Township of Plymouth by reason of personal injury, including bodily injury or death and/or property damage, including loss of use thereof, which arises out of or is in any way connected or associated with this agreement.

By signing below, I am acknowledging that I am legally allowed to sign this document on behalf of my organization, and I agree that I have read the above requirements and indemnification agreement, and agree to its content and meaning.

Applicant signature

Date

Printed name and title