

# City of Brigantine

1417 W. Brigantine Avenue

Brigantine, NJ 08203

(609)-266-7500

Fax (609) 266-3823

## INSURANCE REQUIREMENTS

Event Name/ Description \_\_\_\_\_ Event Date \_\_\_\_\_

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

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

State: \_\_\_\_\_ ZIP: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home/Business Phone: \_\_\_\_\_

A Certificate of Insurance from Contractor/Vendor is required and must include the following Policies and Limits of Liability:

General Liability: \$1,000,000 Per Occurrence/ \$2,000,000 General Aggregate  
Must include Contractual Liability

Automobile Liability: \$1,000,000 each Accident

Workers Compensation: Statutory Limits Incl'd. Employers Liability limit of \$500,000

Umbrella Liability \$1,000,000.\* Excess of General/Auto Liability, and Employers Liability

City of Brigantine shall be named as an "Additional Insured" on the General, Auto, and Umbrella Liability policies. The Certificate shall include the name of the event, date of the event (including rain date), and a description of the Contractor/Vendor's operation

\* The City's Risk Manager may adjust the required liability limits required on the Umbrella Liability Policy to reflect the Risk Assessment of the Contractor/Vendor's activities.

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Contractor/Vendor Name (print)      Signature      Date