

DUTCHESS COUNTY FACILITIES REQUEST FORM

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

E-mail address \_\_\_\_\_

What Dutchess County Facility do you wish to use? \_\_\_\_\_

For What Purpose? \_\_\_\_\_

Date(s) and Time(s) \_\_\_\_\_

\_\_\_\_\_  
(Applicant)  
Print Name \_\_\_\_\_  
Date \_\_\_\_\_

**INDEMNIFICATION:** The Applicant shall hold the County and its employees harmless from any and all losses, claims, liens, demands and causes of action of any kind of character, including but not limited to, judgments, penalties, interest, court costs, and legal fees incurred by the County on behalf of any party, in connection with or arising directly or indirectly from the use of the Dutchess County Facility. The Applicant shall investigate, handle, respond to, defend any such claims, demands or suits at his/her/its sole expense, and shall bear all other related costs and expenses even if such claims, demands or suits are groundless, false or fraudulent. In 5-322.1 of the New York General Obligations Law or any other applicable legal prohibition, the foregoing provisions shall not be construed to indemnify the County for damage arising out of bodily injury to persons or to property caused by or resulting from the sole negligence of Dutchess County employees.

The term “employee” shall include all officers, their agents, servants, advisory board members and/or volunteers serving the County.

**INSURANCE REQUIREMENTS.** The Applicant shall maintain at his/her/its own cost the following insurance and shall provide proof thereof to the County, in the form of a Certificate of Insurance at least seven (7) business days prior to the date you wish to use the facility:

The Applicant shall purchase and maintain in full force and effect insurance policies with the limits of insurance outlined below. The insurance should be from an insurer that has an A.M. Best Rating of “A” or better. The Applicant shall provide a certificate of insurance to the County that indicates the following:

1. Commercial General Liability with limits not less than \$1,000,000 per occurrence. Such insurance shall cover liability arising from premises, operations, independent contractors, product-completed operations, personal and advertising injury and liability

assumed under an insured contract. There shall be no endorsement or modification of the Commercial GL form arising from work performed by subcontractors.

The Applicant may be required to provide proof of the following additional insurance at the discretion of the Dutchess County Director of Risk Management:

2. Statutory Workers Compensation and employers liability coverage for all employees, including corporate officers and sole proprietors or a properly executed copy of the Certificate of Attestation of Exemption from NYS Workers' Compensation Board, Form CE-200.
3. Umbrella/Excess Liability with limit of not less than \$1,000,000 per occurrence/\$2,000,000 in the aggregate.
4. Automobile Liability insurance coverage for all owned, scheduled, hired and non-owned vehicles with a combined single limit of liability of not less than \$1,000,000. This insurance shall include coverage for bodily injury and property damage.

Dutchess County shall be listed as an additional insured on a primary, non-contributory basis (using CG 2010 April CG 2037 edition or its equivalent) for items 1,3 and 4. In addition, the County of Dutchess, 22 Market St., Poughkeepsie, NY 12601, shall be listed as certificate holder on the certificate of insurance. All policies required by this paragraph shall include a Waiver of Subrogation in favor of Dutchess County.

All policies and certificates of insurance shall expressly provide that Dutchess County must receive 30 days written notice in the event of material alteration, cancellation or nonrenewal of coverage, including subcontractors' insurance, if any.

APPROVED \_\_\_\_\_

DISAPPROVED \_\_\_\_\_

SECIAL CONDITIONS:

By: Representative of the Dutchess County Department of Public Works

Name: Robert H. Balkind, P.E.

Title: Commissioner of Public Works

Signed: \_\_\_\_\_ Date: \_\_\_\_\_