Permit #: _____

CITY OF CORAL GABLES
FACILITY RENTAL PERMIT APPLICATION

The City Beautiful™

Renter Information	*Legal Name of the Permit Applicant (Company or Individual):*		*Today's Date:*	
	Contact Person for this Permit Application:			
	Contact Person Phone:	*Contact Person Fax:*	*Contact Person Email:*	
	Permit Applicant Address:	City:	State:	Zip:
	Permit Applicant Phone:	Permit Applicant Fax:	Permit Applicant Email:	
	Is the Contact Person an Officer of the Legal Entity? ☐ YES* ☐ NO** * If Yes, attach verification from Sunbiz.org. ** If NO, go to next question.			
	Is the Contact Person an Authorized Agent of Applicant? ☐ YES* ☐ NO** *If Yes, Contact Person (Authorized Agent) must provide the City with a Limited Power of Attorney evidencing that they are authorized to execute legally binding contracts on behalf of the permit applicant. **If No, then this Agreement must be executed (signed) by an Officer or Authorized Agent of the Legal Entity.			
Rental/Event Information	*Facility Requested: (include room location if applicable)*		*Date(s) Requested:*	
	Hours of Rental:	Set-up Time to Begin:	Clean Up Time to End:	
	Type of event to be held (i.e. family reunion, birthday party, wedding etc.):			
	Anticipated Attendance: (must be completed)		*Admission Fee Charged?* ☐ YES ☐ NO	

Additional Event Information	For a complete listing of the rules and regulations for use of a facility owned and/or managed by the City of Coral Gables Parks and Recreation Department, see the attached ***Facility Rental Usage Policies***. Should any of the services above be self provided, please write the word "SELF" on the blank line above. ***Please check all that apply & provide the name of the company and the contact information for the company providing these services on the corresponding blank line:*** ☐ Inflatable Device(s) _____ (Allowed in designated facilities only) ☐ Grill(s) (Allowed in designated facilities only) _____ ☐ Alcohol Allowed in designated facilities only) _____ ☐ Music (Recorded) _____ ☐ Music (Live) _____ ☐ Amplifying Devices Or Loud Speakers _____ ☐ Catered Event _____ ☐ Other _____

Internal Use only: **Approved:** ☐ YES ☐ NO **Permit #** _____

Date Received: _____ Date of Rental: _____ Date Insurance Submitted: _____

Rental Fee: _____ Security Deposit: _____ Date Insurance Approved: _____

Insurance Compliance Documentation is Attached (circle one): **Yes No**

Authorized Signatory Documentation (sunbiz.org printout or letter from corporate officer) is Attached (circle one): **Yes No**

Facility Supervisor: _____ _____
Print Name Signature

Date: _____

◆THIS COVER SHEET MUST BE PROVIDED WITH ALL INSURANCE DOCUMENTS◆

Facility Rental Permit Cover Sheet For Evidencing Insurance to the City of Coral Gables

Legal Name of Permit Applicant (Individual or Company): _____

Insurance is being submitted for an ongoing rental permit (circle one): YES or NO
Insurance is being submitted for a one time rental permit (circle one): YES or NO
Will liquor be served at the City facility being rented (circle one): YES or NO

Without limiting PERMIT APPLICANT'S indemnification of the CITY, and during the term of this Agreement, PERMIT APPLICANT shall provide and maintain at its own expense the below described programs of insurance. Such programs and evidence of insurance shall be satisfactory to the CITY and shall be primary to and not contributing with any other insurance or self-insurance program maintained by the CITY. Certificates or other evidence of coverage shall be delivered via email, fax or US mail to;

Certificate Holder should read: **City of Coral Gables**
Insurance Compliance
Email address: **PO Box 12010 - CE**
cityofcoralgables@ebix.com **Hemet, CA 92546-8010**

Such certificates or other evidence of coverage shall be delivered prior to commencing performance under this Permit, and shall contain the express condition that the CITY is to be given written notice of at least thirty (30) days in advance of any cancellation, non-renewal or material change of any insurance policy.

Insurance Requirements For Companies

Companies are required to evidence the following Insurance to the City;

Insurance Coverage Type	Limit of Liability Required	
Commercial General Liability	Each Occurrence $1,000,000	Aggregate $2,000,000
Liquor Liability (required if liquor is served)	Each Occurrence $1,000,000	Aggregate $2,000,000

- All insurance policies evidenced to the City shall name the City of Coral Gables as an Additional Insured on a Primary and Non-contributory basis.
- All insurance policies evidenced to the City shall contain A Waiver of Subrogation Endorsement in favor of the City of Coral Gables.
- All insurance companies providing coverage must have an A.M. Best rating of at least (A-/VI) or an equivalent rating given by a recognized rating agency.

Companies evidencing insurance must provide the following documents to the City;

1. This Cover Sheet with all of the questions above answered.
2. A Certificate of Liability Insurance naming the City of Coral Gables as an additional insured on a primary and non-contributory basis including a Waiver of Subrogation in favor of the City.
3. A copy of the Endorsements evidencing that Additional Insured status has been provided to the City and that this coverage has been provided on a Primary & Non-Contributory Basis.
4. A copy of the all Waiver of Subrogation Endorsements for each line of coverage required.

Insurance Requirements For Individuals

Individuals are required to evidence the following Insurance to the City;

Insurance Coverage Type	Limit of Liability Required
Personal Liability Insurance (including host liquor liability coverage is if liquor is served)	Each Occurrence $300,000

Individuals evidencing insurance must provide the following documents to the City;

1. This Cover Sheet with all of the questions above answered.
2. A Certificate of Liability Insurance naming the City of Coral Gables as an additional insured.

If Applicant Does Not Have Insurance

Alternatively, Companies & Individuals may obtain liability insurance through a TULIP (Tenant User Liability Insurance Program) established by the City @ www.ebi-ins.com/tulip.

The City of Coral Gables reserves the right to require additional types of insurance coverage or higher limits of liability for any event. This determination will be made by the Risk Management Division.

City of Coral Gables Insurance Compliance Contact Information
Phone: (951) 652-2883 • Fax: (770) 325-0417 • Email: cityofcoralgables@ebix.com

Indemnification:

For and in consideration of the City of Coral Gables consent to allow the Facility Rental Permit Applicant to use a city owned facility located within Miami-Dade County Florida, the Facility Applicant agrees as follows:

The Facility Rental Permit Applicant jointly and severally, hereby hold harmless, indemnify and defend the City of Coral Gables, its representatives, officers, agents, affiliates, employees, the administration and elected and appointed officials from and against all liability, suits, actions, claims, costs, expenses or demands (including, without limitation, suits, actions, claims, costs, expenses or demands resulting from death, personal injury and property damage) or expenses of every kind and character, including reasonable attorney's fees, costs and appeals, arising or resulting in whole or in part, as a result of any tort, intentional action, negligent acts or omissions on the part of the Facility Rental Permit Applicant or any of the contractors, subcontractors, participants and/or guests associated with the Facility Rental outlined in this application. This indemnification provision shall survive the termination of this contract and shall be in full force and effect beyond the term or termination of this contract, however, terminated. This indemnification provision includes claims made by the entitlement, if any, to immunity under section 440.11, Florida Statutes. Nothing contained herein shall be construed as a waiver of any immunity or limitation of liability the City may have under the doctrine of sovereign immunity of section §768.28, Florida Statutes.

I/We hereby acknowledge that a copy of the ***Facility Rental Usage Policies*** containing the rules and regulations for use of facilities owned and/or managed by the City of Coral Gables Parks and Recreation Department has been received and that I/We have read, understand and agree to abide by these rules & regulations governing the usage of the Facility being rented.

_____ _____
Authorized Signatory of the Permit Applicant or Authorized Agent Date

_____ _____
Print Name of Authorized Signatory Title of Authorized Signatory (if applicable)

_____ _____ _____ _____
Address City State Zip Code

Subscribed and sworn to before me, this _____ day of _____ 20_____.

_____
Notary Public State of Florida at Large

Approved by:

_____ _____ _____
Department Director Signature of Department Director Date