Roslyn Harbor
500 MOTTS COVE ROAD SOUTH, ROSLYN HARBOR, NY 11576
TEL # (516) 621-0368 FAX # (516) 621-1803
WWW.ROSLYNHARBOR.ORG

DUMPSTER AND STORAGE CONTAINER PERMIT APPLICATION

PERMIT FEE $50 - PAYABLE TO THE INC. VILLAGE OF ROSLYN HABOR
PERMIT SHALL BE FOR A 30 DAY PERIOD

PERMIT NO: _____ DATE: _____ FEE $ _____

Owner's Name: _____

Address: _____ Section: ____ Block: _____ Lot (s): _____ Zone: _____

Phone: _____ Email: _____

Applicant's Name: _____

Address: _____

Phone: _____ Email: _____

Company Supplying the Dumpster/Storage Container: _____

Address: _____

Phone: _____ Email: _____

Where will the Dumpster/Container be located: _____

Type of Activity requiring Dumpster/Container: _____

Size of Dumpster: _____ License #: _____

Dates Dumpster/Container to be used:

Start Date: _____ End Date: _____

_____ _____
Owner's Name (Print) **Signature** **Date**

_____ _____
Applicant's Name (Print) **Signature** **Date**

FOR VILLAGE USE ONLY

BUILDING INSPECTOR APPROVAL

Signed: _____

Date: _____

APPLICANT MUST BE IN GOOD STANDING WITH THE VILLAGE OFFICE BEFORE A PERMIT OR C of O WILL BE ISSUED

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/11/2017

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 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
SALERNO BROKERAGE CORPORATION
117 Oak Drive
Syosset NY 11791

CONTACT NAME: Nicole Morton
PHONE (A/C, No, Ext): (516) 364-4044 FAX (A/C, No): (516) 364-5901
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: INSURANCE CARRIER NAME	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED
NAME
ADDRESS
CITY NY ZIPCODE

COVERAGES CERTIFICATE NUMBER: PERMIT SAMPLE 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	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X CONTRACTUAL LIABILITY GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC OTHER:	X		POLICY #	EFF DATE	EXP DATE	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 50,000 $ 5,000 $ 1,000,000 $ 2,000,000 $ 1,000,000
A	AUTOMOBILE LIABILITY ANY AUTO X ALL OWNED AUTOS SCHEDULED AUTOS X HIRED AUTOS X NON-OWNED AUTOS	X		POLICY #	EFF DATE	EXP DATE	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION $						EACH OCCURRENCE AGGREGATE	$ $
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N N / A If yes, describe under DESCRIPTION OF OPERATIONS below						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)
PERMIT NAME:
PERMIT ADDRESS:

The Inc. Village of Roslyn Harbor and all appointed and elected officials, employees and volunteers are included as an additional insured using ISO form CG2026 or equivalent.

CERTIFICATE HOLDER

Inc. Village of Roslyn Harbor
500 Motts Cove Road South
Roslyn Harbor, NY 11576

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

INCORPORATED VILLAGE OF

Roslyn Harbor

INDEMNIFICATION/HOLD HARMLESS AGREEMENT

The Vendor/Contractor shall indemnify and hold harmless the Inc. Village of Roslyn Harbor, its officers, employees, and/or agents from any and all liability, damage, loss, claims, demands and actions of any nature whatsoever, for any reason whatsoever, foreseeable of unforeseeable, which arises out of or is connected with, or is claimed to arise out of to be connected with, any undertaking, product, goods, merchandise, products, services sold and/or work supplied, furnished or performed by the Vendor/Contractor or its subcontractors, agents, servants, or employees, including without limiting the generality of the forgoing, all liability, damages, loss, claims, attorneys, court and adjusting fees, demands and actions on account of personal injury, death or property loss to the Inc. Village of Roslyn Harbor its officers, employees, agents or to any other persons, third parties, or property, but shall not include claims resulting from the gross negligence or willful misconduct of the Inc. Village of Roslyn Harbor. This indemnity and hold harmless is intended to be as broad as is permitted by law and to include claims of every kind and nature – for tort, under contract; for strict liability or other liability without fault; under statute, rule, regulation or order; and otherwise.

IN WITNESS WHEREOF, the undersigned has duly executed this Agreement the ____ day of _____, 202___.

_____
Name of Firm

_____
Address

_____
Contractor's Signature

_____
(Please Print Name and Title)

Witness:

_____
Signature

_____
Date

_____
Print Name