

Township of Maplewood

Municipal Building, 574 Valley Street Maplewood, New Jersey 07040-2691 Telephone (973) 762-8120 Fax: (973) 762-1934

Elizabeth J. Fritzen, RMC, CMC, CMR Township Clerk

DUMPSTER PERMIT/SIDEWALK ENCROACHMENT

IN ACCORDANCE WITH CHAPTER #239-19 OF THE MUNICIPAL CODE

TODAY'S DATE			
HOMEOWNER'S NAME:			
ADDRESS:			
NAME OF CONTRACTOR:			
CONTRACTOR'S TELEPHON	E#:		
DATES FOR DUMPSTER (Maximum 7 days):	From:	To:	
*FEE: \$50.00 for each 7 day po *plus a Certificate of Insurance insured in an amount not less th	eriod* naming the To	ownship of Maplewood as an addi	
materials only and no garbage container must be lighted at ni	whatsoever maght with appro	st be used for the disposal of const ay be disposed of in the Dumpste opriate warning signals and cordon nitored by the Police Department.	r. The
	Contractor	or or Homeowner Signature:	
	Elizabeth	J. Fritzen, Township Clerk	

EJF: mg cc: Police Dept.



CERTIFICATE OF LIABILITY INSURANCE

DATE IMMODAYYYYI 03/10/2020

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(les) must have ADDITIONAL INSURED provisions or 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). CONTACT NAME. PHONF (A/C. No. EXII). E-MAIL ADDRESS. FAX INSURER(S) AFFORDING COVERAGE NAIC # INSURER A INSURED INSURER B INSURER C INSURER D INSURER E INSURER F : COVERAGES **CERTIFICATE NUMBER 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 ADDLISUBR INSD WVD POLICY EFF TYPE OF INSURANCE POLICY NUMBER COMMERCIAL GENERAL LIABILITY 1,000,000 EACH OCCURRENCE DALIAGE TO RENTED 100,000 CLAIMS-MADE X OCCUR 5.000 MED EXP (Any one person) 03/20/2020 1.000.000 101PKG0072661-03 03/20/2019 A PERSONAL & ADVINJURY 2,000,000 GENT AGGREGATE LIMIT APPLIES PER GENERAL AGGREGATE 1,000.000 PRO-PRODUCTS - COMP/OP AGG POLICY **Employee Benefits** S OTHER COMBINED SINGLE LIMIT \$ 1,000 000 AUTOMOBILE LIABILITY (Es accident) ANY AUTO BODILY INJURY (Per person) \$ SCHEDULED AUTOS NON-OWNED OWNED AUTOS ONLY BA 00000039470V 03/14/2020 03/14/2021 B BODILY IN IURY (Per accident) 8 PROPERTY DAMAGE (Per accident) HIRED AUTOS ONLY s AUTOS ONLY LISCH UMBRELLA LIAB EACH OCCURRENCE OCCUR EXCESS LIAB CLAIMS-MADE **AGGREGATE** RETENTION S DED WORKERS COMPENSATION PER AND EMPLOYERS' LIABILITY 1,000,000 ANY PROPRIETOR/PARTNER EXECUTIVE E.L. EACH ACCIDENT M454306-20 02/22/2020 02/22/2021 OFFICER/MEMBER EXCLUDED? (Mandatory in NH) 1,000,000 E.L. DISEASE - EA EMPLOYEE If yes, describe under DESCRIPTION OF OPERATIONS below 1,000,000 E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) CERTIFICATE HOLDER 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. Township of Maplewood 574 Valley St AUTHORIZED REPRESENTATIVE Maplewood NJ 07040