

HBCA
Huntington Beach Community Association
PO Box 474
Centerport, NY 11721

HBCA Casino Rental Guidelines

Thank you for your interest in renting the Casino.

Only paid-up "Full Members" in good standing are eligible to rent the building on a "first come/first serve" basis. **There are no reservations or holding dates. Your rental date is guaranteed upon the receipt of all required documentation and payments (i.e., Executed Rental Agreement, Rental Fee Check, Security Deposit Check, Cleaning Fee Check and Certificate of Insurance).**

This is a community building maintained by volunteer members. Please keep this in mind during your event and while cleaning up afterwards. Access to the building for set-up and decorating will be granted two hours prior to the event. Additional time for set-up may be granted upon request and if circumstances allow.

Please read all pages enclosed as they contain information and rules you will agree to when signing the Rental Agreement.

Rental Fee:

The Rental Fee is for the building only; parties must be contained to this area only. No tents, awnings or inflatables are allowed.

The full rental fee is \$475. All rentals will be for a period of four (4) hours. The event must be over by 10pm Sunday through Thursday, and 11pm on Friday and Saturday evenings. (Classification/stipulations of the event is up to HBCA discretion).

Cleaning Fee:

A cleaning fee of \$150 will be collected along with all required documentation. The cleaning fee is refundable if the Casino is left in a sufficiently clean state post rental. This includes wiping down of all surfaces, cleaning up of all litter and trash around the rental area, and sweeping and mopping of the floor. Upon inspection following the rental, if the Casino is not left in a sufficiently clean state, the cleaning fee will be charged.

If the member elects to utilize the cleaning service, please provide two weeks advance notice to Alex Borg to provide sufficient time to make the necessary arrangements. If the member elects to use the cleaning service, the member will still be responsible for removing all decorations, returning all tables and chairs to storage, depositing all garbage in the dumpster (or in garbage cans in the dumpster corral if no dumpster), and removing all food items from the refrigerator.

Security Deposit:

A refundable Security Deposit of \$500 is required in addition to the rental fee. Costs for unreturned keys or damaged property will be deducted. Your security deposit will be returned to you once the keys are returned and condition of the building is verified.

Insurance Requirement:

Member will furnish a "Certificate of Insurance" under their homeowner's policy naming "Huntington Beach Community Association" as certificate holder. Contact your agent or insurance company to obtain this. There should be no cost. The Casino address is 536 Adams Street. (Sample certificates attached)

Alternatively, a "Certificate of Insurance" can be obtained at www.theeventhelper.com.

Keys:

Keys to the building are available two hours prior to the event and must be returned within two hours after. **Do not give the keys to anyone else; you are responsible for the building during your rental period.**

Parking:

All vehicles must park in the HBCA parking lot, not on Adams St. or in the circle. Access to the boat ramp must be kept clear.

General Information:

The Member renting the building is to abide by all HBCA Rules and Regulations and is responsible for their guests. For HBCA Rules and Regulations, refer to hbca.org/rules-regulations.

Noise must be limited. The Casino is in close proximity to many of our neighbors. Please be respectful. Parental supervision is required at all times.

Building capacity is 60 people.

There are seven 60 inch round tables and three 8 foot tables. There are 60 chairs.

Wifi is available.

Renter provides their own paper goods, table clothes, decorations, etc. Balloons must be tied down and careful attention paid as they can become tangled in the ceiling fans causing damage.

Following your party, all decorations are to be taken down and garbage removed and deposited in the dumpster. All tables must be wiped down and returned to the storage closet and all chairs returned to their designated storage location. All food items must be removed from the refrigerator.

The building is to be left clean (swept and mopped) including restrooms.

Inside lights, fans, and AC units turned off, and all doors and windows locked. Secure the floor locks on the sliding doors.

No BBQs near the building or awning.

Return the key to:

Alex Borg
135 Jackson Crescent

Make all checks payable to "HBCA"



CERTIFICATE OF LIABILITY INSURANCE

OP ID: MM

DATE (MM/DD/YYYY)

07/05/11

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 Gundermann & Gundermann Inc. 175 West Carver St. Huntington, NY 11743 Joseph A. Gundermann III	631-271-0600 631-271-0610	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: RADEM03
INSURED	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Utica Mutual Ins. Co.	NAIC # 364
	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.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			3143302	03/24/11	03/24/12	EACH OCCURRENCE \$ 500,000
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000
	<input checked="" type="checkbox"/> Homeowners						PERSONAL & ADV INJURY \$
GEN'L AGGREGATE LIMIT APPLIES PER:							
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$
							PRODUCTS - COMP/OP AGG \$
							\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS						\$
	<input type="checkbox"/> NON-OWNED AUTOS						\$
							\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE \$
	<input type="checkbox"/> OCCUR						\$
	<input type="checkbox"/> CLAIMS-MADE						\$
	DEDUCTIBLE						\$
	RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU-TORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N	<input type="checkbox"/> N/A				OTH-ER
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$
A	Home Owners			3143302	03/24/11	03/24/12	E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

SAMPLE

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 For event being held on July 8, 2011

CERTIFICATE HOLDER Huntington Beach Community Association 536 Adams Street Centerport, NY 11721	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 
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**HOMEOWNERS
POLICY
DECLARATIONS**



PROVIDENCE MUTUAL

THE PROVIDENCE MUTUAL FIRE INSURANCE COMPANY
BOX 6066, PROVIDENCE, RI 02940

POLICY NUMBER HP 0138147 06
REASON FOR COVERAGE SELECTION RENEWAL Effective Date: 07/20/2014

NAMED INSURED AND ADDRESS	AGENT
	HORN, OGILVIE & CO. INC. 408 351 ATLANTIC AVENUE BROOKLYN, NY 11217 718-422-7900
The described residence premises covered hereunder is located at the above address, unless otherwise stated herein. (No., Street, City, State, Zip Code)	PREVIOUS POLICY NUMBER HP 0138147
1	Mortgagee Bill THIS IS NOT A BILL - SEE YOUR BILLING STATEMENT
Policy Period: Annual From 07/20/2014 To 07/20/2015 12:01 AM STANDARD TIME	

COVERAGE AND LIMITS OF LIABILITY

Coverage is provided where a premium or limit of liability is shown for the coverage:

SECTION I				SECTION II	
A. DWELLING	B. OTHER STRUCTURES	C. PERSONAL PROPERTY	D. LOSS OF USE	E. PERSONAL LIABILITY	F. MEDICAL PAY EACH PERSON
\$ 395,000	\$ 39,500	\$ 197,500	\$ 118,500	\$ 500,000	\$ 5,000

DEDUCTIBLE

FOR LOSSES ARISING UNDER SECTION I, WE WILL PAY ONLY THAT PART OF THE LOSS IN EXCESS OF \$ 1,000

PREMIUMS

BASIC PREMIUM	OPTIONAL PREMIUM	TOTAL PREMIUM	ADDITIONAL/RETURN PREMIUM
\$1,566.00	\$291.00	\$1,857.00	

OPTIONAL PREMIUMS

DESCRIPTION	LIMIT	PREMIUM
Personal Liability	500,000	\$ 47.00
Medical Pay Each Person	5,000	\$ 13.00
Deductible Credit		\$ 157.00CR
Homeowner Enhancement End A		\$ 35.00
Inflation Guard		Included
Jewel Sch great 10k per item	15,750	\$ 227.00
Non-Smokers Credit		\$ 78.00CR
PP Replace Cost		\$ 235.00
Protective Device Credit		\$ 31.00CR

ENDORSEMENTS

FORMS and ENDORSEMENTS made part of this Policy at time of issue:

FORM NAME	ED. DATE	FORM DESCRIPTION	FORM NAME	ED. DATE	FORM DESCRIPTION
HO2493	(05/02)	Workers Compensation	HO3	(10/00)	Special Form
HO0131	(08/12)	Special Provisions - NY	HO0496	(10/00)	No Sec II Liab Home Day Care
PMFICHO4	(04/02)	Amendatory Endt-Sect I Cov B	NYFL	(11/08)	NY-Notice to Policyholders
HO1610	(01/09)	Water Exclusion	HONPWE	(01/09)	Notice to Policyholders
NYNTRS	(12/12)	Third Party Notification	HO0416	(10/00)	Premises Alarm or Fire Prot Sy
PMHO29	(05/04)	Inflation Guard	HO0490	(10/00)	Pers Prop Replacement Cost End
PMHO29 - Determined by Marshall & Swift/Boeckh LLC.					

Issued Date: 06/02/2014

Countersigned

Date

APSO
HODEC

THIS DECLARATIONS PAGE, SUPERSEDES ANY PREVIOUS DECLARATIONS AND WITH POLICY, FORMS AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF COMPLETES THE ABOVE NUMBERED HOMEOWNERS POLICY.

INSURED

HBCA Rental Contract

Return this Contract, 3 checks and Certificate of Insurance to:

Alex Borg
135 Jackson Crescent
Centerport, NY 11721

Renter:	Rental Date:
Address:	Time:
	Type of Function:
Home Phone:	Number of Guests:
Cell Phone:	
Please submit:	Attached:
Check for \$475 Rental Fee	Check for \$475 Check # _____
Check for \$150 Cleaning Fee	Check for \$150 Check # _____
Check for \$500 Security Deposit	Check for \$500 Check # _____
Signed Rental Contract	Signed Rental Contract
Certificate of Insurance	Certificate of Insurance
	*Make all checks payable to HBCA

I am a paid-up member in good standing of the Huntington Beach Community Association ("HBCA") for the current calendar year.

I agree to assume responsibility for claims of loss, injury or damage which may be made against HBCA for lost or damaged personal property, or personal injury. I also agree to indemnify HBCA against all such losses, liabilities and expenses which may result from such claims, including attorney's fees. I further agree to be responsible for any damage or injury to the personal property or employees of HBCA caused by me or my guests.

I agree to hold harmless and indemnify HBCA for any and all losses, including attorney fees and expenses, resulting from any enforcement actions taken against HBCA as a result of activities occurring during my rental.

I agree that I must notify Alex Borg in the event of the need to cancel this Casino rental. I further agree and understand that a cancellation will result in a \$200 cancellation fee.

I agree that HBCA in its sole discretion may cancel my reservation at any time without notice. If such circumstance occurs, HBCA will issue a full refund of rental fees, cleaning fees, and security deposits paid.

I have read and agree to the HBCA Casino Rental Guidelines attached with this contract and to the HBCA Rules and Regulations available at hbca.org/rules-regulations.

Agreed to and accepted by:

Date:
