

**Huntington Beach Community Association**

PO Box 474, Centerport, NY 11721

**HBCA Casino Rental Guidelines**

Thank you for your interest in renting the HBCA 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 \$525. 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). **Make all checks payable to "HBCA".**

**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. **Please date your cleaning fee and check the date of your rental.** This includes wiping down all surfaces, cleaning up of all litter and trash around the rental area, and sweeping and mopping 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 Jenna Pallmeyer 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 the condition of the building is verified. **Please date your security deposit and check the date of your rental.**

**Insurance Requirement:**

Members 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](http://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](http://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:**

Jenna Pallmeyer  
250 McKinley Terrace  
Centerport, NY 11721



## **HBCA Casino Rental Departure Check List:**

Thank you for renting the Casino at HBCA. Before you leave and return the key, please review the checklist items below.

- Take out all garbage
  - o Garbage can be placed in the dumpster in the parking lot
  - o If the dumpster is not available, please place garbage in plastic barrels and put barrels on the street outside of the gate.
- Clean both bathrooms
- Wipe down countertops
- Empty refrigerator of your belongings
- Fold up tables and put them into the storage closet
- Stack chairs and place them in corner by front door
- Turn off fans
- Turn down Heat to 60°F (winter) or AC to 70°F (summer)
- Sweep Floor
- Mop Floor
- Turn off all lights
- Lock doors (Slider, Rear, and Front)
- Return key to Casino Rental director

Thank you!



# 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	CONTACT NAME: PHONE (A/C, No. Ext): E-MAIL: ADDRESS: PRODUCER CUSTOMER ID #: RADEM03	FAX (A/C, No):
INSURED	631-271-0610	INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A: Utica Mutual Ins. Co.	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	ADD'L INSR 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
	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
	X Homeowners					PERSONAL & ADV INJURY \$
	GENT. AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$
	POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					PRODUCTS - COMP/OP AGG \$
AUTOMOBILE LIABILITY	COMBINED SINGLE LIMIT (Ea accident) \$					
ANY AUTO	BOILY INJURY (Per person) \$					
ALL OWNED AUTOS	BOILY INJURY (Per accident) \$					
SCHEDULED AUTOS	PROPERTY DAMAGE (Per accident) \$					
Hired AUTOS	\$					
NON-OWNED AUTOS	\$					
UMBRELLA LIAB	EACH OCCURRENCE \$					
EXCESS LIAB	AGGREGATE \$					
<input type="checkbox"/> DEDUCTIBLE	\$					
<input type="checkbox"/> RETENTION \$	\$					
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WC STATUTORY LIMITS	OTH-ER				
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/>	N/A					
(Mandatory in NHI) If yes, describe under DESCRIPTION OF OPERATIONS below		E.L. EACH ACCIDENT \$				
A Home Owners		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

## CANCELLATION

Huntington Beach Community Association 536 Adams Street Centerport, NY 11721	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	
The described residence premises covered hereunder is located at the above address, unless otherwise stated herein. (No., Street, City, State, Zip Code)	
1	
Policy Period: Annual From 07/20/2014 To 07/20/2015 12:01 AM STANDARD TIME	

AGENT	
HORN, OGILVIE & CO. INC. 351 ATLANTIC AVENUE BROOKLYN, NY 11217  718-422-7900	408
PREVIOUS POLICY NUMBER HP 0138147	
Mortgagee Bill  THIS IS NOT A BILL - SEE YOUR BILLING STATEMENT	

**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
NYNTSR	(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

APSOW  
HODEC

THIS DECLARATIONS PAGE, SUPERSEDES ANY PREVIOUS DECLARATIONS AND WITH POLICY, FORMS AND ENDORSEMENTS, IF ANY, Page 1 of 2  
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:

Jenna Pallmeyer  
250 McKinley Terrace  
Centerport, NY 11721

Renter:	Rental Date:
Address:	Time:
	Type of Function:
Home Phone:	Number of Guests:
Cell Phone:	
Please submit:	Attached:
Check for \$525 Rental Fee Check for \$150 Cleaning Fee Check for \$500 Security Deposit Signed Rental Contract Certificate of Insurance	Check for \$525 Check # _____ Check for \$150 Check # _____ Check for \$500 Check # _____ Signed Rental Contract 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 Jenna Pallmeyer 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](http://hbca.org/rules-regulations).*

*Agreed to and accepted by:*

*Date:*