

Non-Profit / Community Access Application & Permit

Poughkeepsie Galleria looks forward to hosting your organization. To best address your request, streamline the approval and on-site process, and ensure the safety of our guests, tenants and employees, please submit this application no less than 3 weeks prior to the date(s) desired. Applications will be reviewed in the order received and approved applications will be calendarized based on availability.



Looking to drive more traffic to your event? Advertise your event in our digital directories!

	PΙ	EΑ	SE	TY	PΕ	OR	PR	INT
--	----	----	----	----	----	----	----	-----

If necessary, at	ttach additional sheets and so	indicate in the appropriate	e place on the	application form.
------------------	--------------------------------	-----------------------------	----------------	-------------------

NAME OF ORGANIZATION	CUB SCOUT PACE 3223
ADDRESS OF ORGANIZATI	ON: 7 SPACKENKILL ROAD, POUGHKEPSIE, NY 12603
EMAIL:	PACK 3223TREASURER & GMAIL CON; HARRISS 713@ GMAIL COM
PHONE:	(845) 416-5622
INTENDED USE:	FIRST AID LIT SALUS, PAGE FUNDEAISER
3	
đi.	
DATE(S) REQUESTED:	12/9/23 - 12/10/23
TIME OF EVENT:	DLAN - Crose
GROUP LEADER OR PERSC	ON RESPONSIBLE: SHEWN HARRISON
EMPLOYER:	New York Power Authorny
BUSINESS PHONE:	(9,4) 343-6923
MOBILE PHONE:	(845) 416-5422

Number of Tables Needed: 4

Number of Chairs Needed: 2:3

Any Additional Supplies:

COMMUNITY ACCESS APPLICATION & PERMIT PAGE 3 of 8

Day of Event

Upon arrival, the Applicant must **CHECK IN** at the security office near food court to announce the group's arrival. The space used by the Applicant must be restored to working order. Before leaving the property, **CHECK OUT** at the security office. Security will inspect the Community Room before group leaves.

Applicant (name Organization): (Acc 3223		×
Date(s) & Time(s) of Use: 12/9/23 - 12/10/23 3800-665	×	
Area Assigned:	-	
Approved by:	Date: _	
Security Check In (Print SO Name):		
Attendee (Print Name):		
Security Check Out (Print SO Name) & return form to mall management:		



CERTIFICATE OF LIABILITY INSURANCE

08/21/2023

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 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: Laura Craig Marsh & McLennan Agency LLC PHONE (A/C, No, Ext): 972-770-1402 E-MAIL ADDRESS: laura.craig@marshmma.com FAX (A/C, No): 972-770-1699 8144 Walnut Hill Lane, 16th Floor Dallas TX 75231 NAIC# INSURER(S) AFFORDING COVERAGE 35378 INSURER A: Evanston Insurance Company INSURED INSURER B: Boy Scouts of America, National Council and All of its affiliates and subsidiaries INSURER C: Greater Hudson Valley Council #388 INSURER D 18 Westage Drive Fishkill, NY 12524 INSURER E: INSURER F **REVISION NUMBER: CERTIFICATE NUMBER: 1969670768** COVERAGES 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. POLICY EFF POLICY EXP ADDL SUBR IMITS TYPE OF INSURANCE POLICY NUMBER INSD WVD \$ 1,000,000 3/1/2023 3/1/2024 EACH OCCURRENCE DAMAGE TO RENTED COMMERCIAL GENERAL LIABILITY V3P0009142 CLAIMS-MADE X OCCUR \$1,000,000 PREMISES (Ea occurrence) MED EXP (Any one person) \$1,000,000 PERSONAL & ADV INJURY \$7,000,000 GENERAL AGGREGATE GEN'L AGGREGATE LIMIT APPLIES PER: PRODUCTS - COMP/OP AGG S POLICY \$ OTHER COMBINED SINGLE LIMIT \$ AUTOMOBILE LIABILITY (Ea accident) BODILY INJURY (Per person) S ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY BODILY INJURY (Per accident) S SCHEDULED AUTOS NON-OWNED AUTOS ONLY PROPERTY DAMAGE (Per accident) \$ UMBRELLA LIAB V3XEC0009143 3/1/2023 3/1/2024 EACH OCCURRENCE \$6,500,000 Х OCCUR \$13,000,000 **EXCESS LIAB** AGGREGATE CLAIMS-MADE RETENTION S DED WORKERS COMPENSATION AND EMPLOYERS' LIABILITY STATUTE E.L. EACH ACCIDENT s ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N/A E.L. DISEASE - EA EMPLOYEE S (Mandatory in NH) f yes, describe under DESCRIPTION OF OPERATIONS below 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 is named as an additional insured by virtue of a written or oral contract or by the issuance/existence of a permit or certificate of insurance but only with respect to operations by or on behalf of the Insured, or to facilities of, or facilities used by the Insured and then only of the limits of liability specified in such contract for the event specified. Primary and Non-Contributory applies as required by written contract or agreement. Waiver of Subrogation applies when required by written contract or agreement. Sexual Molestation coverage is incorporated in the policy and addressed by endorsement and is subject to the policy period, terms, limits and conditions of the policy.

For: All Official Scouting Activities

CERTIFICATE HOLDER		CANCELLATION
Poughkeepsie Galleria C/O The Pyramid Companies 4 Clinton Square Syracuse, NY 13202		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
P		D-223-
		A CONTRACTOR OF THE PROPERTY AND ADDRESS OF THE PROPERTY OF TH

CANCELLATION