

# **RESERVATION** REQUEST FORM

\*Please refrain from using abbreviations on this form.

Name & Title of Person Req	uesting Sp	ace:						
mail Address:				Phone Number:				
Company Name:								
Company Address:								
Is your Company/Organizat	anization Non-Profit?		Yes		No			
Name of Event:								
Date(s) and Time(s):								
Day(s) of the Week:	Μ	т	W	Th	F	Sa	Su	
Brooklyn Park Camp	ous	Ed	en Prairi	e Campus	Campus		Law Enforcement Center	
Number of Attendees Exped	cted:							
Specific Room(s) Requested	l (if applica	able):						

### **Catering Needs:**

*Please Note: Hennepin Technical College provides onsite catering services through their exclusive foodservice partner, Consolidated Management Company. All event catering needs must be processed through Consolidated Management. Click <u>here</u> for catering menu.* 

Catering Service Requested?		Yes	No	
Technology Ne	eds:			
	Screen/Projector	Wired Microphone		Wireless Microphone
	Lapel Microphone	PowerPoint Clicker		Podium

Additional Technology Comments:

## \*\*Certificate of Liability Insurance is required for facility rental. Please see page 2 for insurance requirements. Please submit along with this form.

For Internal Use Only Amount to be invoiced to client:

### **Certificate of Liability Insurance Requirements**

Licensee shall not occupy the Space under the Agreement until Licensee has obtained, at its sole expense, general liability and property damage insurance requirements as described below and naming both Minnesota State Colleges and Universities and Hennepin Technical College as additional insured, and has provided a certificate of insurance. **No occupancy or use by Licensee may take place until satisfactory evidence of insurance coverage is provided**.

#### **GENERAL INSURANCE REQUIREMENTS**

- POLICY REQUIREMENTS
- 1. Workers' Compensation Insurance
  - A. Statutory Compensation Coverage
  - B. Coverage B Employers Liability with limits of not less than:
    - \$100,000 Bodily Injury by Disease per Employee
    - \$500,000 Bodily Injury by Disease Aggregate
    - \$100,000 Bodily Injury by Accident
- 2. General Liability Insurance
  - A. Minimum Limits of Liability:
    - \$2,000,000 Per Occurrence
    - \$2,000,000 Annual Aggregate
    - \$2,000,000 Annual Aggregate applying to Products/Completed Operations
  - B. Coverages:
  - X Premises and Operations Bodily Injury and Property Damage
  - X Personal & Advertising Injury
  - X Blanket Contractual
  - X Products and Completed Operations
  - X Other; if applicable, please list\_
  - $\underline{X}$  State of Minnesota or Minnesota State Colleges and Universities named as Additional Insured

Additional Insurance Conditions

• Licensee's policy(ies) shall be primary insurance to any other valid and collectible insurance available to the State of Minnesota with respect to any claim arising out of the Licensee's performance under this Agreement.

• Licensee agrees to notify the State of Minnesota within five (5) business days with a copy of the cancellation notice, unless Licensee's policy(ies) contain a provision that coverage afforded under the policy(ies) will not be cancelled without at least thirty (30) days advance written notice to the State of Minnesota

• Licensee is responsible for payment of Agreement related insurance premiums and deductibles.

- If Licensee is self-insured, a Certification of Self-Insurance must be attached.
- Licensee's policy(ies) shall include legal defense fees in addition to the liability policy limits.
- Licensee shall obtain insurance policy(ies) from insurance company(ies) having an "AM Best" rating of A- (minus), Financial Size Category of VII or better, and authorized to do business in the State of Minnesota.

• An Umbrella or Excess Liability insurance policy may be used to supplement the Licensee's policy limits to satisfy the full policy limits required by the Agreement.