

City of Brecksville
FACILITY USE AGREEMENT

Brecksville Horticulture Building
6916 Stadium Drive, Brecksville, OH 44141

North Coast Woodturners, through the undersigned authorized representative, understands that by signing this agreement to use the Horticulture Building (Facility) located at 6916 Stadium Drive, Brecksville, OH 44114, that North Coast Woodturners accepts full financial responsibility for any injuries, damage to any equipment or other liabilities that may result from its usage of the Facility. North Coast Woodturners also agrees to indemnify and hold harmless the City of Brecksville and its officers, officials, agents, and other representatives and employees against all claims, liabilities, demands, actions or causes of action, damages, losses, and expenses, including but not limited to attorney fees, sustained by any person or persons and arising out of or resulting from the performance of this Agreement. In addition, North Coast Woodturners will carry \$1,000,000 liability insurance covering Limit Per Occurrence, Personal Injury/Advertising Injury, Products/Completed Operations Aggregate, General Aggregate and Fire Damage Legal Liability, with Bodily Injury and Property Damage included, with a certificate of liability naming the City of Brecksville as an Additional Insured, which certificate is attached hereto as EXHIBIT "A" and made a part hereof.

Terms and Conditions Agreed to by North Coast Woodturners:

1. This Facility Use Agreement is in effect for one year from the date of signing, unless the City of Brecksville cancels with 60-day notice to North Coast Woodturners.
2. Any Failure to abide by Facility rules, or the directives of staff could result in cancellation of the right to use and removal from the Facility.
3. North Coast Woodturners will ensure compliance with the City of Brecksville Codified Ordinances relating to occupancy, fire, and safety regulations.
4. North Coast Woodturners will be responsible for supervision of all invitees during use of the Facility.
5. North Coast Woodturners agrees that the City has the right to revoke this Facility Use Agreement with a 60-day notice to North Coast Woodturners and to recover damages to City property, if any.
6. North Coast Woodturners is permitted access to the Facility on the agreed upon days (those being Saturday and/or Sunday).
7. Controlled substances, smoking, and alcoholic beverages are not permitted in the Facility.
8. Weapons of any kind, including handguns, even if a person has a concealed carry license to carry a handgun, are not permitted in the Facility.
9. North Coast Woodturners is responsible for cleaning up the Facility after its use of said Facility.
10. A secure storage area is provided to Northcoast Woodturners for their use. All personal items and equipment brought to the Facility by North Coast Woodturners, its representatives or invitees must be removed following the use of the Facility or stored in the designated secure area. The City of Brecksville is not responsible for lost, stolen, misplaced, and/or broken personal items or equipment.
11. North Coast Woodturners is required to abide by all local, state, and federal laws governing the use of Facility and group behavior.

12. This Facility Use Agreement is subject to the condition precedent of Brecksville City Council approval.

NORTH COAST WOODTURNERS:

Signed: _____

Authorized Representative

Printed Name: _____

Date: _____

CITY OF BRECKSVILLE:

Signed: _____

Mayor Daryl J. Kingston

Printed Name: _____

Date: _____

EXHIBIT "A"



THE HARTFORD
BUSINESS SERVICE CENTER
3600 WISEMAN BLVD
SAN ANTONIO TX 78251

March 25, 2025

THE CITY OF BRECKSVILLE
6916 STADIUM DR BRECKSVILLE
BRECKSVILLE OH 44141-1856

Account Information:

Policy Holder Details :	NORTH COAST WOODTURNERS
-------------------------	-------------------------



Contact Us

Need Help?

Chat online or call us at
(866) 467-8730.

We're here Monday - Friday.

Enclosed please find a Certificate Of Insurance for the above referenced Policyholder. Please contact us if you have any questions or concerns.

Sincerely,

Your Hartford Service Team



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/25/2025

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 AMJ INSURANCE INC/PHS 36212133 The Hartford Business Service Center 3600 Wiseman Blvd San Antonio, TX 78251	CONTACT NAME:		
	PHONE (A/C, No, Ext): (866) 467-8730	FAX (A/C, No):	
	E-MAIL ADDRESS:		
INSURED NORTH COAST WOODTURNERS 11490 GATE POST LN CHARDON OH 44024-8462	INSURER(S) AFFORDING COVERAGE		NAIC#
	INSURER A : Sentinel Insurance Company Ltd.		11000
	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/Y YYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY	X		36 SBA AN8715	02/04/2025	02/04/2026	EACH OCCURRENCE	\$2,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000
	<input checked="" type="checkbox"/> General Liability						MED EXP (Any one person)	\$10,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY	\$2,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC						GENERAL AGGREGATE	\$4,000,000
	OTHER:						PRODUCTS - COMP/OP AGG	\$4,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)	
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	
	<input type="checkbox"/> AUTOS							
	<input type="checkbox"/> UMBRELLA LIAB EXCESS LIAB	<input type="checkbox"/> OCCUR CLAIMS-MADE					EACH OCCURRENCE	
	DED	RETENTION \$					AGGREGATE	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A					<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
							E.L. EACH ACCIDENT	
							E.L. DISEASE - EA EMPLOYEE	
							E.L. DISEASE - POLICY LIMIT	
	A	EMPLOYMENT PRACTICES LIABILITY			36 SBA AN8715	02/04/2025	02/04/2026	Each Claim Limit
							Aggregate Limit	\$10,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Those usual to the Insured's Operations. Certificate holder is an additional insured per the Business Liability Coverage Form SS0008, attached to this policy.

CERTIFICATE HOLDER**CANCELLATION**

THE CITY OF BRECKSVILLE
6916 STADIUM DR BRECKSVILLE
BRECKSVILLE OH 44141-1856

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

Susan L. Castaneda

© 1988-2015 ACORD CORPORATION. All rights reserved.