



Cancellation or Postponement:

1. If the Client wishes to cancel the event, the Client must notify GCC in writing at least fourteen (14) days prior to the Event Date. A cancellation fee equal to the amount of the Facility Usage Deposit will apply.
2. If GCC determines that the event must be postponed due to an emergency, natural force majeure events or extreme adverse weather conditions, civil disturbance, or similar unforeseen circumstance, GCC will re-schedule the event on a space-available basis and the facility usage deposit will be transferred to the re-scheduled booking. GCC is not liable for any losses, expenses, fees or additional costs incurred by the User as a result of the postponement.

Terms and Regulations

User Requirement: GCC reserves the right to determine in its sole and absolute discretion whether any person/group seeking to use the Glow Community Center is a "responsible organization" and the Board of Directors of GCC reserves the right in its sole and absolute discretion to decline to rent the Glow Community Center to any person/group not meeting this requirement. This Agreement is not to be construed as in any way granting to User any interest as a tenant or subtenant in the Premises; it is intended that this Agreement merely grants to User a revocable license to enter upon and use the Premises in accordance with the terms hereof and will not be deemed to grant to User a leasehold or other real property interest in the Premises.

Security: Security officers and/or other security measures (the "Security") may be required at certain events as determined by GCC in its sole and absolute discretion. Required Security shall be obtained by GCC and paid for in full by the User. GCC shall not be responsible for any costs or fees associated with Security. In the event that Security is required, the User shall retain Security for at least one additional hour beyond the actual Event Hours to ensure that Security will be present for at least a half hour before and a half hour after the event.

Insurance: Unless waived in writing by GCC, the User must provide proof of \$1 million liability insurance coverage for each event. All insurance shall be at the User's expense. Glow Community Center, Inc. shall be included as a "named insured" on the User's insurance policy, and evidence of such shall be provided to GCC at least 3 days prior to Event Date.

Alcoholic Beverages: The sale and serving of alcoholic beverages is strictly prohibited unless the User, the event caterer, or the event sponsor, seeks written permission from GCC and has or obtains a permit or license from the NYS Liquor Authority to serve alcohol. Where alcohol is involved, the User shall strictly comply with all liquor laws and regulations.

Smoking/Drug Free: Any form of smoking or the use of any tobacco product is not allowed inside the Premises or in any entrances, exits or other areas immediately adjacent to the Premises. The use or possession of any illegal drugs or substances is strictly prohibited.

Firearms and Weapons: Possession of any firearms, weapons or ordinance is strictly prohibited on the Premises unless the person is a law enforcement officer authorized to carry weapons at the time of the event.

Indemnification: The User agrees to fully indemnify, defend, and hold GCC and its Board of Directors and employees harmless from any and all costs and expenses resulting from any claims, suits, or liabilities of any kind, including attorney fees, arising from or purporting to arise from the conduct, activity, or any other transaction involving this Facility Usage Agreement, the User's event, the User and/or its guests, invitees, or any other person on the Premises at the request or invitation of the User or User's guests or invitees. This provision of the Facility Usage Agreement shall survive the User's scheduled departure date from the Premises and the termination of this Facility Usage Agreement.

Damaged Property: The User will be responsible for the full cost of cleaning and/or repairing any stains or damage, beyond normal wear and tear, of GCC's property and the Premises. This includes any damage caused by the User, User's guests, User's Invitees, User's service providers or any individual(s) connected to the User's event. A Security Deposit of \$500.00 (separate from the Facility Usage Fee) is required. If any damage occurs, it will be assessed and deducted from the Security Deposit. The User will be billed for any additional amount that exceeds the amount of the Security Deposit, and the User will be required to pay such additional amount within 10 Business Days of receiving the bill.

Decorations and Furnishings: Furnishings, candles, glitter, confetti, sand or any substance that can be a fire hazard, impedes egress, or causes litter or debris inside or outside the building or on the grounds is prohibited. Tape and adhesives must be approved by GCC. No pins, tacks, nails, or any other puncturing devices are allowed.

Facility Access: All decorations, equipment and other materials brought in for the event by the User must be removed from the Premises by the end of the Event Hours unless prior arrangements have been approved by GCC in writing.

Contact Person: The User shall designate a person in Section II of this Facility Usage Agreement as the contact person who has full authority to act and make decisions on behalf of the User in connection with the User's use of the Premises (the "Contact Person").

Removal for Unruly Behavior: Failure to comply with any security or management requests or requests from GCC, excessive noise, foul language, violation of rules and regulations or any applicable laws or unruly behavior may result in the User's removal from the premises and/or the contacting of law enforcement agencies.

SAMPLE CERTIFICATE OF LIABILITY INSURANCE

THIS IS A SAMPLE CERTIFICATE OF INSURANCE (COI), THE COI MUST MEE ALL MANDATORY REQUIREMENTS SHOWN IN RED.

DATE (MM/DD/YYYY)

DATE

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).

<p>PRODUCER</p> <p style="color: red; font-weight: bold; text-align: center; font-size: 1.2em;">INSURANCE PROVIDER NAME AND ADDRESS HERE.</p>	<p>CONTACT NAME:</p> <p>PHONE (A/C, No. Ext): _____ FAX (A/C, No): _____</p> <p>E-MAIL ADDRESS: _____</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 80%; text-align: center;">INSURER(S) AFFORDING COVERAGE</td> <td style="width: 20%; text-align: center;">NAIC #</td> </tr> <tr> <td>INSURER A :</td> <td></td> </tr> <tr> <td>INSURER B :</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A :		INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A :															
INSURER B :															
INSURER C :															
INSURER D :															
INSURER E :															
INSURER F :															
<p>INSURED</p> <p style="color: red; font-weight: bold;">YOUR COMPANY NAME OR DBA AND ADDRESS HERE. COMPANY NAME MUST MATCH THE EXACT NAME ON APPLICATION</p>															

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS																
<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: _____				POLICY START DATE	MUST EXPIRE AFTER EVENT END DATE	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td style="text-align: right; color: red; font-weight: bold;">\$ 1,000,000</td></tr> <tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td style="text-align: right; color: red; font-weight: bold;">\$ 100,000</td></tr> <tr><td>MED EXP (Any one person)</td><td style="text-align: right; color: red; font-weight: bold;">\$ 5,000</td></tr> <tr><td>PERSONAL & ADV INJURY</td><td style="text-align: right; color: red; font-weight: bold;">\$ 1,000,000</td></tr> <tr><td>GENERAL AGGREGATE</td><td style="text-align: right; color: red; font-weight: bold;">\$ 2,000,000</td></tr> <tr><td>PRODUCTS - COMP/OP AGG</td><td style="text-align: right; color: red; font-weight: bold;">\$ 1,000,000</td></tr> <tr><td></td><td style="text-align: right;">\$</td></tr> </table>	EACH OCCURRENCE	\$ 1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000	MED EXP (Any one person)	\$ 5,000	PERSONAL & ADV INJURY	\$ 1,000,000	GENERAL AGGREGATE	\$ 2,000,000	PRODUCTS - COMP/OP AGG	\$ 1,000,000		\$		
EACH OCCURRENCE	\$ 1,000,000																						
DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000																						
MED EXP (Any one person)	\$ 5,000																						
PERSONAL & ADV INJURY	\$ 1,000,000																						
GENERAL AGGREGATE	\$ 2,000,000																						
PRODUCTS - COMP/OP AGG	\$ 1,000,000																						
	\$																						
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td style="text-align: right;">\$</td></tr> <tr><td>BODILY INJURY (Per person)</td><td style="text-align: right;">\$</td></tr> <tr><td>BODILY INJURY (Per accident)</td><td style="text-align: right;">\$</td></tr> <tr><td>PROPERTY DAMAGE (Per accident)</td><td style="text-align: right;">\$</td></tr> <tr><td></td><td style="text-align: right;">\$</td></tr> </table>	COMBINED SINGLE LIMIT (Ea accident)	\$	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$		\$						
COMBINED SINGLE LIMIT (Ea accident)	\$																						
BODILY INJURY (Per person)	\$																						
BODILY INJURY (Per accident)	\$																						
PROPERTY DAMAGE (Per accident)	\$																						
	\$																						
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED _____ RETENTION \$ _____						<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$</td></tr> <tr><td>AGGREGATE</td><td style="text-align: right;">\$</td></tr> <tr><td></td><td style="text-align: right;">\$</td></tr> </table>	EACH OCCURRENCE	\$	AGGREGATE	\$		\$										
EACH OCCURRENCE	\$																						
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				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="width: 25%;">PER STATUTE</td> <td style="width: 25%;">OTHER</td> <td style="width: 10%;"></td> </tr> <tr><td>E.L. EACH ACCIDENT</td><td></td><td></td><td style="text-align: right;">\$</td></tr> <tr><td>E.L. DISEASE - EA EMPLOYEE</td><td></td><td></td><td style="text-align: right;">\$</td></tr> <tr><td>E.L. DISEASE - POLICY LIMIT</td><td></td><td></td><td style="text-align: right;">\$</td></tr> </table>		PER STATUTE	OTHER		E.L. EACH ACCIDENT			\$	E.L. DISEASE - EA EMPLOYEE			\$	E.L. DISEASE - POLICY LIMIT			\$
	PER STATUTE	OTHER																					
E.L. EACH ACCIDENT			\$																				
E.L. DISEASE - EA EMPLOYEE			\$																				
E.L. DISEASE - POLICY LIMIT			\$																				

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

DESCRIPTION OF EVENT TO BE HOSTED

ADDITIONAL INSURED:
 GLOW COMMUNITY CENTER, INC.
 133-29 41 AVENUE, (1ST FLOOR/SUITE101)
 FLUSHING, NY 11355

CERTIFICATE HOLDER **CANCELLATION**

GLOW COMMUNITY CENTER, INC.
133-29 41 AVENUE, (1ST FLOOR/SUITE101)
FLUSHING, NY 11355

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

HANDWRITTEN SIGNATURE