



**TOWN OF HARRISON
VILLAGE OF HARRISON**

ALFRED F. SULLA, JR. MUNICIPAL BUILDING
1 HEINEMAN PLACE
HARRISON, NEW YORK 10528

Telephone: (914) 670-3030
Fax: (914) 835-2009



JACKIE GREER
Town Village Clerk

Dear Applicant:

I am pleased that you are interested in filming in Harrison. The following information must be provided prior to issuance of your license to film.

- * Letter explaining the type of filming and names, titles and phone number of the people who will be responsible for the project while in Harrison.
- * Completed application (attached).
- * Completed permit applications for any children who will be in the filming, in accordance with New York State regulations.
- * Certificates of Insurance (samples attached). PLEASE DO NOT CHANGE ANY OF THE LANGUAGE ON THE FORM ASIDE FROM THE POLICY DATES AND NAMES OF INSURANCE COMPANY, ANY CHANGE IN LANGUAGE WILL NECESSITATE A DELAY IN YOUR APPROVAL OR DENIAL OF YOUR FILMING PERMIT.
- * Signed Indemnification Release and Discharge Agreement (attached).
- * You must contact the Harrison Police Department, Lt Frank Massaro, at 914-813-7453 before a film license will be approved and issued. Note that additional fees may apply.
- * A Town License will be issued when all paperwork and fees have been submitted and approved. Filming cannot begin until the license is issued.

Please note:

- * Location/staging signs are not permitted during your filming in Harrison.
- * Over night filming is prohibited.

The annual license fee is \$1,000 and is valid for one year. The fee for each day of filming is \$500. Please make the check payable to the Town of Harrison.

If I can assist you in any manner please do not hesitate to call my office. Welcome to Harrison.

Sincerely,

Jackie Greer
Town/Village Clerk

Application
Town / Village of Harrison
License to Film

Date: _____

Business Name: _____

Address: _____
No. Street

City State Zip

Phone Number: _____

Contact Person: _____ Phone: _____

Cell: _____ Email: _____

Location to Film: _____

Type of Film: _____

Date of Film: _____
Begins Ends

Rain Dates (s): _____

No. of Cars: _____ No. of Trucks & Size: _____

Parking Location: _____

****CONTACT HARRISON POLICE DEPT. AS ADDITIONAL FEES MAY APPLY.**

Fee: License: \$1,000.00 \$ 1,000.00

Fee: Per Day: \$500.00 no. days _____ \$ _____

Total \$ _____

Town Clerk



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Town Village Clerk

CHILD PERFORMER PERMIT

This application, pursuant to the New York State Arts and Cultural Affairs Law, Section 35.01, regarding the employment, exhibition and/or use of a minor under the age of 16 as a performer, is to be completed in full and presented with written consent(s) of parent(s) or guardian(s) for such employment, exhibition and/or use. It is required that the completed form be submitted to the Town at least five (5) days before the performance.

LEGAL/STAGE NAME(S) OF CHILD	AGE	NAME OF PARENT(S) OR GUARDIAN(S)	ADDRESS, PARENT(S) OR GUARDIAN(S)
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_____	_____	_____	_____
_____	_____	_____	_____

NAME OF PRODUCTION: _____

NAME & ADDRESS OF PRODUCER AND/OR AGENCY: (TEL # _____)

NATURE OF PERFORMANCE: MOTION PICTURE ☐ TV ☐
RADIO ☐ THEATER ☐ OTHER ☐

DESCRIPTION OF PERFORMANCE: _____

DETAILS OF PERFORMANCE:

DATES & TIMES: _____

TOTAL HOURS: _____

IF SCHOOL IS IN SESSION, ALTERNATIVE/COMPARABLE EDUCATION BEING PROVIDED: _____

SIGNATURE OF PARENT/GUARDIAN(S) _____

SIGNATURE OF PRODUCER/AGENCY/EMPLOYER: _____

ISSUING AUTHORITY: TOWN OF HARRISON, AND VILLAGE OF HARRISON

AUTHORIZING SIGNATURE: _____ DATE: _____

F.H.

TOWN OF HARRISON
VILLAGE OF HARRISON

Certificate of Insurance Requirements

The Town of Harrison and Village of Harrison require the following information on all insurance certificates in connection with permits issued to Vendors, Peddlers, Filming, Fireworks, Special Events (i.e. Sidewalk sales, Carnivals, Block Parties, Tennis Tournaments, etc.) and any and all activities requiring insurance, which are held either in the Town of Harrison and Village of Harrison or held at any Town-Village facilities.

- The Town of Harrison and Village of Harrison must be named as additional insured and as certificate holder.
- The Town of Harrison and Village of Harrison require insurance coverage of \$1,000,000.00 for General Liability and \$1,000,000.00 for Automobile Liability and/or Worker's Compensation (if applicable), exclusive of any excess coverage.
- Insurance companies must be licensed to do business in the State of New York and such language must be included on the certificate.
- Description of Event/ Date(s) of Event/Operation/Locations/Vehicles/Exclusions/ Special Items(s) information must be provided under.
- Cancellation of Insurance: 30 days expiration notice unless otherwise authorized by the Town Attorney's Office.
- Insurance Coverage must be provided for at least one (1) year unless otherwise authorized by the Town Attorney's office.
- Certificates must include policy numbers.
- Original Certificates of Insurance must be submitted to:

Town Clerk's Office
Town of Harrison
Village of Harrison
1 Heineman Place
Harrison, NY 10528
Fax: 914-835-2009

INSURANCE CERTIFICATES WILL NOT BE ACCEPTED BY THE TOWN and
VILLAGE OF HARRISON UNLESS ALL OF THE ABOVE REQUIREMENTS
HAVE BEEN MET.



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HARRISON, NEW YORK 10528

Telephone: (914) 835-2000



Special Event Indemnification, Release and Discharge Agreement

_____, (hereinafter "Indemnitor") agrees to protect, defend, indemnify and hold the Town of Harrison and the Village of Harrison, their officers, agents and employees free and harmless from and against any and all losses, penalties, damages, settlements, costs, charges, professional fees, or other expenses or liabilities of every kind and character arising out of or relating to any and all claims, liens, demands, obligations, actions, proceedings or causes of action of every kind of character in connection with or arising, directly or indirectly, out of the Indemnitor or any participant at any event held or sponsored by the Indemnitor's use of the Town of Harrison's right-of-ways, roads, sidewalks, property, or facilities of any kind. Without limiting the generality of the foregoing, all such claims, etc., relating to personal injury, death, damage to property, defects in material, workmanship, actual or alleged infringement on any other tangible or intangible personal property or property right, or any alleged violation of any applicable statute, ordinance, administrative order, rule or regulation, or decree of any court shall be included in the indemnity hereunder.

The Indemnitor, further agrees to investigate, handle, respond to, provide defense for and defend any such claims, etc., at its sole expense and agrees to bear all other costs and expenses related thereto, even if it (claims, etc.) is groundless, false or fraudulent. In any case in which such indemnification would violate Section 5-322.1 of the New York General Obligations Law, or any other applicable legal prohibition, the foregoing provisions concerning indemnification shall not be construed to indemnify the owner for damage arising out of bodily injury to persons or damage to property caused by or resulting from the sole negligence of the owner or its employees.

In consideration of the Town permitting the Special Event, I, for myself, my organization, my executors, administrators, and our respective successors and assignees, do hereby release and discharge the Town & Village of Harrison, and its representatives, officers, employees, agents and successors and assigns from all claims, damages, demands, action and causes of actions whatsoever, in any manner arising growing out of or concerning the special event.

By: _____

Authorized Signature

Title: _____

Organization: _____

STATE OF NEW YORK)
COUNTY OF WESTCHESTER) ss:

On the ____ day of _____, in the year 20____ before me, the undersigned, personally appeared _____ personally known to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his /her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

Notary Public



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/01/12

PRODUCER	THIS CERTIFICATION IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
NAME OF INSURANCE BROKER	
INSURED	INSURERS AFFORDING COVERAGE
NAME OF CONTRACTOR	INSURER A: Fill in
	INSURER B: Fill in
	INSURER C:
	INSURER D:
	INSURER E:

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSURANCE TYPE	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <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"/> PROJECT <input type="checkbox"/> LOC	Fill in	01/01/12	01/01/13	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (EA occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/POP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Fill in	01/01/12	01/01/13	COMBINED SINGLE LIMIT (EA accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY - AGG \$
A	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$10,000	Optional	01/01/12	01/01/13	EACH OCCURRENCE \$20,000,000 AGGREGATE \$20,000,000 \$ \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY * ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER	Refer to Workman's Comp. sheet & NYS Disability form (enclosed)			<input checked="" type="checkbox"/> NO STATUTORY LIMITS E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

RE: * Description of Activity or Event

PROJECT: * Date of Event

Must state: Insurers are licensed to do business in the State of New York.
Town of Harrison and Village of Harrison are named as additional insured.

CERTIFICATE HOLDER

CANCELLATION

Town of Harrison
Village of Harrison
One Heineman Place
Harrison, New York 10528

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Attn: Town Clerk

ACORD 25 (2007/08)

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STATE OF NEW YORK
WORKERS' COMPENSATION BOARD

CERTIFICATE OF NYS WORKERS' COMPENSATION INSURANCE COVERAGE

<p>1a. Legal Name & Address of Insured (Use street address only)</p> <p><i>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy)</i></p>	<p>1b. Business Telephone Number of Insured</p> <p>1c. NYS Unemployment Insurance Employer Registration Number of Insured</p> <p>1d. Federal Employer Identification Number of Insured or Social Security Number</p>
<p>2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p> 	<p>3a. Name of Insurance Carrier</p> <p>3b. Policy Number of entity listed in box "1a"</p> <p>3c. Policy effective period</p> <p style="text-align: center;">_____ to _____</p> <p>3d. The Proprietor, Partners or Executive Officers are</p> <p><input type="checkbox"/> included. (Only check box if all partners/officers included)</p> <p><input type="checkbox"/> all excluded or certain partners/officers excluded.</p>

This certifies that the insurance carrier indicated above in box "3" insures the business referenced above in box "1a" for workers' compensation under the New York State Workers' Compensation Law. (To use this form, New York (NY) must be listed under Item 3A on the **INFORMATION PAGE** of the workers' compensation insurance policy). The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed above as the certificate holder in box "2".

The Insurance Carrier will also notify the above certificate holder within 10 days IF a policy is canceled due to nonpayment of premiums or within 30 days IF there are reasons other than nonpayment of premiums that cancel the policy or eliminate the insured from the coverage indicated on this Certificate. (These notices may be sent by regular mail.) Otherwise, this Certificate is valid for one year after this form is approved by the insurance carrier or its licensed agent, or until the policy expiration date listed in box "3c", whichever is earlier.

Please Note: Upon the cancellation of the workers' compensation policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of Workers' Compensation Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Workers' Compensation Law.

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has the coverage as depicted on this form.

Approved by: _____

(Print name of authorized representative or licensed agent of insurance carrier)

Approved by: _____

(Date)

Title: _____

Telephone Number of authorized representative or licensed agent of insurance carrier: _____

Please Note: Only insurance carriers and their licensed agents are authorized to issue Form C-105.2 Insurance brokers are NOT authorized to issue it.

STATE OF NEW YORK
WORKERS' COMPENSATION BOARD

CERTIFICATE OF INSURANCE COVERAGE UNDER THE NYS DISABILITY BENEFITS LAW

PART 1. To be completed by Disability Benefits Carrier or Licensed Insurance Agent of that Carrier

1a Legal Name and Address of Insured (Use street address only)	1b Business Telephone Number of Insured 1c NYS Unemployment Insurance Employer Registration Number of Insured 1d Federal Employer Identification Number of Insured or Social Security Number
2 Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)	3a Name of Insurance Carrier 3b Policy Number of entity listed in box "1a" 3c Policy effective period: _____ to _____

4 Policy covers:

- a ☐ All of the employer's employees eligible under the New York Disability Benefits Law
b ☐ Only the following class or classes of the employer's employees:

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has NYS Disability Benefits insurance coverage as described above

Date Signed _____

By _____

(Signature of insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier)

Telephone Number _____

Title _____

IMPORTANT: If box "4a" is checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is COMPLETE. Mail it directly to the certificate holder.
If box "4b" is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the Disability Benefits Law. It must be mailed for completion to the Workers' Compensation Board, DB Plans Acceptance Unit, 20 Park Street, Albany, New York 12207.

PART 2. To be completed by NYS Workers' Compensation Board (Only if box "4b" of Part 1 has been checked)

State Of New York
Workers' Compensation Board

According to information maintained by the NYS Workers' Compensation Board, the above named employer has complied with the NYS Disability Benefits Law with respect to all of his/her employees

Date Signed _____

By _____

(Signature of NYS Workers' Compensation Board Employee)

Telephone Number _____

Title _____

Please Note: Only insurance carriers licensed to write NYS disability benefits insurance policies and NYS licensed insurance agents of those insurance carriers are authorized to issue Form DB-120-1. Insurance brokers are NOT authorized to issue this form.