

TOWNSHIP OF MORRIS

50 WOODLAND AVENUE
PO BOX 7603
CONVENT STATION, NEW JERSEY 07961-7603
FAX NO. (973) 605-8363
WWW.MORRISTWP.COM

TOWNSHIP CLERK
(973) 326-7430

TOWNSHIP OF MORRIS/JCP&L

BANNER APPLICATION AND INSTALLATION REQUIREMENTS FOR BANNER INSTALLATION ON UTILITY POLES

**SUBMISSIONS SHALL BE SIXTY (60) DAYS PRIOR TO COMMENCEMENT OF
BANNER HANGING (NO EXCEPTIONS)**

**BANNERS SHALL NOT BE INSTALLED UNTIL ALL WRITTEN APPROVALS ARE
GRANTED FROM THE TOWNSHIP COMMITTEE AND JCP & L**

The requirements are:

1. Letter of request to the Mayor and Township Committee (request no later than five (5) days prior to the next scheduled Township Committee meeting). Please refer to our website for Township calendar (www.morristwp.com).

Following the approval of the Mayor and the Township Committee of the Township of Morris, there is a minimum of an additional 30 days for the utility to process approvals. Ms. Robin R. Alston-Santiago, Distribution Specialist-Joint Use, will notify utilities of the request and coordinate approvals with them.

2. Select pole location on the form provided.
3. Provide installation and removal dates on the form provided (two (2) weeks maximum duration).
4. Provide Certificate of Insurance to the Township of Morris Clerk's office (Fax 973-605-8363) naming the Township of Morris, Jersey Central Power & Light (a First Energy Company), Verizon, and Cablevision as additional insured's under certificate holder section.
5. Return completed Letter of Indemnification to Township of Morris Clerk's office.
6. Contingent on the aforementioned paperwork being received in a timely fashion, the Morris Township Clerk will forward the *complete application* to the JCP & L coordinator for approval.
7. The Morris Township Clerk will notify the applicant of the status of the application
8. The organization shall deliver, upon approval of insurance, Township Committee consent and the utility company approval, the banner and a photocopy of the signed letter of indemnification directly to:

Township of Morris - Department of Public
Works Jane Way and Hanover Avenue
Morristown, NJ 07960
973-326-7398

Horizontal Banner Procedure

Responsibility of the Banner Applicant:

- A. Obtain prior permission from the municipality and Jersey Central Power & Light.
- B. Prior to banner installation (installation by the Department of Public Works, Township of Morris), the applicant must submit the enclosed Letter of Indemnification with letter of request to the Mayor and Township Committee and a Certificate of Insurance.

Horizontal Banners Specifications:

- 1. Banner must be no larger than four (4) feet high by sixteen (16) feet long, 6 inch letters.
- 2. Banners must have wind sails.
- 3. No metallic material is to be used in the banner. (Metal grommets are allowed).
- 4. The Township of Morris Department of Public Works will take all safety precautions when installing and removing banners, emphasizing proper clearances from electric facilities as specified in the current edition of the National Electrical Safety Code (NESC).

Letter of Indemnification

To: Jersey Central Power & Light
331 Newman Springs Road
Building 3
Red Bank, NJ 07701

Date: _____

Township of Morris
Township Clerk
50 Woodland Avenue
Convent Station, NJ 07961

Permission is hereby requested by the undersigned for temporarily installation of a banner to a utility pole, which will be occupied for a period of two (2) weeks within the Township of Morris. It is further understood and agreed that the undersigned will save **Township of Morris, Jersey Central Power & Light a First Energy Company, Verizon, and Cablevision** harmless from all loss, claims, demands and liability due to the presence of said banner on such poles.

1. Prior to commencing such attachment, the Township of Morris shall furnish to you satisfactory Certificates of Insurance **naming said companies "Additional Insured"**.
2. The method of making attachments to poles shall be in accord with construction and safety requirements of Jersey Central Power & Light, Cablevision and Verizon.
3. **The undersigned acknowledges receipt of, and understands, Jersey Central Power & Light's construction and safety requirements with regard to the requested attachments.**
4. These attachments will be promptly removed at the end of the specified period.

The types and minimum amounts of insurance to be supplied by the Township of Morris are:

- A) **Public Bodily Injury Liability for \$2,000,000 per person/per occurrence.**
- B) **Property Damage Liability for \$1,000,000 per occurrence, \$1,000,000 annual aggregate.**

ATTEST:



Suzanne V. Walsh, Township Clerk

Organization (Requestor)

By: _____

Title:

DO NOT WRITE BELOW THIS LINE

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In accordance with the foregoing request and in consideration of the agreements stated therein, permission is granted for the use of our utility poles for the period stated.

By: _____

Jersey Central Power & Light Representative

Date of Installation: _____ Date of Removal: _____

BANNER / FLAG INSTALLATION - POLE NUMBERS AND LOCATIONS

MUNICIPALITY: Township of Morris

DATE INSTALLED: _____

DATE REMOVED: _____

REQUESTOR:

NAME: _____

ADDRESS: _____

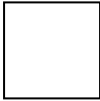
TITLE: _____

PHONE: _____

FAX: _____

Type of banner installation: **Horizontal Only**

THE FOLLOWING BANNER LOCATION MEET THE STANDARDS OF THE UTILITY COMPANIES

	POLE NUMBER	STREET	CROSS STREET
Location 1 	BT – 3760 MT 40132	Sussex Ave.	Tikvah Way



CERTIFICATE OF LIABILITY INSURANCE

OP ID EL
DUMMY-6

DATE (MM/DD/YYYY)

04/07/09

PRODUCER Polaris Galaxy Insurance LLC 777 Terrace Avenue, Suite 309 Hasbrouck Heights NJ 07604 Phone: 201-727-1720 Fax: 201-727-0080	THIS CERTIFICATE 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.	
	INSURERS AFFORDING COVERAGE	NAIC #
INSURED <div style="font-size: 2em; opacity: 0.5; text-align: center;">SAMPLE</div>	INSURER A: ABC INSURANCE COMPANY	
	INSURER B:	
	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.

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
A	X	GENERAL LIABILITY	ABC INS CO POLICY NUMBER	01/01/09	01/01/10	EACH OCCURRENCE	\$ 1,000,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$
						PERSONAL & ADV INJURY	\$ 1,000,000
						GENERAL AGGREGATE	\$ 2,000,000
						PRODUCTS - COMP/OP AGG	\$ 1,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
		AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	\$
		<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
		<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
		<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
		<input type="checkbox"/> HIRED AUTOS					
		<input type="checkbox"/> NON-OWNED AUTOS					
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
		<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY: EA ACC	\$
						AGG	\$
		EXCESS / UMBRELLA LIABILITY				EACH OCCURRENCE	\$
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$
							\$
		<input type="checkbox"/> DEDUCTIBLE					\$
		<input type="checkbox"/> RETENTION \$					\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS	OTHER
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N				E.L. EACH ACCIDENT	\$
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$
		OTHER					

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

The Township of Morris, Jersey Central Power & Light, FirstEnergy Company, Verizon and Cablevision are included as additional insureds with respect to:

CERTIFICATE HOLDER

Township of Morris
P.O. Box 7603
Karen Carman

Convent Station NJ 07961

CANCELLATION

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

[Signature]