



Group Use Permit Application: Self-Guided, Faculty-Led College & University Visits

For weekday, non-holiday class or group visits with undergraduate students.

Instructions:

You can submit your application in one of two ways:

1. **Email:** Send the completed application, Certificate of Liability Insurance, and credit card payment information to Kim Tischler, Associate Director of Community Education at ktischler@mohonkpreserve.org
2. **Mail:** Print and mail the completed form with check and Certificate of Liability Insurance to: Mohonk Preserve, PO Box 715, New Paltz, NY 12561

Important:

- **Groups must be affiliated with a recognized college or university.**
- Applications, including payment and a Certificate of Liability Insurance (COI), must be received at least **10 business days** before the visit.
- **Incomplete applications will not be processed.**
- Permits are issued via email on a **first-come, first-served basis**.
- Faculty or staff must accompany class or group.
- **Permits are only valid on Mohonk Preserve trails and for access at Mohonk Preserve trailheads. Permits do not grant access to Mountain House property.** Skytop Tower and the Lemon Squeeze are located on Mohonk Mountain House property, which is privately owned and managed, separate from Mohonk Preserve.

Information

- **College/University:** _____
- **Contact Person:** _____ **Title:** _____
- **Address:** _____
- **City/State/Zip:** _____
- **Phone:** _____ **Email:** _____

Visit Details

- **Faculty Name:** _____ **Faculty Contact #:** _____
- **Faculty Email:** _____
- **Faculty Department:** _____
- **Theme of Visit:** _____
- **Requested Visit Date(s):** _____
- **Rain Date(s)** (optional, must be selected now) _____
- **# of Participants:** _____ **Total Group Size** (30 max): _____
- **Arrival & Departure Time:** _____
- **Number & Type of Vehicles (car, bus, van, etc.):** _____

Trail Information

- **Arrival Trailhead (circle one):**
Spring Farm | West Trapps | Coxing Kill | Visitor Center | Testimonial Gateway
- **Departure Trailhead (circle one):**
Spring Farm | West Trapps | Coxing Kill | Visitor Center | Testimonial Gateway
- **Hiking Route and Destination (list trails the class will use):**

Fee Calculation

Group Permit Fee: (# of participants × # of weekdays × \$8.00) = \$_____

Certificate of Liability Insurance (COI)

A **Certificate of Liability Insurance** naming Mohonk Preserve as an additional insured is required. Coverage must meet or exceed:

- **\$1,000,000 per occurrence**
- **\$2,000,000 aggregate**

See sample Certificate of Liability Insurance on the next page.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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 have **ADDITIONAL INSURED** provisions or 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 INSURANCE COMPANY ADDRESS CITY, STATE, ZIP CODE PHONE NUMBER	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
INSURED YOUR NAME YOUR ADDRESS YOUR CITY, STATE, ZIP CODE	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	NAIC #	
	INSURER A :	
	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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
X	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$ 1,000,000
	CLAIMS-MADE X OCCUR	X					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
	POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:							\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	ANY AUTO						BODILY INJURY (Per person)	\$
	OWNED AUTOS ONLY						BODILY INJURY (Per accident)	\$
	HIRED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
	SCHEDULED AUTOS							\$
	NON-OWNED AUTOS ONLY							\$
	UMBRELLA LIAB						EACH OCCURRENCE	\$
	EXCESS LIAB						AGGREGATE	\$
	DED RETENTION \$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE	OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y	N/A				E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						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)

MOHONK PRESERVE IS NAMED AS ADDITIONAL INSURED

CERTIFICATE HOLDER **CANCELLATION**

Mohonk Preserve PO Box 715 New Paltz, NY 12561	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

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