Group Use Permit Application: Youth Weekday Visits

For weekday, non-holiday group visits with participants under 19 years of age.

Instructions:

You can submit your application in one of two ways:

1. **Email:** Send the completed application, Certificate of Liability Insurance (COI), and credit card payment information to Cheryl Elsinger, Trailhead Manager, at celsinger@mohonkpreserve.org
2. **Mail:** Print and mail the completed form with check payee Mohonk Preserve, Inc. and Certificate of Liability Insurance (COI) to: Trailhead Manager, Mohonk Preserve, PO Box 715, New Paltz, NY 12561

Important:

- **Groups must be affiliated with a recognized organization.**
- 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.**
- **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.

Group Information

- **Organization Name:** _____
- **Contact Person:** _____ **Title:** _____
- **Street Address:** _____
- **City/State/Zip:** _____
- **Phone:** _____ **Email:** _____

Visit Details

- **Hike Leader Name:** _____ **Leader Contact #:** _____
- **Leader Email:** _____
- **Requested Visit Date(s):** _____
- **Rain Date(s)** (optional, must be selected now) _____
- **# of Youth:** _____ **# of Chaperones:** _____ **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 all trails the group will use):**
  _____
  _____
  _____

Fee Calculation

Group Permit Fee: (# of participants including staff × # 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 next page.

ACORD®

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): E-MAIL ADDRESS:
INSURED YOUR NAME YOUR ADDRESS YOUR CITY, STATE, ZIP CODE	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 / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$
	DED RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						PER STATUTE OTH-ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y	N / A					E.L. EACH ACCIDENT	$
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						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