

BOROUGH OF SURF CITY, COUNTY OF OCEAN, NJ

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Telephone (609)494-3064

LIABILITY INSURANCE REGISTRATION FORM FOR ALL BUSINESSES AND RENTAL UNITS

REGISTRATION NUMBER _____

Pursuant to the requirements of N.J.S.A. 40A: 1 0A-1 and N.J.S.A. 40A: 1 0A-2, all owners of a business or rental unit or units, and the owner of a multi-family home of four or fewer units, one of which is owner occupied, located in the Borough of Surf City must annually file a certificate of insurance with the Borough Clerk's Office.

Please check the box containing the applicable minimum limits and provide a copy of the certificate of insurance:

For Businesses - Liability insurance for negligent acts and omissions in an amount of no less than \$500,000 for combined property damage and bodily injury to or death of one or more persons in any accident or occurrence

For the Owner of a rental unit or units, other than a multi-family home which is four or fewer units, one of which is owner-occupied, - Liability insurance for negligent acts and omissions in the amount of no less than \$500,000 combined. property damage and bodily injury to or death of one or more persons in any one accident or occurrence

For Multi-Family Home of Four or Fewer Units, one of which is owner occupied - Liability insurance for negligent acts and omissions in the amount of no less than \$300,000 for combined property damage and bodily injury to or death of one or more persons in any one accident or occurrence.

An annual registration fee of \$5.00 is required. Please make the check payable to the "Borough of Surf City." By submitting this form and by signing below, I acknowledge that failure to file this form and a certificate of liability insurance that meets the above requirements by the filing deadline, will result in a fine of not less than \$500.00 but no more than \$5,000.00 which is collectible through a summary proceeding according to the "Penalty Enforcement Law of 1999, "P.L. 1999, c.274 (C:2A:58-10 et seq.).

The following information may only be completed by the Business Owner, Landlord, or authorized representative.

Name _____ Phone Number _____

Address of Applicant _____

Address of Rental Unit _____

Email _____

Signature _____

ADMINISTRATIVE USE ONLY

\$5.00 FEE CASH CHECK _____ COPY OF LIABILITY PROCESSED BY _____