



Date Adopted

Committee

May 20, 2020

Public Safety

**RESOLUTION TO APPROVE A LEASE AGREEMENT FOR THE  
WOODSTOWN NATIONAL GUARD ARMORY ANNEX FOR THE COUNTY  
OF SALEM**

**WHEREAS**, the Salem County Board of Chosen Freeholders on behalf of the County of Salem is desirous to enter into a leasehold agreement with the New Jersey Department of Military and Veterans Affairs, the owner of the property commonly known as the Woodstown National Guard Armory Annex located at 501 North Main Street, Woodstown, New Jersey for the purpose of Emergency Evacuation-24 hour holding period; and

**WHEREAS**, the term of the lease shall be one (1) year, commencing July 1, 2020 and terminating June 30, 2021 at a rate of \$75.00 seventy-five dollars for the application fee for agreement number 21040. Payment is required in advance of use and must be made payable to "Treasurer, State of New Jersey, Department of Military and Veterans' Affairs"; and

**WHEREAS**, three (3) signed copies of the attached agreement along with payment and proof of insurance must be received by the New Jersey Department of Military and Veterans Affairs at least ten (10) days prior to use.

**NOW THEREFORE, BE IT RESOLVED** by the Board of Chosen Freeholders of the County of Salem that:

1. The Board of Chosen Freeholders hereby approved a lease agreement with one New Jersey Department of Military and Veterans Affairs, subject to the approval of County Counsel, for the premise located at 501 North Main Street in the borough of Woodstown, State of New Jersey for the Emergency Evacuation-24HR Holding Period for a term of one (1) year at the annual rate as set forth herein.
2. The Freeholder Direct and the Deputy Clerk of the Board shall be authorized to execute said lease agreement.

A handwritten signature in cursive script that reads "R. Scott Griscom".

R. Scott Griscom, Deputy Freeholder Director  
Chair, Public Safety Committee

I hereby certify the foregoing to be a true resolution adopted by the Board of Chosen Freeholders of the County of Salem on May 20, 2020.

  
 STACY L. PENNINGTON  
 Clerk of the Board

RECORD OF VOTE

FREEHOLDER	AYE	NAY	ABSTAIN	ABSENT	RESOLUTION MOVED	RESOLUTION SECONDED
G. Ostrum, Jr.	✓					✓
C. Hassler	✓					
L. Ware	✓					
R.S. Griscom	✓				✓	
B. Laury	✓					

✓ Indicates Vote

Department Initials: \_\_\_\_\_



# ARMORY

COUNOFS-02

J2TSTENBERG

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
1/2/2020

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).

<b>PRODUCER</b> AssuredPartners AJM 1317 Rt 73 Suite 101 Mount Laurel, NJ 08054	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): (856) 795-4020		FAX (A/C, No): (856) 795-9218
	<b>E-MAIL ADDRESS:</b>		
<b>INSURED</b>  The County of Salem 110 Fifth Street Salem, NJ 08079	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	<b>INSURER A : Travelers Indemnity Company</b>		<b>25658</b>
	<b>INSURER B : Travelers Property Casualty Co of America</b>		<b>25674</b>
	<b>INSURER C :</b>		
	<b>INSURER D :</b>		
	<b>INSURER E :</b>		

**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
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			ZLP-51N14713	1/1/2020	1/1/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 <b>EACH EMPLOYEE L</b> \$ 1,000,000
	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			HKCAP-475M3020-19	1/1/2020	1/1/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
A	<b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			ZUP-16N52143	1/1/2020	1/1/2021	EACH OCCURRENCE \$ 20,000,000 AGGREGATE \$ <b>Aggregate</b> \$ 20,000,000
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under: DESCRIPTION OF OPERATIONS below		N/A	HWXJUB-475M3265-19	1/1/2020	1/1/2021	PER STATUTE    OTH-ER 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 (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

### CERTIFICATE HOLDER

NJ Department of Military & Veteran Affairs & its Employees  
PO Box 340  
Trenton, NJ 08625

### CANCELLATION

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