



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, Education Coordinator for Student Programs 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): E-MAIL ADDRESS:	FAX (A/C, No):
	INSURER(S) AFFORDING COVERAGE	
INSURED YOUR NAME YOUR ADDRESS YOUR CITY, STATE, ZIP CODE	INSURER A :	NAIC #
	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
<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	<input checked="" type="checkbox"/>					EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N / A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 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