

TOWNSHIP OF CEDAR GROVE

525 Pompton Ave Cedar Grove, NJ 07009 973-239-1410, EXT 203 Immersi@cedargrovenj.org

BUSINESS OWNER INSURANCE REGISTRY

	Calendar Year Ending December 31,
Owner Name:	
Address	
City:	State/Zip
Telephone#	Fax#
Email:	
Business Name:	
Business Address:	
Block#: and Lot#:	
 a. Shall maintain liability insurance for necession combined property damage and be occurrence. b. The owner of a multifamily home which liability insurance for negligent acts 	Ordinance 23-913 Insurance Requirement: The owner of a business egligent acts and omissions in an amount of no less than \$500,000 for dily injury to or death of one or more persons in any one accident or h is four or fewer units, one of which is owner-occupied, shall maintains and omissions in an amount of no less than \$300,000 for combined or death of one or more persons in any one accident or occurrence.
	fee must be submitted with this registry form. heck payable to Township of Cedar Grove
Insurance Certificate enclosed: Yes or	No
Check # Cash: Date Received	
Received By	

***** Insurance Registry is only valid for a term of one (1) calendar year, and expires: December 31st of the year that the registration was submitted.