



BUSINESS INSURANCE FORM

IN COMPLIANCE WITH P.L. 2022 c. 92

Instructions:

- ☐ Complete this form for each business and/or structure and return it with the fee and insurance certificate to:

**Robbinsville Township Clerk's Office
2300 Route 33
Robbinsville, NJ 08691**

- ☐ **Fee:** \$60 fee made payable to Robbinsville Township (please note that Credit Card payments will incur a 3% surcharge).
- ☐ **Proof of Insurance:** Pursuant to P.L. 2022, c.92, owners of businesses in the Township of Robbinsville shall provide a certificate of liability insurance for negligent acts and omissions in the amount of \$500,000 for combined property damage and bodily injury to or death of one or more persons in any one accident of occurrence. Such insurance may be provided as part of policies such as those for commercial general liability, personal liability or an umbrella insurance policy.
- ☐ **Deadline:** July 1st each year.

Name of Business		
Business Address		
City	State	Zip
Mailing Address if Different:		
City	State	Zip
Contact Person Name	Phone Number	
Email Address		