



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#:** _____

Pursuant to the Cedar Grove Township Ordinance 23-913 Insurance Requirement: The owner of a business:

- a. Shall maintain 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 one accident or occurrence.

\$ 100.00 business registration fee must be submitted with this registry form.

Please make check 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.