

MARY JACOBS MEMORIAL LIBRARY
64 Washington Street
Rocky Hill, New Jersey 08553
(609) 924-7073
www.sclsnj.org

Brian K. Auger
Director

SCLS Mary Jacobs Memorial Library
Display Insurance Information & Waiver

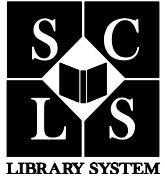
Name _____
Address _____
Phone _____

Statement: I understand that the Somerset County Library System will provide insurance for exhibits that are left on our premises on an excess basis, in the amount of \$5,000. The maximum limit for any one item on display is \$500. There will be a \$200 deductible. The Somerset County Library System will not be responsible for any exhibit left unattended during our hours of operation.

I hereby waive any claim I may have against the Somerset County Library System, its staff, volunteers, etc., for loss or damage to my property in their care other than provided by said insurance.

Signature _____ Date _____
Display Start Date _____ Display End Date _____

Please itemize all display pieces on the attached form.



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Estimated Value of Pieces on Display

Total Number of Items on Display _____

Please list the name and estimated value of each item.

| | Name of Item | Estimated Value |
|----|--------------|-----------------|
| 1 | _____ | \$ _____ |
| 2 | _____ | \$ _____ |
| 3 | _____ | \$ _____ |
| 4 | _____ | \$ _____ |
| 5 | _____ | \$ _____ |
| 6 | _____ | \$ _____ |
| 7 | _____ | \$ _____ |
| 8 | _____ | \$ _____ |
| 9 | _____ | \$ _____ |
| 10 | _____ | \$ _____ |
| 11 | _____ | \$ _____ |
| 12 | _____ | \$ _____ |
| 13 | _____ | \$ _____ |
| 14 | _____ | \$ _____ |
| 15 | _____ | \$ _____ |
| 16 | _____ | \$ _____ |
| 17 | _____ | \$ _____ |
| 18 | _____ | \$ _____ |
| 19 | _____ | \$ _____ |
| 20 | _____ | \$ _____ |