

**Yale Peabody Museum of Natural History**  
**170 Whitney Avenue, P.O. Box 208118 New Haven, CT 06520-8118**  
**(203) 432-9578/ (203) 432-9816 Fax**

**RENTAL AGREEMENT FOR USE OF THE YALE PEABODY MUSEUM**

Please provide in print the following information. Please do not leave any area blank. If something does not apply to your event please write N/A in the space provided.

Dept./Organization Name: \_\_\_\_\_

Billing  
Address: \_\_\_\_\_  
\_\_\_\_\_

Primary Contact Name(s): \_\_\_\_\_

Telephone # (s): \_\_\_\_\_

Contact at Event: \_\_\_\_\_ Tel: \_\_\_\_\_

Date of Event: \_\_\_\_\_

Number of People Attending Event: \_\_\_\_\_

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Describe Type of Event Being Held: \_\_\_\_\_

Halls Being Used During Event: \_\_\_\_\_

Please provide the name and telephone number for the following vendors who will be providing services for your event:

Caterer : \_\_\_\_\_ Tel.: \_\_\_\_\_ Arrival Time: \_\_\_\_\_

Rental Co.: \_\_\_\_\_ Tel.: \_\_\_\_\_ Arrival Time: \_\_\_\_\_

Florist: \_\_\_\_\_ Tel.: \_\_\_\_\_ Arrival Time: \_\_\_\_\_

Entertainment: \_\_\_\_\_ Tel.: \_\_\_\_\_ Arrival Time: \_\_\_\_\_

Additional  
Details: \_\_\_\_\_



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**TENANT USER**  
**Requirements for Incoming Certificates to Yale University**

Anyone renting a Yale facility for a non-Yale sponsored "special event" must submit a certificate of insurance with the following coverage & minimum limits to the Event Office booking the event & to the Office of Risk Management (below)

A. COMPREHENSIVE GENERAL LIABILITY—ISO Standard 1986 Form  
Bodily Injury and Property Damage

\$1,000,000	General Aggregate Limit
\$1,000,000	Combined Single Limit per occurrence
\$1,000,000	Products/Completed Operations aggregate
\$1,000,000	Personal & Advertising Injury per occurrence
\$50,000	Any One Fire
\$50,000	Property Damage Aggregate per occurrence
\$5,000	Accident Medical Coverage
\$50,000	Abuse or Molestation per occurrence
\$100,000	Abuse of Molestation aggregate
\$1,000,000	Liquor Liability aggregate limit
\$1,000,000	Each common cause limit

B. Yale University must be shown as Additional Insured on all liability policies

C. All insurance carriers must be rated A or better by AM Best

D. Thirty Days notice of cancellation is required on all policies

E. A description of the service provided and anticipated dates on campus must be shown on the certificate of insurance

F. All certificates must be sent to (or faxed to 203 432-7520):

Yale University  
Office of Risk Management  
PO Box 208231  
2 Whitney Avenue  
New Haven, CT 06520  
Attn: Marjorie Lemmon, Risk Manager

G. All exclusions added by endorsement must be indicated

H. Certificate must be signed by an authorized representative