



TOWNSHIP OF SOUTHAMPTON

5 Retreat Road
Southampton, NJ 08088
609-859-2736
Clerksoffice@southamptonnj.org

BUSINESS OWNER INSURANCE REGISTRY

Calendar Year Ending
December 31, _____

Owner Name: _____

Address _____

City: _____ State/Zip _____

Telephone _____ Cell Phone _____

Email: _____ FAX: _____

Business Name: _____

Business Address: _____

Block: _____ Lot: _____

Pursuant to the Southampton Township Ordinance 8-10.2 Insurance Requirement: The owner of a business:

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.

\$ 20.00 processing fee must be submitted with this registry form.
Please make check payable to Township of Southampton.

Insurance Certificate enclosed: _____

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. Applications may be renewed as of December 15th for the next calendar year.