



Phone (732) 349-6425 Fax (732) 240-0533
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Scan the QR code to fill
form out online



Business and Rental Unit Liability Insurance Registration Form—2025

(Annual Registration Required Pursuant to
N.J.S.A. 40A:1 OA-I, et seq., P.L. 2022, c. 92)

Return to Borough of Pine Beach Municipal Clerk's Office, 599 Pennsylvania Ave., Pine Beach, NJ 08741

Online form <https://tinyurl.com/busreg2025> or Email to cbortko@pinebeachnj.gov

1. Name of Insured Business or Rental Unit: _____
2. Street Address of Insured Business or Rental Unit: _____
3. Office, Suite, or Apt.# of Insured Business or Rental Unit: _____
4. Property Tax Identifier of Insured Business of Rental Unit: Block # _____ Lot(s) # _____
5. Full Name of Property Owner of Record: _____
6. Insured Business or Rental Unit Owner, Manager, or Responsible Officer Select: Mr. Mrs. Ms. Other _____
7. Owner or Responsible Officer First Name, Middle Initial, and Last Name: _____
8. Owner or Responsible Officer Official Title: _____
9. Owner or Responsible Officer Telephone #: (_____) _____ - _____
10. Owner or Responsible Officer E-mail Address: _____
11. Owner or Responsible Officer Mailing Address (if different than Location of Insured Business or Rental Unit)
Other Mailing Address 1: _____
Other Mailing City/State/Zip: _____
12. ☐ Owner/Operator ☐ Commercial Tenant-Name of Tenant Bus. _____ ☐ Residential Rental
13. Does the Owner of the Business maintain liability insurance for negligent acts and omissions in the 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 in a comm. gen. liability, personal liability or umbrella policy?
☐ Yes ☐ No Provide date current policy is valid through: _____
14. For Owner-Occupied two-family, three-family, or four-family homes, does the owner maintain liability insurance for negligent acts and omissions in the amount of no less than \$300,000 for combined property damage and bodily injury to, or death of one or more persons in any one accident or occurrence in a comm. gen. liability, personal liability or umbrella policy? ☐ Yes ☐ No
15. Number of Rental Units covered by this policy at this location: _____
16. Insurance Company Name: _____
17. Insurance Company Address: _____
18. Insurance Policy Number: _____

Owner or Responsible Officer Name: _____ Date: _____

Owner or Responsible Officer Signature: x _____

I certify that the above information is true and correct and that the Business or Owner of the Rental Unit maintains the minimum liability insurance as required by New Jersey state law.

FOR OFFICE USE ONLY Date Rcv'd _____ Initials _____ Data Entered _____