

CLEAR LAKE MASONIC BUILDING ASSOCIATION
P.O. Box 254
Lower Lake, CA 95457

This SHORT-TERM LEASE made and executed on this _____ day of _____ 2022

BY and BETWEEN: CLEAR LAKE MASONIC BUILDING ASSOCIATION P.O. Box 254 Lower Lake, CA 95457,
hereinafter called the Lessor and _____ hereinafter referred to as
lessee.

CLEANING DEPOSIT: That for and in consideration of the sum of \$ _____
Paid to the Lessor paid by the Lessee, receipt of which is hereby acknowledged by Lessor, and for and in the further
consideration of payment the Lessor hereby leases to Lessee, and Lessee lures from Lessor for the purpose of
conducting _____ therein and for no other purpose, those certain premises situated in the city of
Clearlake, California, and more particularly described as 7100 Center Drive, Clearlake, CA.

- | | |
|--|---------------------------------|
| 1) Banquet Room - \$550.00 | 2) Kitchen - \$250.00 |
| 3) Banquet Room and Kitchen \$800.00 | 4) Lodge Room - \$400.00 |
| 5) Entire building - \$ \$1,500.00 | 6) Utility Surcharge - \$200.00 |
| 7) Key & Cleaning Deposit: \$800.00 (Refunded after key return and inspection of property) | |
| 8) Trash Removal Fee - \$200.00 (Deducted from cleaning deposit, if desired) | |

TERMS: The term shall be for _____ day(s), commencing on the _____ day of _____, 2022 at the total rent of
\$ _____. payable in advance including the above deposits.

- Cashier Checks or Money Orders or Cash accepted. (Sorry no Credit Cards)
- Refunds will be made after key return and inspection of the building and property for cleanliness and damage.

USE: Lessee shall not use, or permit said premises, or any part thereof, to be used, for any purpose or purposes
other than the purpose for which said premises are hereby leased; and no use shall be made or permitted to
be made of said premises, nor acts done, which will increase the existing rate of insurance upon the building in
which said building, or any part thereof, nor shall a cancellation of any insurance policy covering said building,
or any part thereof, nor shall lessee sell, or permit to be kept, used, sold, in or about said premises, any article
which may be prohibited by standard form of fire insurance policies. Lessee shall, at his sole cost, comply with
any insurance organization or company, necessary for maintenance of reasonable fire and public liability
insurance, covering said building and appurtenances.

DAMAGE TO PREMISES: Lessee shall not mar or deface in any manner the wall, woodwork, or any part of said
leased premises; that all damage or injury done to the premises or property of said Lessor by said Lessee or by
any person who may be in or upon the premises, with the consent of the Lessee, shall be paid for by the Lessee
at the time the damage or injury is inflicted; and that said Lessee shall, at the termination of the lease surrender
said leased premises to the Lessor in as good order and condition as reasonable and proper use thereof will
permit.

USES PROHIBITED: Lessee shall not commit, or suffer to be committed, any waste upon said premises, or any
nuisance, or other act or thing which may disturb the enjoyment of any other tenant in the building in which
the premises may be located. Lessee shall not make, or suffer to be made, any alteration of the said premises,
or any part thereof, without the written consent of the Lessor.

DAMAGES: Lessee as a material part of the consideration to be rendered to Lessor, hereby waives all claims against Lessor for damages to goods, wares, and merchandise, in, upon, or about said premises and for injuries to persons, in, upon, or about said premises, from any cause whatsoever arising at any time, and Lessee will hold Lessor exempt and harmless from any liability, loss, cost, and obligation on account of any damage or injury to any person, or to the goods, wares and merchandise of any person, arising in any manner from the use or occupancy of the premises by the Lessee.

EXCLUSIONS: Further, it is agreed and accepted that any liquor served on premises by Lessee is the sole responsibility of Lessee and holds harmless Lessor for "Bodily Injury or Property Damage" for which any Lessee may be held liable by reason of:

- 1) Causing or contributing to the intoxication of any person
- 2) The furnishing of alcoholic beverages to a person under the legal drinking age or under the influence of alcohol.
- 3) Any statute, ordinance or regulation relating to the sale, gift, distribution, or use of alcoholic beverages.

Any obligation of the Lessee under a workers' compensation, disability benefits or unemployment compensation law or any similar law. "Bodily Injury" to:

- 1) Any employee of the lessee arising out of and in the course of employment by the insured.
- 2) The spouse, child, parent, brother, or sister of that employee as a consequence of the (1) above.

This exclusion applies:

- 1) Whether the Lessee may be liable as an employer or in any other capacity; and
- 2) To any obligation to share damages with or repay someone else who must pay damages because of the injury.

IN WITNESS WHEREOF, Lessor and Lessee have executed these presents, the day and year first above written.

LESSOR: _____ DATE: _____
Clear Lake Masonic Building Association

LESSEE (1): _____ DATE: _____

ADDRESS: _____ Phone (____) _____

LESSEE (2): _____ DATE: _____

ADDRESS: _____ Phone (____) _____

Fees and Deposits Paid _____ Check# _____ Cash \$ _____

Deposit Returned/Forfeited on _____

Insurance ____ Yes ____ No Proof of ABC License ____ Yes ____ NO

Revised 03/15/22



CERTIFICATE OF LIABILITY INSURANCE

DATE
06/01/2012

PRODUCER Insurance Broker licensed in all 50 states Phone 855-493-8368 Email info@theeventhelper.com	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
	INSURERS AFFORDING COVERAGE	NAIC #
INSURED Your Name Here Your DBA Name Your Address Your City, State ZIP	INSURER A: A+ XV rated insurance company	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADDL INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS
A	Y	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <u>Host Liquor Liability</u> <input type="checkbox"/> <u>Retail Liquor Liability</u> GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	TBD	TBD	TBD	EACH OCCURRENCE INCLUDES BODILY INJURY & PROPERTY DAMAGE \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 DEDUCTIBLE \$ 1,000
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> _____ <input type="checkbox"/> _____				COMBINED SINGLE LIMIT (Each Occurrence) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> _____				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<input type="checkbox"/> WC STAT. LIM. <input type="checkbox"/> OTH. \$ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
		OTHER Primary Wording / Waiver of Subrogation	TBD	TBD	TBD	OPTIONAL

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 Certificate holder listed below is named as additional insured per attached CG 20 26 07 04.

Go to "theeventhelper.com" to purchase this insurance for your event or contact the Lodge for help.

CERTIFICATE HOLDER

CANCELLATION

Callayomi Masonic Lodge #183 Clear Lake Masonic Building Assn 7100 S. Center Dr. Clearlake, CA 95422	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE INSURER AFFORDING COVERAGE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE Agent of Record signature here
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