

WALLKILL CENTRAL SCHOOL DISTRICT  
REQUEST FOR USE OF SCHOOL FACILITIES

Request must be submitted 30 days prior to the 3<sup>rd</sup> Thursday of the following month.

I. Name of Organization Triple Threat Hoops  
Date of Request March 23<sup>rd</sup> thru June 12, 2020 (any day(s) Monday thru Friday)

Person Making Request Jason Szeli

Are you a Wallkill Central School District Resident? ☒ Yes ☐ No

Staff Member in Charge (If Applicable, See Attached Form) \_\_\_\_\_

Daytime Telephone Number 845-542-2366

Address 1374 Route 208 Wallkill, N.Y. 12589

Building/Facilities Requested Lg Gym John G. Borden Middle School / Basketball Court

Description of Activity Basketball Practice

Are the Majority of the Participants Wallkill Central School District Residents?

☒ Yes ☐ No

Will Admission, Fees be Charged or Donations Accepted? ☐ Yes ☒ No

If Yes, Specify Community Benefit \_\_\_\_\_

Date(s) March 23<sup>rd</sup> - June 12 (Monday thru Friday) Time(s) 6pm - 9pm

May 26<sup>th</sup> - Tuesdays only

II. INSURANCE INFORMATION

Do you (the requesting organization) have an in-force public liability policy?

☒ Yes (If yes, please provide a certificate of insurance, listing the Wallkill Central School District as an additional insured)

☐ No

If yes, what are the limits of liability? \_\_\_\_\_

III. RULES FOR USE OF SCHOOL FACILITIES (Please note: WiFi access will not be provided.)

A. Board of Education approval is necessary for all athletic related and profit-making activities.

B. A custodian must be on duty while the building is in use. A custodial fee is to be charged when overtime is required.

In the event of an austerity budget, or if custodians are not on duty, fees will be charged for all usage, or a staff member must sign the attached form for assumption of responsibility.

C. Any day school must be closed, activities that evening are cancelled. It is the responsibility of the sponsor group to notify the public.

D. Police protection must be arranged for any event when it is deemed necessary by the school administration.

E. Functions shall be non-exclusive and open to the general public.

F. The facilities must be vacated by the time indicated on the approved request form but no later than 10:30 P.M.

RECEIVED

FEB 24 2020

ASS'T SUPT. FOR  
SUPPORT SERVICES

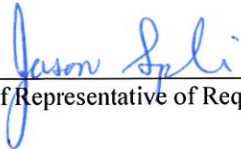
Large Gym  
Only

3/4/20  
Spoke w  
Mr. Szeli  
about  
changes  
Glad to  
go.

- G. No smoking is allowed on school property.
- H. No one is allowed in areas other than those authorized.
- I. No drinking of alcoholic beverages, use of drugs, fighting, abusive language or illegal acts are to be permitted on the premises.
- J. No school supplies, materials or equipment may be used without specific prior approval of the building principal.
- K. The using organization is responsible for the care and safeguarding of all personnel, facilities, and equipment.
- L. Facilities shall be left neat and clean, or a charge for additional custodial services will be levied.
- M. When use of gyms is authorized for recreational purposes, sneakers must be worn.
- N. Vehicles are permitted in authorized parking areas only.
- O. The using organization may be required to furnish public liability and property damage insurance with limits at least equal to those of the school district. (See Attachment).
- P. A Certificate of Insurance may be requested, if deemed necessary with appropriate limits of insurance, by Central Administration.
- Q. The approval for use of school facilities is revocable at any time without notice.
- R. All school related functions will have priority for use of the building.
- S. State Law requires that the sponsoring group be responsible to inform persons in attendance, at the beginning of the event, procedures to be followed in an emergency (fire, etc.) so that all may be able to leave the building in a timely and orderly manner.
- T. Groups using the outdoor lighted athletic facilities will incur a charge in an amount equal to the rate charged to the District by the local utility company.
- U. No group shall use any pesticide or herbicide application in any building located on school district property or on any fields.
- V. The Board of Education will allow the Superintendent of Schools to use discretion in approving requests prior to official action by the Board of Education.
- W. The District may waive or modify any of the rules for use of school facilities.

All school buildings have a map designating fire exits. Please request a map from the office.

I agree on behalf of the organization named that all members and guests will observe the outlined regulations and that we, individually, and as an organization, will assume full financial responsibility for any and all damages done to the Wallkill Central School District's property during the indicated period of use. We also agree that our organization will at all times hereafter indemnify the above-named school against any loss, damage or expense of any kind, which said school may sustain or incur because of use of the above described building by our organization and we will further hold said school harmless for loss of any kind in connection therewith.

  
\_\_\_\_\_  
Signature of Representative of Requesting Organization

2/6/2020  
\_\_\_\_\_  
Date

FOR BUILDING USE ONLY

\_\_\_\_\_ Director of Operational Services Contacted

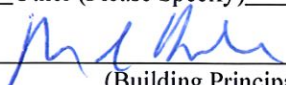
\_\_\_\_\_ Building Custodian Contacted

\_\_\_\_\_ Director of School Lunch Program Contacted

\_\_\_\_\_ Athletic Director Contacted

\_\_\_\_\_ Sent to District Office for Board Approval

\_\_\_\_\_ Other (Please Specify) \_\_\_\_\_

Approved:  Date 3/4/20  
(Building Principal's Signature)

Disapproved: \_\_\_\_\_ Date \_\_\_\_\_  
(Building Principal's Signature)

\*\*\*\*\*

FOR DISTRICT OFFICE USE ONLY

Approved:  Date 3/6/2020  
(Assistant Superintendent for Support Services)

Disapproved: \_\_\_\_\_ Date \_\_\_\_\_  
(Assistant Superintendent for Support Services)

Approval/Disapproval Forwarded To:

\_\_\_\_\_ Assistant Superintendent for Educational Services

\_\_\_\_\_ Building Principal, Director of School Lunch Program, Director of  
Operational Services, Building Custodian, Athletic Director



**PRACTICE THIRD PARTY CERTIFICATE OF INSURANCE**  
**AMATEUR ATHLETIC UNION OF THE U.S., INC.**

<b>CERTIFICATE HOLDER</b>	wallkill Central School District 137 Viola St wallkill, NY 12589	<b>COVERAGE DATES:</b> 09/09/2019 - 8/31/2020				
This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not affirmatively or negatively amend, extend or alter the coverage afforded by the policies below. This certificate of insurance does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder.						
<b>PRODUCER</b>  Foy Insurance 64 Portsmouth Ave PO Box 1030 Exeter, NH 03833-1030	<b>INSURED</b>  Amateur Athletic Union of the U.S., Inc. Walt Disney World Resort P.O. Box 22409 Lake Buena Vista, FL 32830-1000 (407) 934-7200	<b>MEMBER CLUB INSURED</b> Triple Threat Hoops 52 Forest Road Wallkill, NY 12589  <b>CERTIFICATE ID: 0KAD337T</b> <b>CLUB CODE: WYA79F</b>				
<b>INSURER(S) AFFORDING COVERAGE</b>						
Company A United State Fire Insurance Company NAIC# 21113  Company B Everest National Insurance Company NAIC # 10120		*For box below, INSR LTR refers to Company A or B.				
<b>COVERAGES</b> - This is to certify that the policy(ies) 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 policy(ies) described herein is subject to all the terms, exclusions, and conditions of such policy(ies), limits shown may have been reduced by paid claims.						
<b>INSR LTR</b>	<b>TYPE OF INSURANCE</b>	<b>POLICY NUMBER</b>	<b>COVERAGE EFF. DATE (MM/DD/YY)</b>	<b>COVERAGE EXP. DATE (MM/DD/YY)</b>	<b>COVERAGES</b>	<b>LIMITS</b>
A	Participant Accident	US1182766	9/01/2019 12:01 AM.	9/01/2020 12:01 AM.	Accident Medical Accidental Death and Dismemberment	100,000 20,000
B	Excess Liability	S18EX00142-191	9/01/2019 12:01 AM.	9/01/2020 12:01 AM.	Each Occurrence Policy Aggregate	1,000,000 1,000,000
B	Excess Liability	S18EX00142-191	9/01/2019 12:01 AM.	9/01/2020 12:01 AM.	Each Occurrence Policy Aggregate	9,000,000 9,000,000
B	General Liability	S18ML00176-191	9/01/2019 12:01 AM.	9/01/2020 12:01 AM.	Each Occurrence Limit General Aggregate Limit Participant Legal Liability Personal and Advertising Injury Limit Products-Completed Operations Aggregate Fire Damage to premises Rented to You Policy Aggregate Cap Medical Expenses Limit (Any One Person) Sexual Abuse Liability Sexual Abuse Aggregate	1,000,000 3,000,000 1,000,000 1,000,000 3,000,000 1,000,000 25,000,000 5,000 1,000,000 2,000,000
<b>ADDITIONAL INFORMATION / RESTRICTIONS / SPECIAL ITEMS</b>  Coverage applies to Triple Threat Hoops, License # 0KAD337T Practice, Triple Threat Hoops from 09/09/2019 through 06/22/2020, for the gross negligence and/or liabilities of the AAU Club(s) or registered members. For said club to have coverage, all membership requirements in the AAU must be met. Primary non-contributory applies as per attached endorsement ECG 24 520 04 02. Waiver of Transfer of Rights of Recovery Against Other to Us applies per attached Endorsement ECG 24 552 04 02. The Certificate holder shall be an Additional Insured, but only with respect to the operations of the Named Insured, subject to the provisions and limitations of the policy(ies), attached CG 20 26 0413 applies.						
<b>CANCELLATION</b> - Should any of the above described policies be cancelled before the expiration date thereof, notice will be delivered in accordance with the policy provisions. But, failure to mail such notices shall impose no obligation for liability of any kind upon the insurer, its agents or representatives. <b>REVOCATION OF MEMBERSHIP</b> - will result in cancellation of coverage.						
<b>FACILITY OWNER SHOULD VERIFY THIS CERTIFICATE.</b> Go to <a href="http://www.aasports.org">www.aasports.org</a> , Membership, Insurance, Issued Third Party Certificates, Insert member club code						



Authorized Representative

Certificate No. 20202461

3

inscrtfacility.rpt



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL - OTHER INSURANCE  
(PRIMARY NONCONTRIBUTORY)**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

A. Paragraph a. Primary Insurance of 4. Other Insurance of SECTION IV  
COMMERCIAL GENERAL LIABILITY CONDITIONS is replaced by the  
following:

**a. Primary Insurance**

This insurance is primary except when b. below applies. If this insurance is primary, our obligations are not affected unless any of the other insurance is also primary. Then, we will share with all that other insurance by the method described in c. below, except that we will not seek contribution from any party with whom you have agreed in a written contract of agreement that this insurance will be primary and noncontributory, if the written contract of agreement was made prior to the subject "occurrence" or offense.

WALLKILL CENTRAL SCHOOL DISTRICT  
REQUEST FOR USE OF SCHOOL FACILITIES

RECEIVED

FEB 28 2020

ASST Supt. FOR  
SUPPORT SERVICES

Request must be submitted 30 days prior to the 3<sup>rd</sup> Thursday of the following month.

- I. Name of Organization Wallkill Reformed Church
- Date of Request 2/24/2020
- \* Person Making Request Jack Bottens (Chairperson - Outreach)
- Are you a Wallkill Central School District Resident? ☒ Yes ☐ No
- Staff Member in Charge (If Applicable, See Attached Form) \_\_\_\_\_
- \* Daytime Telephone Number (H) 845-895-3328 (M) 845-417-3040
- Address P.O. Box 54, Wallkill, NY 12589
- Building/Facilities Requested High School Track at Football Field
- Description of Activity Walk-A-thon
- Are the Majority of the Participants Wallkill Central School District Residents?  
☒ Yes ☐ No
- Will Admission, Fees be Charged or Donations Accepted? ☒ Yes ☐ No
- If Yes, Specify Community Benefit Snackin Kidz Klub (Meal Bag Program)
- Date(s) May 16, 2020 (Saturday) Time(s) 7 AM - 1 PM

II. INSURANCE INFORMATION

Do you (the requesting organization) have an in-force public liability policy?

- ☒ Yes (If yes, please provide a certificate of insurance, listing the Wallkill Central School District as an additional insured) NOTE: Insurance Certificate of Liability form will be revised in April 2020. New Certificate to follow in May 2020.
- ☐ No
- If yes, what are the limits of liability? See attached form

III. RULES FOR USE OF SCHOOL FACILITIES (Please note: WiFi access will not be provided.)


- A. Board of Education approval is necessary for all athletic related and profit-making activities.
- B. A custodian must be on duty while the building is in use. A custodial fee is to be charged when overtime is required.
- In the event of an austerity budget, or if custodians are not on duty, fees will be charged for all usage, or a staff member must sign the attached form for assumption of responsibility.
- C. Any day school must be closed, activities that evening are cancelled. It is the responsibility of the sponsor group to notify the public.
- D. Police protection must be arranged for any event when it is deemed necessary by the school administration.
- E. Functions shall be non-exclusive and open to the general public.
- F. The facilities must be vacated by the time indicated on the approved request form but no later than 10:30 P.M.



- G. No smoking is allowed on school property.
- H. No one is allowed in areas other than those authorized.
- I. No drinking of alcoholic beverages, use of drugs, fighting, abusive language or illegal acts are to be permitted on the premises.
- J. No school supplies, materials or equipment may be used without specific prior approval of the building principal.
- K. The using organization is responsible for the care and safeguarding of all personnel, facilities, and equipment.
- L. Facilities shall be left neat and clean, or a charge for additional custodial services will be levied.
- M. When use of gyms is authorized for recreational purposes, sneakers must be worn.
- N. Vehicles are permitted in authorized parking areas only.
- O. The using organization may be required to furnish public liability and property damage insurance with limits at least equal to those of the school district. (See Attachment).
- P. A Certificate of Insurance may be requested, if deemed necessary with appropriate limits of insurance, by Central Administration.
- Q. The approval for use of school facilities is revocable at any time without notice.
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All school buildings have a map designating fire exits. Please request a map from the office.

I agree on behalf of the organization named that all members and guests will observe the outlined regulations and that we, individually, and as an organization, will assume full financial responsibility for any and all damages done to the Wallkill Central School District's property during the indicated period of use. We also agree that our organization will at all times hereafter indemnify the above-named school against any loss, damage or expense of any kind, which said school may sustain or incur because of use of the above described building by our organization and we will further hold said school harmless for loss of any kind in connection therewith.

  
\_\_\_\_\_  
Signature of Representative of Requesting Organization

  
\_\_\_\_\_  
Date

FOR BUILDING USE ONLY

\_\_\_\_\_  
Director of Operational Services Contacted

RCB  
\_\_\_\_\_  
Building Custodian Contacted

\_\_\_\_\_  
Director of School Lunch Program Contacted

RP  
\_\_\_\_\_  
Athletic Director Contacted

\_\_\_\_\_  
Sent to District Office for Board Approval

\_\_\_\_\_  
Other (Please Specify)

Approved: [Signature] Date 2/28/2020  
(Building Principal's Signature)

Disapproved: \_\_\_\_\_ Date \_\_\_\_\_  
(Building Principal's Signature)

\*\*\*\*\*

FOR DISTRICT OFFICE USE ONLY

Approved: [Signature] Date 3/2/2020  
(Assistant Superintendent for Support Services)

Disapproved: \_\_\_\_\_ Date \_\_\_\_\_  
(Assistant Superintendent for Support Services)

Approval/Disapproval Forwarded To:

\_\_\_\_\_  
Assistant Superintendent for Educational Services

\_\_\_\_\_  
Building Principal, Director of School Lunch Program, Director of  
Operational Services, Building Custodian, Athletic Director





70WALLKLWA

AWORDE

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/17/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Emery & Webb, Inc. 989 Main Street Fishkill, NY 12524	CONTACT NAME:		
	PHONE (A/C, No, Ext): (845) 896-6727	FAX (A/C, No): (845) 896-6877	
INSURED  Wallkill Reformed Church P.O. Box 54 Wallkill, NY 12589-0054	E-MAIL ADDRESS:		
	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : Preferred Mutual Insurance Company		15024
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
INSURER F :			

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		CPP0110539859	5/15/2019	5/15/2020	EACH OCCURRENCE	\$ 1,000,00
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,00
							MED EXP (Any one person)	\$ 5,00
							PERSONAL & ADV INJURY	\$ 1,000,00
							GENERAL AGGREGATE	\$ 3,000,00
							PRODUCTS - COMPIOP AGG	\$ 3,000,00
								\$
	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>	
							E L EACH ACCIDENT	\$
							E L DISEASE - EA EMPLOYEE	\$
							E L DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Wallkill Central School District is included as additional insured as respects general liability on a primary and non-contributory basis with regard to the named insured's use of premise on 09/21/2019 for track & field game.

## CERTIFICATE HOLDER

## CANCELLATION

Wallkill Central School District  
19 Main Street  
P.O. Box 310  
Wallkill, NY 12589

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

WALLKILL CENTRAL SCHOOL DISTRICT  
REQUEST FOR USE OF SCHOOL FACILITIES

Request must be submitted 30 days prior to the 3<sup>rd</sup> Thursday of the following month.

I.

Name of Organization Triple Threat Hoops

Date of Request 6-6-20

Person Making Request Paul Marvalli

Are you a Wallkill Central School District Resident? ☒ Yes ☐ No

Staff Member in Charge (If Applicable, See Attached Form) \_\_\_\_\_

Daytime Telephone Number 914-213-1000

Address 52 Forest Rd Wallkill NY 12589

Building/Facilities Requested Sohn Gr Borden M.S. / Basketball Court Only Large Gym

Description of Activity Basketball tournament

Are the Majority of the Participants Wallkill Central School District Residents?

☒ Yes ☐ No

Will Admission, Fees be Charged or Donations Accepted? ☒ Yes ☐ No Door fees.

If Yes, Specify Community Benefit anticipating Donation for use of gym

Date(s) June 6, 2020 Time(s) 8 AM - 9 PM 3/3/20

II.

INSURANCE INFORMATION

Do you (the requesting organization) have an in-force public liability policy?

☒ Yes (If yes, please provide a certificate of insurance, listing the Wallkill Central School District as an additional insured)

☐ No

If yes, what are the limits of liability? \_\_\_\_\_

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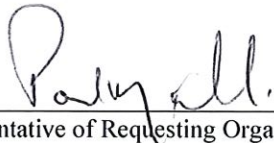
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Signature of Representative of Requesting Organization

2-17-20

Date

FOR BUILDING USE ONLY

\_\_\_\_\_ Director of Operational Services Contacted

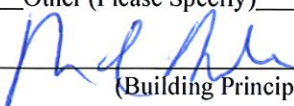
\_\_\_\_\_ Building Custodian Contacted

\_\_\_\_\_ Director of School Lunch Program Contacted

\_\_\_\_\_ Athletic Director Contacted

\_\_\_\_\_ Sent to District Office for Board Approval

\_\_\_\_\_ Other (Please Specify) \_\_\_\_\_

Approved:  Date 3/5/20  
(Building Principal's Signature)

Disapproved: \_\_\_\_\_ Date \_\_\_\_\_  
(Building Principal's Signature)

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FOR DISTRICT OFFICE USE ONLY

Approved:  Date 3/6/2020  
(Assistant Superintendent for Support Services)

Disapproved: \_\_\_\_\_ Date \_\_\_\_\_  
(Assistant Superintendent for Support Services)

Approval/Disapproval Forwarded To:

\_\_\_\_\_ Assistant Superintendent for Educational Services

\_\_\_\_\_ Building Principal, Director of School Lunch Program, Director of Operational Services, Building Custodian, Athletic Director



**EVENT THIRD PARTY CERTIFICATE OF INSURANCE  
AMATEUR ATHLETIC UNION OF THE U.S., INC.**

<b>CERTIFICATE HOLDER</b>		Wallkill Central School district 19 main st wallkill, NY 12589		<b>COVERAGE DATES:</b> 06/06/2020 - 06/06/2020		
This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not affirmatively or negatively amend, extend or alter the coverage afforded by the policies below. This certificate of insurance does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder.						
<b>PRODUCER</b>  Foy Insurance 64 Portsmouth Ave PO Box 1030 Exeter, NH 03833-1030		<b>INSURED</b>  Amateur Athletic Union of the U.S., Inc. Walt Disney World Resort P.O. Box 22409 Lake Buena Vista, FL 32830-1000 (407) 934-7200		<b>MEMBER CLUB INSURED</b>  Triple Threat Hoops 52 Forest Road Wallkill, NY 12589		
				<b>LICENSED NO.:</b> 0KADBA3441 <b>CLUB CODE:</b> WYA79F		
<b>INSURER(S) AFFORDING COVERAGE</b>						
Company A United State Fire Insurance Company NAIC# 21113 Company B Everest National Insurance Company NAIC # 10120				*For box below, INSR LTR refers to Company A or B.		
<b>COVERAGES -</b> This is to certify that the policy(ies) 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 policy(ies) described herein is subject to all the terms, exclusions, and conditions of such policy(ies), limits shown may have been reduced by paid claims.						
INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	COVERAGE EFF. DATE (MM/DD/YY)	COVERAGE EXP. DATE (MM/DD/YY)	COVERAGES	LIMITS
A	Participant Accident	US1182766	9/01/2019 12:01 AM.	9/01/2020 12:01 AM.	Accident Medical Accidental Death and Dismemberment	100,000 20,000
B	Excess Liability	SI8EX00142-191	9/01/2019 12:01 AM.	9/01/2020 12:01 AM.	Each Occurrence Policy Aggregate	1,000,000 1,000,000
B	Excess Liability	SI8EX00142-191	9/01/2019 12:01 AM.	9/01/2020 12:01 AM.	Each Occurrence Policy Aggregate	9,000,000 9,000,000
B	General Liability	SI8ML00176-191	9/01/2019 12:01 AM.	9/01/2020 12:01 AM.	Each Occurrence Limit General Aggregate Limit Participant Legal Liability Personal and Advertising Injury Limit Products-Completed Operations Aggregate Fire Damage to premises Rented to You Policy Aggregate Cap Medical Expenses Limit (Any One Person) Sexual Abuse Liability Sexual Abuse Aggregate	1,000,000 3,000,000 1,000,000 1,000,000 3,000,000 1,000,000 25,000,000 5,000 1,000,000 2,000,000
<b>ADDITIONAL INFORMATION / RESTRICTIONS / SPECIAL ITEMS</b> Coverage applies to Triple Threat Hoops, License # 0KADBA3441 Hudson Valley Shootout from 06/06/2020 through 06/06/2020, for the gross negligence and/or liabilities of the AAU Club(s) or registered members. For said club to have coverage, all membership requirements in the AAU must be met. Primary non-contributory applies as per attached endorsement ECG 24 520 04 02. Waiver of Transfer of Rights of Recovery Against Other to Us applies per attached Endorsement ECG 24 552 04 02. The Certificate holder shall be an Additional Insured, but only with respect to the operations of the Named Insured, subject to the provisions and limitations of the policy(ies), attached CG 20 26 0413 applies.						
<b>CANCELLATION</b> – Should any of the above described policies be cancelled before the expiration date thereof, notice will be delivered in accordance with the policy provisions. But, failure to mail such notices shall impose no obligation for liability of any kind upon the insurer, its agents or representatives. <b>REVOCATION OF MEMBERSHIP</b> - will result in cancellation of coverage.						
<b>FACILITY OWNER SHOULD VERIFY THIS CERTIFICATE.</b> Go to <a href="http://www.aausports.org">www.aausports.org</a> , Membership, Insurance, Issued Third Party Certificates, Insert member club code						



Authorized Representative

Certificate No. 20202517

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL - OTHER INSURANCE  
(PRIMARY NONCONTRIBUTORY)**

This endorsement modifies insurance provided under the following:

**COMMERCIAL GENERAL LIABILITY COVERAGE PART**

**A. Paragraph a. Primary Insurance of 4. Other In-surance of SECTION IV  
COMMERCIAL GENERAL LIABILITY CONDITIONS is replaced by the  
following:**

**a. Primary Insurance**

This insurance is primary except when b. below applies. If this insurance is primary, our obligations are not affected unless any of the other insurance is also primary. Then, we will share with all that other insurance by the method described in c. below, except that we will not seek contribution from any party with whom you have agreed in a written contract of agreement that this insurance will be primary and noncontributory, if the written contract of agreement was made prior to the subject "occurrence" or offense.