

WALLKILL CENTRAL SCHOOL DISTRICT
REQUEST FOR USE OF SCHOOL FACILITIES

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

I. Name of Organization Girls on the Run
Date of Request March 28 - June 4 (Mondays from 7:00am-8:30am / Wednesdays 3:30pm-5:00pm)
Person Making Request Noah Heiskfield
Are you a Wallkill Central School District Resident? Yes ☒ No ☐
Staff Member in Charge (If Applicable, See Attached Form) Noah Heiskfield
Daytime Telephone Number (845) 492-0364
Address 137 Viola Street Wallkill, NY 12589
Building/Facilities Requested Ostrander Elementary School - gymnasium
Description of Activity Girls on the Run 5-6 Program - School grounds
Are the Majority of the Participants Wallkill Central School District Residents? Yes ☒ No ☐ - Classroom or ALC
Will Admission, Fees be Charged or Donations Accepted? Yes ☐ No ☒
If Yes, Specify Community Benefit _____
Date(s) _____ Time(s) _____



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.)

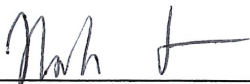
- A. Board of Education approval is necessary for all athletic related and profit-making activities.
- B. A custodian must be on duty while the building is in use. A custodial fee is to be charged when overtime is required.

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.

- 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



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: Katalu Harris Date 2/18/22
(Building Principal's Signature)

Disapproved: _____ Date _____
(Building Principal's Signature)

FOR DISTRICT OFFICE USE ONLY

Approved: [Signature] Date 3/11/2022
(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

WALLKILL CENTRAL SCHOOL DISTRICT
REQUEST FOR USE OF SCHOOL FACILITIES

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

I. Name of Organization Girls on the run

Date of Request March 11, 2022

Person Making Request Danielle Presto

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

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

Daytime Telephone Number 845-702-1308

Address 33 Emily Drive, Walkill

Building/Facilities Requested Plattekill Elementary

Description of Activity Girls on the run

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) Tuesdays/Thursdays ^{3/28-6/4} Time(s) 3:30-4:30

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. Organizations using District facilities will be required to follow all safety and health protocols required by state and local guidance, as well as the District's Reopening Plan.
- B. Board of Education approval is necessary for all athletic related and profit-making activities.
- C. 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.
- D. Any day school must be closed, activities that evening are cancelled.
It is the responsibility of the sponsor group to notify the public.
- E. Police protection must be arranged for any event when it is deemed necessary by the school administration.
- F. Functions shall be non-exclusive and open to the general public.

- G. The facilities must be vacated by the time indicated on the approved request form but no later than 10:30 P.M.
- H. No smoking is allowed on school property.
- I. No one is allowed in areas other than those authorized.
- J. No drinking of alcoholic beverages, use of drugs, fighting, abusive language or illegal acts are to be permitted on the premises.
- K. No school supplies, materials or equipment may be used without specific prior approval of the building principal.
- L. The using organization is responsible for the care and safeguarding of all personnel, facilities, and equipment.
- M. Facilities shall be left neat and clean, or a charge for additional custodial services will be levied.
- N. When use of gyms is authorized for recreational purposes, sneakers must be worn.
- O. Vehicles are permitted in authorized parking areas only.
- P. 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).
- Q. A Certificate of Insurance may be requested, if deemed necessary with appropriate limits of insurance, by Central Administration.
- R. The approval for use of school facilities is revocable at any time without notice.
- S. All school related functions will have priority for use of the building.
- T. 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.
- U. 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.
- V. No group shall use any pesticide or herbicide application in any building located on school district property or on any fields.
- W. 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.
- X. 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.

Danielle Presto

Signature of Representative of Requesting Organization

March 11, 2022

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: M. Hasbrouck Date 3-10-22
(Building Principal's Signature)

Disapproved: _____ Date _____
(Building Principal's Signature)

FOR DISTRICT OFFICE USE ONLY

Approved: R. D. [Signature] Date 3/11/2022
(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

WALLKILL CENTRAL SCHOOL DISTRICT
REQUEST FOR USE OF SCHOOL FACILITIES

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

- I. Name of Organization Girls on the run
Date of Request 3-10-22
Person Making Request Carin Foster
Are you a Wallkill Central School District Resident? ☒ Yes ☐ No
Staff Member in Charge (If Applicable, See Attached Form) Carin Foster
Daytime Telephone Number 845-863-6546
Address 1813 Route 300
Building/Facilities Requested Leptondale Elementary
Description of Activity meeting in classroom, running perimeter of property
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 3/28 - 6/4
Date(s) mon & wed Time(s) 3:30p - 4:15p

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? _____

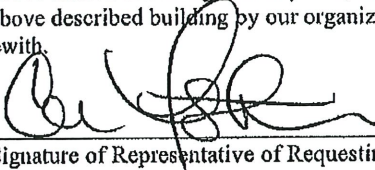
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- W. The District may waive or modify any of the rules for use of school facilities.

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Signature of Representative of Requesting Organization

3-10-22

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 3/11/22
(Building Principal's Signature)

Disapproved: _____ Date _____
(Building Principal's Signature)

FOR DISTRICT OFFICE USE ONLY

Approved: _____ Date 3/11/2022
(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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/25/2022

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 NFP Corporate Services (SE), Inc. 1901 Roxborough Rd., Ste. 300 Charlotte NC 28211	CONTACT NAME: Mary Chandler Butler	
	PHONE (A/C, No, Ext): 17049712288	FAX (A/C, No):
E-MAIL ADDRESS: mary.butler@nfp.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED Girls on the Run Hudson Valley 815 Blooming Grove Tpk., Ste. 401 New Windsor NY 12553	INSURER A: Property and Casualty Insurance Company of Hartford	34690
	INSURER B: Philadelphia Indemnity Insurance Company	18058
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES**CERTIFICATE NUMBER:** 1857467531**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
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Abuse/Molestation <input checked="" type="checkbox"/> Special Event GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			PHPK2369396	2/1/2022	2/1/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			PHPK2369396	2/1/2022	2/1/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			PHUB800067	2/1/2022	2/1/2023	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N N		N/A	22WECCS5956	2/25/2022	2/25/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

Certificate holder is additional insured as respects to general liability for the operations of the insured when required by written contract.

CERTIFICATE HOLDER**CANCELLATION**Walkill Central School District
19 Main St.
Walkill NY 12589
USA

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

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Girls on the Run COVID-19 Safety Plan 2021-2022

Ostrander Elementary School

Plattekill Elementary School

Leptondale Elementary School

The following parameters will be in place for participants during all indoor activities:

- *Individual materials will be supplied for all participants*
- *Effective March 2, 2022, masks are optional inside school buildings*
 - *Masks will still remain available for students in the school building*
- *Students will be encouraged to socially distance while participating in all indoor activities*
 - *There will be a maximum of only 15 individuals allowed to participate which will allow for the ability to socially distance if need be*

The following parameters will be in place for all participants during all outdoor activities

- *Participants will not be permitted to share water bottles*
 - *Water bottles will be available to any participant that does not have their own*
- *Participants will be asked to socially distance at least 3 ft during exercise*
- *Any shared equipment will be disinfected following use*

If a participant is not permitted to be in school for a COVID-19 related circumstance, they are not permitted to participate in any Girls on the Run Events. Once the participant is able to return to all school activities, they will be permitted to resume Girls on the Run Events.

WALLKILL CENTRAL SCHOOL DISTRICT REQUEST FOR USE OF SCHOOL FACILITIES

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

I. Name of Organization **Wallkill Area Youth Soccer/Southern Ulster futbol**

Date of Request 3/9/22

Person Making Request **Kelly R Wood**

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

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

Daytime Telephone Number 845-494-5476

Address **PO BOX 268 Wallkill Ny 12589**

Building/Facilities Requested **middle school sports fields**

Description of Activity **Youth travel soccer**

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

xxx	Yes	No
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Will Admission, Fees be Charged or Donations Accepted? _____ Yes XXX No

If Yes, Specify Community Benefit

Date(s) weather permitting Apr 1 22 -June 25 22 Time(s) Weeknights After 5pm for practices
Games -Saturdays 9am -3pm

II. INSURANCE INFORMATION

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

XXX 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? 2 million on file w district office

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

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Signature of Representative of Requesting Organization

KELLY R WOOD

3/9/2022

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 3/10/22
(Building Principal's Signature)

Disapproved: _____ Date _____
(Building Principal's Signature)

FOR DISTRICT OFFICE USE ONLY

Approved: _____ Date 3/11/2022
(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

Wallkill Area Youth Soccer

PO Box 347

Wallkill, NY 12589

SAFETY PLAN

To help minimize the transmission of COVID-19, Wallkill Area Youth Soccer will mandate all participants including Players, Coaches and Parents to follow all state/local/federal guidelines.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/20/2021

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.

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PRODUCER MARSHALL & STERLING 103 EXECUTIVE DR STE 300 NEW WINDSOR, NY 12553-5507 8455671000		CONTACT NAME: PHONE (A/C, No, Ext): 8455671000 FAX (A/C, No): 8455671030 E-MAIL ADDRESS: jdiana@marshallsterling.com; mstenglein@marshallsterling.com; jfreeman@marshallsterling.com	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: United States Fire Insurance	
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

INSURED SPORTS AND RECREATION PROVIDERS ASSOCIATION (PURCHASING GROUP) AND ITS PARTICIPATING MEMBERS: Wallkill Area Youth Soccer Inc PO BOX 268 Wallkill, NY 12589	NAIC # 21113
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COVERAGES**CERTIFICATE NUMBER:** USP339498**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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY			SRPGAPML-101-0721	07/01/2021 12:01 AM	07/01/2022 12:01 AM	GENERAL AGGREGATE	\$2,000,000.00
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						PRODUCTS - COMP/OP AGG	\$2,000,000.00
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						PERSONAL & ADV INJURY	\$1,000,000.00
	<input checked="" type="checkbox"/> INCLUDES ATHLETIC PARTICIPANTS						EACH OCCURRENCE	\$1,000,000.00
	GEN'L AGGREGATE LIMIT APPLIES PER:						FIRE DAMAGE (Any one fire)	\$300,000.00
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						MED EXP (Any one person)	\$0.00
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTO	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR					EACH OCCURRENCE	\$
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE	\$
	DED	RETENTION \$						
							EACH OCCURRENCE	\$0.00
							GENERAL AGGREGATE	\$0.00
							EACH OCCURRENCE	\$
							GENERAL AGGREGATE	\$

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

Soccer

CERTIFICATE HOLDER**CANCELLATION**Wallkill Area Youth Soccer Inc
PO BOX 268
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

Marshall& Sterling



ADDITIONAL INTEREST SCHEDULE

DATE (MM/DD/YYYY)
06/20/2021

AGENCY		CARRIER United States Fire Insurance Company		NAIC CODE 21113
POLICY NUMBER SRPGAPML-101-0721/USP339498		EFFECTIVE DATE 07/01/2021 12:01 AM	NAMED INSURED(S) Walkill Area Youth Soccer Inc	

ADDITIONAL INTEREST (Not all fields apply to all scenarios – provide only the necessary data)

INTEREST		NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
<input checked="" type="checkbox"/>	ADDITIONAL INSURED	Walkill Central School District						LOCATION:	BUILDING:
<input type="checkbox"/>	BEACH OF WARRANTY	1500 Route 208						VEHICLE:	BOAT:
<input type="checkbox"/>	CO-OWNER	Walkill, NY 12589						AIRPORT:	AIRCRAFT:
<input type="checkbox"/>	EMPLOYEE AS LESSOR							ITEM CLASS:	ITEM:
<input type="checkbox"/>	LEASEBACK OWNER							ITEM DESCRIPTION	
<input type="checkbox"/>	LIENHOLDER								
		REFERENCE / LOAN #:	INTEREST END DATE:						
		LIEN AMOUNT:	PHONE (A/C, No, Ex):			FAX (A/C, No):			
REASON FOR INTEREST:		E-MAIL ADDRESS:							
INTEREST		NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
<input checked="" type="checkbox"/>	ADDITIONAL INSURED	Town of Plattekill						LOCATION:	BUILDING:
<input type="checkbox"/>	BEACH OF WARRANTY	PO BOX 45 1915 Route 44-55						VEHICLE:	BOAT:
<input type="checkbox"/>	CO-OWNER	Modena, NY 12548						AIRPORT:	AIRCRAFT:
<input type="checkbox"/>	EMPLOYEE AS LESSOR							ITEM CLASS:	ITEM:
<input type="checkbox"/>	LEASEBACK OWNER							ITEM DESCRIPTION	
<input type="checkbox"/>	LIENHOLDER								
		REFERENCE / LOAN #:	INTEREST END DATE:						
		LIEN AMOUNT:	PHONE (A/C, No, Ex):			FAX (A/C, No):			
REASON FOR INTEREST:		E-MAIL ADDRESS:							
INTEREST		NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
<input checked="" type="checkbox"/>	ADDITIONAL INSURED	Town of Shawangunk						LOCATION:	BUILDING:
<input type="checkbox"/>	BEACH OF WARRANTY	14 Central Avenue PO BOX 247						VEHICLE:	BOAT:
<input type="checkbox"/>	CO-OWNER	Walkill, NY 12589						AIRPORT:	AIRCRAFT:
<input type="checkbox"/>	EMPLOYEE AS LESSOR							ITEM CLASS:	ITEM:
<input type="checkbox"/>	LEASEBACK OWNER							ITEM DESCRIPTION	
<input type="checkbox"/>	LIENHOLDER								
		REFERENCE / LOAN #:	INTEREST END DATE:						
		LIEN AMOUNT:	PHONE (A/C, No, Ex):			FAX (A/C, No):			
REASON FOR INTEREST:		E-MAIL ADDRESS:							
INTEREST		NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
<input checked="" type="checkbox"/>	ADDITIONAL INSURED							LOCATION:	BUILDING:
<input type="checkbox"/>	BEACH OF WARRANTY							VEHICLE:	BOAT:
<input type="checkbox"/>	CO-OWNER							AIRPORT:	AIRCRAFT:
<input type="checkbox"/>	EMPLOYEE AS LESSOR							ITEM CLASS:	ITEM:
<input type="checkbox"/>	LEASEBACK OWNER							ITEM DESCRIPTION	
<input type="checkbox"/>	LIENHOLDER								
		REFERENCE / LOAN #:	INTEREST END DATE:						
		LIEN AMOUNT:	PHONE (A/C, No, Ex):			FAX (A/C, No):			
REASON FOR INTEREST:		E-MAIL ADDRESS:							
INTEREST		NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
<input checked="" type="checkbox"/>	ADDITIONAL INSURED							LOCATION:	BUILDING:
<input type="checkbox"/>	BEACH OF WARRANTY							VEHICLE:	BOAT:
<input type="checkbox"/>	CO-OWNER							AIRPORT:	AIRCRAFT:
<input type="checkbox"/>	EMPLOYEE AS LESSOR							ITEM CLASS:	ITEM:
<input type="checkbox"/>	LEASEBACK OWNER							ITEM DESCRIPTION	
<input type="checkbox"/>	LIENHOLDER								
		REFERENCE / LOAN #:	INTEREST END DATE:						
		LIEN AMOUNT:	PHONE (A/C, No, Ex):			FAX (A/C, No):			
REASON FOR INTEREST:		E-MAIL ADDRESS:							