

WALLKILL CENTRAL SCHOOL DISTRICT  
REQUEST FOR USE OF SCHOOL FACILITIES

RECEIVED

FEB 13 2020

ASS'T 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 Softball  
Date of Request 2/13  
Person Making Request Sean Murphy (Varsity Coach)  
Are you a Wallkill Central School District Resident? ☒ Yes ☐ No  
Staff Member in Charge (If Applicable, See Attached Form) Sean Murphy  
Daytime Telephone Number 845-7150  
Address 40 Robinson Drive Wallkill, NY 12589  
Building/Facilities Requested MS Gym  
Description of Activity Softball Clinic ages 6-14  
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 Fundraiser for Softball Program  
Date(s) 3/7 and 3/14 Time(s) 10AM-12 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)  
☐ No

If yes, what are the limits of liability? School insurance standard for athletics

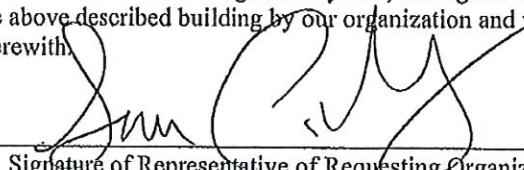
III. RULES FOR USE OF SCHOOL FACILITIES (Please note: WiFi access will not be provided.)

- 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

2/13/2020  
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 2/13/20  
(Building Principal's Signature)

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

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FOR DISTRICT OFFICE USE ONLY

Approved: \_\_\_\_\_ Date 2/13/2020  
(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

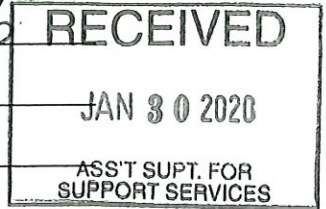


WALLKILL CENTRAL SCHOOL DISTRICT  
REQUEST FOR USE OF SCHOOL FACILITIES

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

I.

Name of Organization Southern Ulster Rotary Club  
Date of Request JAN 28, 2020  
Person Making Request William Farrell  
Are you a Wallkill Central School District Resident? ☒ Yes ☐ No  
Staff Member in Charge (If Applicable, See Attached Form) Will Farrell  
Daytime Telephone Number 845-275-8152  
Address Box 283 Modawana, NY 12548  
Building/Facilities Requested Gymnasium at Wallkill Elem  
Description of Activity T-Ball, Baseball  
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 To Fund Program  
Date(s) MARCH 16, 17, 23, 24, 30, 31 Time(s) 6 PM - 8 PM



II.

INSURANCE INFORMATION April 14, 15, 20, 21, 27, 28  
MAY 4, 5, 11, 12  
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) ON FILE  
☐ No  
If yes, what are the limits of liability? \_\_\_\_\_

III.

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

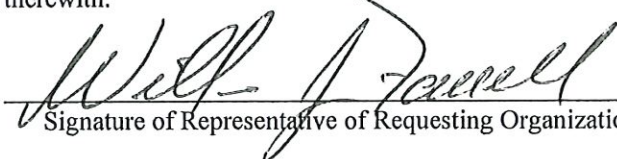
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- B. A custodian must be on duty while the building is in use. A custodial fee is to be charged when overtime is required.  
  
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- C. Any day school must be closed, activities that evening are cancelled.  
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.
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- 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.
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- 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.
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- 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.

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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

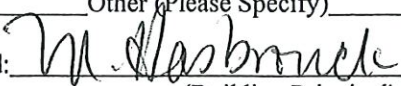
\_\_\_\_\_ Building Custodian Contacted

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

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

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


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

Approved:  Date 1-30-20  
(Building Principal's Signature)

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

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FOR DISTRICT OFFICE USE ONLY

Approved:  Date 2/13/2020  
(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





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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).

<b>PRODUCER</b> Arthur J. Gallagher Risk Management Services, Inc. 2850 Golf Road Rolling Meadows IL 60008	<b>CONTACT NAME:</b> Ali Sulita	<b>PHONE (A/C, No, Ext):</b> 1-833-3ROTARY	<b>FAX (A/C, No):</b> 630-285-4062
	<b>E-MAIL ADDRESS:</b> rotary@ajg.com		
<b>INSURED</b> All Active US Rotary Clubs & Districts Rotary Club of Southern Ulster ATTN: Risk Management Dept. 1560 Sherman Ave. Evanston, IL 60201-3698	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	<b>INSURER A:</b> Lexington Insurance Company		19437
	<b>INSURER B:</b>		
	<b>INSURER C:</b>		
	<b>INSURER D:</b>		
	<b>INSURER E:</b>		
<b>INSURER F:</b>			

**COVERAGES** **CERTIFICATE NUMBER:** 899307648 **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 <input checked="" type="checkbox"/> Liquor Liability Included GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		015375594	7/1/2019	7/1/2020	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$4,000,000 PRODUCTS - COMP/OP AGG \$4,000,000 \$
A	<input type="checkbox"/> 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			015375594	7/1/2019	7/1/2020	COMBINED SINGLE LIMIT (Ea accident) \$2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED <input type="checkbox"/> RETENTION \$			NOT APPLICABLE			EACH OCCURRENCE \$ AGGREGATE \$ \$
	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 <input type="checkbox"/> N/A		NOT APPLICABLE			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)

The Certificate holder is included as additional insured where required by written contract or permit subject to the terms and conditions of the general liability policy, but only to the extent bodily injury or property damage is caused in whole or in part by the acts or omissions of the insured.

<b>CERTIFICATE HOLDER</b> Wallkill Central School District 19 Main St. Wallkill, NY 12589	<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.  AUTHORIZED REPRESENTATIVE 
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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 Girls on the Run

Date of Request 1/31/20

Person Making Request Jay Heaney

Are you a Wallkill Central School District Resident?        Yes   ✓   No

Staff Member in Charge (If Applicable, See Attached Form) Jay Heaney & Donna Otho

Daytime Telephone Number 845-895-7225

Address 137 Nola St.

Building/Facilities Requested Ostrander 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 Ostrander students will participate in 5k - receive

Date(s) Mondays and Wednesdays Time(s) 3:30-5:00 pm

Starting 3/23 until 6/10

*2x training a week as well as curriculum to support health living*

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

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Sue Heeney  
Signature of Representative of Requesting Organization

1/31/20  
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: *Katalin Stojan* Date 2/4/20  
(Building Principal's Signature)

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

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FOR DISTRICT OFFICE USE ONLY

Approved: *[Signature]* Date 2/6/2020  
(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



WALLKILL CENTRAL SCHOOL DISTRICT  
REQUEST FOR USE OF SCHOOL FACILITIES

RECEIVED

JAN 29 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 Girls on The Run

Date of Request March 23<sup>rd</sup> - June 13<sup>th</sup> 3:30 - 5:00 pm - Mondays - Thursdays

Person Making Request Cyndee Deagostino

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

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

Daytime Telephone Number 845 - 895 - 7250

Address \_\_\_\_\_

Building/Facilities Requested Plattekill Elementary School, Field outside and gym

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) \_\_\_\_\_ Time(s) 3:30 - 5:00

3/23 3/26  
3/30 4/2  
4/16  
4/20 4/23  
4/27 4/30  
5/4 5/7  
5/11 5/14  
5/18 5/21  
5/28  
6/1 6/4  
6/8 6/11

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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Cyndee Deagostino

Signature of Representative of Requesting Organization

1/28/20

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: M. Hasbrouck Date 1-28-20  
(Building Principal's Signature)

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

\*\*\*\*\*

FOR DISTRICT OFFICE USE ONLY

Approved: E. D. " Date 2/6/2020  
(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



WALLKILL CENTRAL SCHOOL DISTRICT  
REQUEST FOR USE OF SCHOOL FACILITIES

RECEIVED

JAN 29 2020

ASS'T 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 Girls on the Run  
Date of Request 1/23/20  
Person Making Request Kathy Winter  
Are you a Wallkill Central School District Resident? ☒ Yes ☐ No  
Staff Member in Charge (If Applicable, See Attached Form) Kathy Winter  
Daytime Telephone Number 845-895-7200 x6029  
Address \_\_\_\_\_  
Building/Facilities Requested Leptondale Elem R#14  
Description of Activity Running + empowering program for  
Are the Majority of the Participants Wallkill Central School District Residents? girls grades 3-5  
☒ Yes ☐ No  
Will Admission, Fees be Charged or Donations Accepted? ☒ Yes ☐ No  
If Yes, Specify Community Benefit GOTR charges \$135 per applicant  
Date(s) 3/23/20 - 6/15/20 Time(s) 3:30 - 5:00  
Mondays + Thursdays

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? attached

III. RULES FOR USE OF SCHOOL FACILITIES

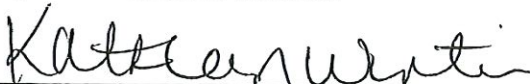
- A. Board of Education approval is necessary for all athletic related and profit making activities.
- B. A custodian must be on duty while the building is in use. A custodial fee is to be charged when overtime is required.
- In the event of an austerity budget, or if custodians are not on duty, fees 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: \_\_\_\_\_ Date 1/28/2020  
(Building Principal's Signature)

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

\*\*\*\*\*

FOR DISTRICT OFFICE USE ONLY

Approved: \_\_\_\_\_ Date 2/6/2020  
(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





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/16/2020

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.

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: Debbie Chiappone  
PHONE  
(A/C, No, Ext): 704-464-0847  
E-MAIL  
ADDRESS: debbie.chiappone@nfp.com

FAX  
(A/C, No):

INSURED  
Girls on the Run Hudson Valley  
815 Blooming Grove Tpk., Ste. 401  
New Windsor NY 12553

GIRLONT-14

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Property and Casualty Insurance Company Hartford	34690
INSURER B: Philadelphia Indemnity Insurance Company	18058
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

**COVERAGES**

CERTIFICATE NUMBER: 799310139

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:			PHPK2084832	2/1/2020	2/1/2021	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	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			PHPK2084832	2/1/2020	2/1/2021	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			PHUB707942	2/1/2020	2/1/2021	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 Abuse & Prof Liabillt \$ 5,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	22WECCS5956	2/25/2019	2/25/2020	<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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WALLKILL CENTRAL SCHOOL DISTRICT  
REQUEST FOR USE OF SCHOOL FACILITIES

RECEIVED

JAN 13 2020

ASS'T 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 Area Youth Soccer
- Date of Request 01/07/2020
- Person Making Request Kelly Wood
- Are you a Wallkill Central School District Resident? ☒ Yes ☐ No
- Staff Member in Charge (If Applicable, See Attached Form) \_\_\_\_\_
- Daytime Telephone Number 845-494-5476
- Address PO BOX 314 WALLKILL NY 12589
- Building/Facilities Requested Middle School sports fields
- Description of Activity youth soccer league
- 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) April 1 2020- June 20, 2020 Time(s) Weeknights after 5pm /Sat 8am-2pm

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? 2 Million Dollars

III. RULES FOR USE OF SCHOOL FACILITIES

- 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

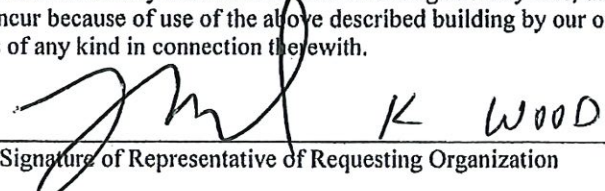


but no later than 10:30 P.M.

- 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

Jan 07 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 1/10/20  
(Building Principal's Signature)

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

\*\*\*\*\*

FOR DISTRICT OFFICE USE ONLY

Approved: \_\_\_\_\_ Date 1/14/2020  
(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



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
6/20/2019

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 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  
CT AGENCY, INC.  
70 GENESEE ST  
UTICA, NY 13502-3503  
(800) 422-6200

CONTACT  
NAME:PHONE  
(A/C, No, Ext): (800) 422-6200FAX  
(A/C, No):E-MAIL  
ADDRESS:

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A : United States Fire Insurance

21113

INSURED SPORTS AND RECREATION PROVIDERS ASSOCIATION (PURCHASING GROUP) AND  
ITS PARTICIPATING MEMBERS:

Wallkill Area Youth Soccer Ways  
P.O. Box 268  
Wallkill, NY 12589

INSURER B :

INSURER C :

INSURER D :

INSURER E :

INSURER F :

## COVERAGES

CERTIFICATE NUMBER: USP299534

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		X		SRPGAPML-101-0719	07/01/2019 12:01 AM	07/01/2020 12:01 AM	GENERAL AGGREGATE	\$2,000,000.00
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	PRODUCTS - COM/OP AGG						\$2,000,000.00	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	PERSONAL & ADV INJURY						\$1,000,000.00	
		EACH OCCURRENCE						\$1,000,000.00	
		FIRE DAMAGE (Any one fire)						\$300,000.00	
		MED EXP (Any one person)						\$0.00	
GEN'L AGGREGATE LIMIT APPLIES PER:									
<input checked="" type="checkbox"/> POLICY	<input type="checkbox"/> PRO- JECT	<input type="checkbox"/> LOC							
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 OCCURENCE	\$
								GENERAL AGGREGATE	\$

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

Youth Soccer League

## CERTIFICATE HOLDER

Wallkill Area Youth Soccer Ways  
P.O. Box 268  
Wallkill, NY 12589

## CANCELLATION

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

CT Agency, Inc.





# ADDITIONAL INTEREST SCHEDULE

DATE (MM/DD/YYYY)  
6/20/2019

AGENCY CT Agency, Inc.		CARRIER United States Fire Insurance Company		NAIC CODE 21113
POLICY NUMBER SRPGAPML-101-0719/USP299534	EFFECTIVE DATE 07/01/2019 12:01 AM	NAMED INSURED(S) Wallkill Area Youth Soccer Ways		

## 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	<input type="checkbox"/> LOSS PAYEE	Town of Plattekill 1914 US-44 Modena, NY 12548						LOCATION:	BUILDING:
<input type="checkbox"/> BEACH OF WARRANTY	<input type="checkbox"/> MORTGAGEE							VEHICLE:	BOAT:
<input type="checkbox"/> CO-OWNER	<input type="checkbox"/> OWNER							AIRPORT:	AIRCRAFT:
<input type="checkbox"/> EMPLOYEE AS LESSOR	<input type="checkbox"/> REGISTRANT							ITEM CLASS:	ITEM:
<input type="checkbox"/> LEASEBACK OWNER	<input type="checkbox"/> TRUSTEE	REFERENCE / LOAN #:						INTEREST END DATE:	
<input type="checkbox"/> LIENHOLDER		LIEN AMOUNT:						PHONE (A/C, No, Ex):	
REASON FOR INTEREST:		E-MAIL ADDRESS:						FAX (A/C, No):	
INTEREST		NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
<input checked="" type="checkbox"/> ADDITIONAL INSURED	<input type="checkbox"/> LOSS PAYEE	Wallkill Central School 19 Main St Wallkill, NY 12589						LOCATION:	BUILDING:
<input type="checkbox"/> BEACH OF WARRANTY	<input type="checkbox"/> MORTGAGEE							VEHICLE:	BOAT:
<input type="checkbox"/> CO-OWNER	<input type="checkbox"/> OWNER							AIRPORT:	AIRCRAFT:
<input type="checkbox"/> EMPLOYEE AS LESSOR	<input type="checkbox"/> REGISTRANT							ITEM CLASS:	ITEM:
<input type="checkbox"/> LEASEBACK OWNER	<input type="checkbox"/> TRUSTEE	REFERENCE / LOAN #:						INTEREST END DATE:	
<input type="checkbox"/> LIENHOLDER		LIEN AMOUNT:						PHONE (A/C, No, Ex):	
REASON FOR INTEREST:		E-MAIL ADDRESS:						FAX (A/C, No):	

The above are added as additional insured but only with respect to liability arising out of operations of the named insured during the policy period.



WALLKILL CENTRAL SCHOOL DISTRICT  
REQUEST FOR USE OF SCHOOL FACILITIES

RECEIVED

JAN 15 2020

ASS'T 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 Special Olympics

Date of Request 12/20/19

Person Making Request Clara Haecker

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

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

Daytime Telephone Number 845-883-5102 (cell) 845-728-3124

Address 45 Meadow Lane, Modena, NY 12548

Building/Facilities Requested High School Track

Description of Activity Special Olympics 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) April 22, 23, 29 Time(s) 6:00pm - 7:15pm

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 Walkkill 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.

Clara Haecker

Signature of Representative of Requesting Organization

12/20/19

Date

FOR BUILDING USE ONLY

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

Yes  
Building Custodian Contacted

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

Yes  
Athletic Director Contacted

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

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

Approved: \_\_\_\_\_ Date 1/14/20  
(Building Principal's Signature)

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

\*\*\*\*\*

FOR DISTRICT OFFICE USE ONLY

Approved: \_\_\_\_\_ Date 1/15/2020  
(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





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/23/2019

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).

<b>PRODUCER</b> American Specialty Insurance & Risk Services, Inc. dba A S Insurance & Risk Services Agency 7609 W. Jefferson Blvd., Suite 100 Fort Wayne IN 46804		<b>CONTACT</b> NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL: ADDRESS:	
<b>INSURED</b> Special Olympics, Inc. 1133 19th Street NW Washington DC 20036		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Philadelphia Indemnity Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 18058	

**COVERAGES**

CERTIFICATE NUMBER: 1001723295

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 SUBR INSD 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 <input checked="" type="checkbox"/> OTHER: OTHER	Y	PHPK2075849	12/31/2019	12/31/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		PHPK2075849	12/31/2019	12/31/2020	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ NON-OWNED/HIRED AUTO \$ 1,000,000
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> 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)

- Coverage applies to the following: SPECIAL OLYMPICS NEW YORK, HUDSON VALLEY REGION, 1207 ROUTE 9, SUITE 1-C, WAPPINGERS FALLS, NY 12590.

- The certificateholder shall be an additional insured, but only with respect to the operations of the Named Insured, and subject to the provisions and limitations of Form CG 2026 - Additional Insured - Designated Person or Organization, but only with respect to SPECIAL OLYMPICS NEW YORK, HUDSON VALLEY REGION, SCHEDULED TRACK & FIELD TRAINING AT WALLKILL HIGH SCHOOL from January 02, 2020 through December 30, 2020.

**CERTIFICATE HOLDER**

Wallkill Central School District

90 Robinson Drive

Wallkill

NY 12589

**CANCELLATION**

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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AGENCY CUSTOMER ID: \_\_\_\_\_  
LOC #: \_\_\_\_\_



## ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY American Specialty Insurance & Risk Services, Inc.		NAMED INSURED Special Olympics, Inc. 1133 19th Street NW Washington, DC 20036	
POLICY NUMBER PHPK2075849		EFFECTIVE DATE: 12/31/2019	
CARRIER Philadelphia Indemnity Insurance Company	NAIC CODE 18058		

### ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE - Certificate #1001723295

- Named Insured (cont'd): All Special Olympics Accredited U.S. Programs
- The Hired Auto Physical Damage limit contains a \$1,000 collision deductible and a \$100 other than collision deductible (for commercially rented vehicles only). Nonowned and Hired Auto (NOHA) liability is excess of any valid and collectible insurance.
- Coverage for property you rent or occupy, property loaned to you and property in the care, custody, or control of the Insured, \$100,000 limit subject to a \$2,500 deductible per loss, excluding watercraft, aircraft, and autos.



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 Varsity Track  
Date of Request January 8 2020  
Person Making Request Natasha Kennedy  
Are you a Wallkill Central School District Resident? ☐ Yes ☒ No  
Staff Member in Charge (If Applicable, See Attached Form) Natasha Kennedy  
Daytime Telephone Number (845) 895 7176 x2206 Cell (845) 518 0357  
Address 84 Kayleigh Drive New Paltz NY 12561  
Building/Facilities Requested Track, Bathrooms by Track  
Description of Activity Track Clinics  
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 Fundraiser for Track

Date(s) 6/2, 6/9, 6/16, 6/23 Time(s) 5-6pm  
rain date 6/04

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 District Insurance

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.

Natasha Kennedy  
Signature of Representative of Requesting Organization

1/8/2020  
Date

FOR BUILDING USE ONLY

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

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

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

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

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

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

Approved: [Signature]  
(Building Principal's Signature)

Date 1/14/20

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

Date \_\_\_\_\_

\*\*\*\*\*

FOR DISTRICT OFFICE USE ONLY

Approved: [Signature]  
(Assistant Superintendent for Support Services)

Date 1/15/2020

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

Date \_\_\_\_\_

Approval/Disapproval Forwarded To:

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

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



## EMERGENCY INFORMATION

Emergency Contact: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Phone # (Evening) ( ) \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_

Circle Y or N for each of the following:

Physical Limitations:      Y      N

Allergies:                      Y      N

Other Medical Conditions :   Y      N

If you answered yes to any of the above questions, please explain.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Primary Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

In signing this form, I hereby verify that all this information is correct. IN CASE OF A MEDICAL EMERGENCY, I understand that every effort will be made to contact named above. In the event that the person cannot be reached, I give permission to the coaches to notify a physician, and I give permission that physicians hospitalize, secure proper treatment and or injection, or surgery for the participant named above.

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

# Wallkill

## Track and Field

### Camp

Do you want to

Run fast?

Throw far?

Jump high?



Then come out to the Wallkill Track and Field Camp!

During this 4 day camp, each group will get to experience a new aspect of track and field. At the end of the clinics, each athlete will show case their talents at a track and field expo!

### Coaching Staff

**Natasha Kennedy, Eric McLaud and Leo Sladewski** are the head varsity coaches at Wallkill High School. They specialize in jumps, hurdles, distance and sprints.

**Jenn Gravelle and Nick Mancuso** are the assistant track coaches for varsity programs. They specialize in the throwing events and distance.

### Clinic Leaders

Current and Former Varsity Track and Field Athletes

### Camp Dates:

**Tuesdays June 2nd, 9th, 16th and 23rd**

Rain date 6/24.

### Time:

June 2<sup>nd</sup>, 9<sup>th</sup>, 16<sup>th</sup>: 5pm to 6pm

Expo will be held on June 23<sup>rd</sup> from 5pm to 7pm

### Location:

Wallkill Senior High School Track

### Price

(Includes all clinic sessions, a camp t-shirt and ice cream after the expo.)

**Athletes ages 5-14: \$50 per athlete**



## Registration

**(Open to Wallkill Central School District Residents Only)**

Please fill out both sides and return by May 24<sup>th</sup> to:

Coach Kennedy  
Wallkill Senior High School Athletics  
90 Robinson Drive  
Wallkill, New York 12589



**Please make all checks payable to:**

**WCSD/Varsity Club** and then in memo please write track

Athlete's Name: \_\_\_\_\_

Circle one: Male Female

Age: (as of June 1) \_\_\_\_\_

Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Shirt Size: (Circle one) : Youth:

Adult      M      L      XL  
                 S      M      L



**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 Footworks Dance Center  
 Date of Request July 5, 19  
 Person Making Request Laurie Chikoles  
 Are you a Wallkill Central School District Resident? ☒ Yes ☐ No  
 Staff Member in Charge (If Applicable, See Attached Form) \_\_\_\_\_  
 Daytime Telephone Number 845-883-0236  
 Address 203 Forest Park Wallkill, NY 12589  
 Building/Facilities Requested Auditorium, Light Booth - Band room  
 Description of Activity Dance recital  
 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 Wallkill Senior High School

Date(s) June 19, 20, 21, 2020 Time(s) 19th 3-9:30 17 4:00pm - 9:30p  
20th 8-10 18 4:00pm - 9:30pm  
21st 10-6 19 3:00pm - 9:30pm  
21 8:00am 6:00pm

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

- 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.

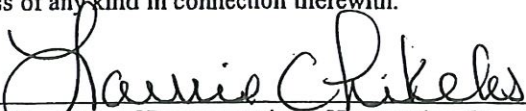
- C. Any day school must be closed, activities that evening are cancelled. It is the responsibility of the sponsor group to notify the public.
- D. Police protection must be arranged for any event when it is deemed necessary by the school administration.
- E. Functions shall be non-exclusive and open 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 Item II).
- 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.
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- 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: \_\_\_\_\_ Date 8/19/19  
(Building Principal's Signature)

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

\*\*\*\*\*

FOR DISTRICT OFFICE USE ONLY

Approved: \_\_\_\_\_ Date 1/30/20  
(Assistant Superintendent for Support Services) 1/31/20

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



LAURI-2

OP ID: AT

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/14/2020

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<b>PRODUCER</b> John J. Arbolino Agency 58 Quassaick Ave New Windsor, NY 12553 John J. Arbolino		<b>845-562-3434</b>		<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): <b>845-562-3434</b>		<b>FAX (A/C, No):</b> <b>845-562-6029</b>	
<b>INSURED</b> Laurie Chikeles 203 Forest Park Walkill, NY 12589		<div style="border: 2px solid black; padding: 5px; transform: rotate(-2deg);"> <b>RECEIVED</b>   <b>FEB 14 2020</b>           ASS'T SUPT. FOR          SUPPORT SERVICES       </div>		<b>E-MAIL ADDRESS:</b>		<b>INSURER(S) AFFORDING COVERAGE</b>	
				<b>INSURER A:</b> Hartford Insurance Co.		<b>NAIC #</b> 29424	
				<b>INSURER B:</b>			
				<b>INSURER C:</b>			
				<b>INSURER D:</b>			
				<b>INSURER E:</b>			
				<b>INSURER F:</b>			

## 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 <input type="checkbox"/> OTHER:			16SBAAA6638	02/04/2020	02/04/2021	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) \$	1,000,000
							MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$	10,000 1,000,000 2,000,000 2,000,000
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> 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 \$	
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> 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			<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER 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)

This is for the dance recital being held in June 2020

## CERTIFICATE HOLDER

## CANCELLATION

<b>WALLKIH</b>  Walkill Senior Highschool 90 Robinson Dr Walkill, 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 John J. Arbolino
--	---