

WALLKILL CENTRAL SCHOOL DISTRICT  
REQUEST FOR USE OF SCHOOL FACILITIES

RECEIVED

OCT 21 2019

ASS'T SUPT. FOR  
SPORT SERVICES

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

I. Name of Organization WNFC  
Date of Request 10/18/19  
Person Making Request Jenn Weber  
Are you a Wallkill Central School District Resident? ☒ Yes ☐ No  
Staff Member in Charge (If Applicable, See Attached Form) Jenn Weber  
Daytime Telephone Number 845-764-0427  
Address 30 Mill St.  
Building/Facilities Requested H.S. Field  
Description of Activity DIVA BOWL  
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) NOV. 17, 2019 Time(s) 10AM - 3PM  
Setup 10:AM  
Come time 11:AM

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? on file

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

10/18/19  
\_\_\_\_\_  
Date

FOR BUILDING USE ONLY

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

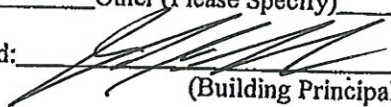
\_\_\_\_\_ Building Custodian Contacted

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

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

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

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

Approved:  Date 10/18/19  
(Building Principal's Signature)

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

\*\*\*\*\*

FOR DISTRICT OFFICE USE ONLY

Approved:  Date 10/21/19  
(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



10/23/19





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/31/2019

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> K&K Insurance Group, Inc. 1712 Magnavox Way Fort Wayne IN 46804		<b>CONTACT NAME:</b> Mass Merchandising <b>PHONE (A/C, No, Ext):</b> 1-800-426-2889 <b>FAX (A/C, No):</b> 1-260-459-5105 <b>E-MAIL ADDRESS:</b> info@sportsinsurance-kk.com <b>PRODUCER CUSTOMER ID:</b>	
<b>INSURED</b> 10090941 CP# 384 Orange County Youth Football League P.O. Box 221 Goshen, NY 10924 A Member of the Sports, Leisure & Entertainment RPG		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Nationwide Mutual Insurance Company <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	
		<b>NAIC #</b> 23787	

**COVERAGES**

CERTIFICATE NUMBER: 2000431609

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"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	X		6BRPG0000006993500	07/15/19 12:01 AM	07/15/20 12:01 AM	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 \$5,000,000 PRODUCTS - COMP/OP AGG \$1,000,000 PROFESSIONAL LIABILITY \$1,000,000 LEGAL LIAB TO PARTICIPANTS \$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 <input checked="" type="checkbox"/> Not provided while in Hawaii			6BRPG0000006993500	07/15/19 12:01 AM	07/15/20 12:01 AM	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 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					PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT
A	<b>MEDICAL PAYMENTS FOR PARTICIPANTS</b>			6BRPG0000006993500	07/15/19 12:01 AM	07/15/20 12:01 AM	PRIMARY MEDICAL EXCESS MEDICAL \$25,000

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

Legal Liability to Participants (LLP) limit is a per occurrence limit.

Sports: Football (Tackle & Contact) (Ages: 12 & under, 13-15) Cheerleading (Ages: 12 & under, 13-15)

The certificate holder is added as an additional insured, but only for liability caused, in whole or in part, by the acts or omissions of the named insured.

Sexual Abuse or Sexual Molestation Liability - \$1,000,000 Each Occurrence (included above)/ \$1,000,000 Aggregate (included above)

See Attached Additional Remarks Schedule:

**CERTIFICATE HOLDER**

Wallkill Central School District  
19 Main Street  
Wallkill, NY 12589  
Owner/Manager/Lessor of Premises

**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

*Scott Furbush*

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Coverage is only extended to U.S. events and activities.

\*\* NOTICE TO TEXAS INSURED: The Insurer for the purchasing group may not be subject to all the insurance laws and regulations of the State of Texas.

ACORD 25 (2016/03)

The ACORD name and logo are registered marks of ACORD



WALLKILL CENTRAL SCHOOL DISTRICT  
REQUEST FOR USE OF SCHOOL FACILITIES

RECEIVED

NOV 12 2019

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 Our Lady of Fatima  
Date of Request Nov. 8, 2019  
Person Making Request Brad Szeli  
Are you a Wallkill Central School District Resident? ☒ Yes ☐ No  
Staff Member in Charge (If Applicable, See Attached Form) \_\_\_\_\_  
Daytime Telephone Number 846-541-8239  
Address 16 Madre De Cristo Drive  
Building/Facilities Requested Wallkill Elementary  
Description of Activity CYO Basketball Practice  
Are the Majority of the Participants Wallkill Central School District Residents?  
☒ Yes ☐ No

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

If Yes, Specify Community Benefit

Date(s) All Fridays beginning 11/22/19 Time(s) 7:00-8:45 pm  
through 2/28/20 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? 1,000,000 / 2,000,000

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.


11/10 - PTA  
PJ bingo  
1/17 snow date

2/21 - PTA  
Movie night  
2/28 - snow date

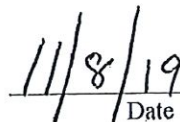
- F. The facilities must be vacated by the time indicated on the approved request form but no later than 10:30 P.M.
- G. No smoking is allowed on school property.
- H. No one is allowed in areas other than those authorized.
- I. No drinking of alcoholic beverages, use of drugs, fighting, abusive language 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.
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- 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.
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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.
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- 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.
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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: M. Hasbrouck Date 11-12-19  
(Building Principal's Signature)

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

\*\*\*\*\*

FOR DISTRICT OFFICE USE ONLY

Approved: [Signature] Date 11/12/19  
(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 Coverage

Date: 10/31/2019

Certificate Holder  
Archdiocese of New York  
1011 First Avenue  
New York, NY 10022

This Certificate is issued as a matter of information only and confers no rights upon the holder of this certificate. This certificate does not amend, extend or alter the coverage afforded below.

Company Affording Coverage  
THE CATHOLIC MUTUAL RELIEF  
SOCIETY OF AMERICA  
10843 OLD MILL RD  
OMAHA, NE 68154

Covered Location  
Our Lady of Fatima Church  
P.O. Box 700  
Plattekill, NY 12568

## Coverages

This is to certify that the coverages listed below have been issued to the certificate holder named above for the certificate 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 coverage afforded described herein is subject to all the terms, exclusions and conditions of such coverage. Limits shown may have been reduced by paid claims.

Type of Coverage	Certificate Number	Coverage Effective Date	Coverage Expiration Date	Limits	
Property				Real & Personal Property	
D. General Liability	8869	9/1/2019	9/1/2020	Each Occurrence	1,000,000
<input checked="" type="checkbox"/> Occurrence				General Aggregate	2,000,000
<input type="checkbox"/> Claims Made				Products-Comp/OP Agg	
				Personal & Adv Injury	
				Fire Damage (Any one fire)	
				Med Exp (Any one person)	
				Each Occurrence	
Excess Liability				Annual Aggregate	
Other				Each Occurrence	
				Claims Made	
				Annual Aggregate	
				Limit/Coverage	

Description of Operations/Locations/Vehicles/Special Items (the following language supersedes any other language in this endorsement or the Certificate in conflict with this language)  
Coverage only extends to claims resulting from Our Lady of Fatima Church's CYO basketball team's use of gymnasium facilities of Wallkill Central School District for the term of the certificate. Coverage does not extend to claims resulting from the improper maintenance or upkeep of the grounds and facilities of Wallkill Central School District.

## Holder of Certificate

## Cancellation

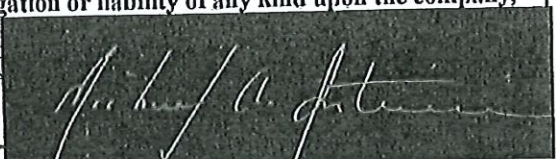
### Additional Protected Person(s)

Wallkill Central School District  
PO Box 310  
Wallkill, NY 12589

Should any of the above described coverages be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the holder of certificate named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or re

Authorized Repres

0041033204





WALLKILL CENTRAL SCHOOL DISTRICT  
REQUEST FOR USE OF SCHOOL FACILITIES

RECEIVED

OCT 21 2019

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 Southern Ulster Rotary Club

Date of Request 10/20/2019

Person Making Request William J Farrell

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

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

Daytime Telephone Number 845-275-8152

Address 237 Plattekill Ardmore Rd Plattekill

Building/Facilities Requested Gym at Plattekill Elementary

Description of Activity Basketball / Volley ball

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 Funds are used for program

Date(s) \_\_\_\_\_ Time(s) \_\_\_\_\_

See reverse →

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

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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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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

# Monday Youth Basketball

5pm - 9pm

November ~~18~~, 25,

December 2, 9, 16,

January 6, 13, 27

February 3, 10, 24

MARCH 2, 9, 16

# Tuesday Youth Volleyball

545pm - 9pm

November ~~19~~, ~~26~~

December 3, 10, 17

JANUARY 7, 14, 21, 28

February ~~4~~, ~~11~~, 18, 25,

MARCH 3, 10, 17



but no later than 10:30 P.M.

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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: M. Hasbrouck Date 10-21-19  
(Building Principal's Signature)

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

\*\*\*\*\*

FOR DISTRICT OFFICE USE ONLY

Approved: R. D. Date 10/21/19  
(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)

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**PRODUCER**  
Arthur J. Gallagher Risk Management Services, Inc.  
2850 Golf Road  
Rolling Meadows IL 60008

**CONTACT NAME:** Ali Sulita  
**PHONE (A/C, No, Ext):** 1-833-3ROTARY **FAX (A/C, No):** 630-285-4062  
**E-MAIL ADDRESS:** rotary@ajg.com

**INSURER(S) AFFORDING COVERAGE**

NAIC #

**INSURER A:** Lexington Insurance Company

19437

**INSURED**

All Active US Rotary Clubs & Districts  
Rotary Club of Southern Ulster  
ATTN: Risk Management Dept.  
1560 Sherman Ave.  
Evanston, IL 60201-3698

**INSURER B:****INSURER C:****INSURER D:****INSURER E:****INSURER F:****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 type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <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"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			NOT APPLICABLE			EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	<input type="checkbox"/> 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	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)

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.

**CERTIFICATE HOLDER**

Wallkill Central School District  
19 Main St.  
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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WALLKILL CENTRAL SCHOOL DISTRICT  
REQUEST FOR USE OF SCHOOL FACILITIES

RECEIVED

NOV - 5 2019

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 Hudson Valley Alliance VBC

Date of Request 10/21/19

Person Making Request JULIE MICHELLA

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

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

Daytime Telephone Number (845) 699-6644

Address 265 S Ohioville Rd., New Paltz, NY 12561

Building/Facilities Requested HIGH SCHOOL / GYMNASIUM

Description of Activity VOLLEYBALL 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

TRAINING FOR VOLLEYBALL

Date(s) TUES / WED / THURS 12/3/19 - 4/30/20 Time(s) 6:00 - 9:00 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?

(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

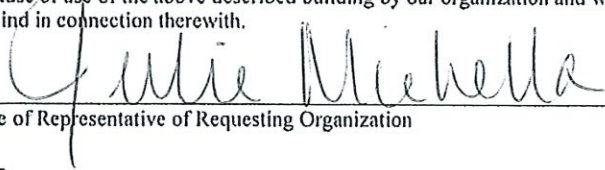


but no later than 10:30 P.M.

- 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

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

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

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

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

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

Approved: [Signature] Date 11/4/19  
(Building Principal's Signature)

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

\*\*\*\*\*

FOR DISTRICT OFFICE USE ONLY

Approved: [Signature] Date 11/6/19  
(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



<b>CERTIFICATE OF INSURANCE</b>		<b>PRINT DATE:</b> 10/19/2019 <b>CERTIFICATE NUMBER:</b> 20190819729749	
<b>AGENCY:</b>			
Edgewood Partners Insurance Center 2727 Paces Ferry Road, Building Two, Suite 1500 Atlanta, GA 30339 678-324-3300 (Phone), 678-324-3303 (Fax)		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
<b>NAMED INSURED:</b>		<b>INSURERS AFFORDING COVERAGE:</b>	
USA Volleyball (National Office) 4065 Sinton Road, Suite 200 Colorado Springs CO 80907		Hudson Valley Alliance 265 S Ohioville Rd New Paltz NY 12561-4014  INSURER A: Arch Insurance Company NAIC #: 11150 INSURER B: Arch Insurance Company NAIC #: 11150	
<b>EVENT INFORMATION:</b>			
Hudson Valley Alliance Sanctioned Events ( - )			
<b>POLICY/COVERAGE INFORMATION:</b>			
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.			
<b>INS</b>	<b>TYPE OF INSURANCE:</b>	<b>POLICY NUMBER(S):</b>	<b>EFFECTIVE:</b>
A	<b>GENERAL LIABILITY</b>		
	<input checked="" type="checkbox"/> Occurrence <input checked="" type="checkbox"/> Participant Legal Liability	SBCGL0348302	9/1/2019 12:01 AM
			9/1/2020 12:01 AM
			GENERAL AGGREGATE (Applies Per Event) \$5,000,000 EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Each Occ.) \$1,000,000 MEDICAL EXPENSE (Any one person) EXCLUDED PERSONAL & ADV INJURY \$1,000,000 PRODUCTS-COMP/OP AGG \$5,000,000
B	<b>UMBRELLA/EXCESS LIABILITY</b>		
	<input checked="" type="checkbox"/> Occurrence	SBFXS0050502	9/1/2019 12:01 AM
			9/1/2020 12:01 AM
			EACH OCCURRENCE \$5,000,000 AGGREGATE (Applies Per Event) \$5,000,000
<b>DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS:</b>			
The certificate holder is an additional insured, effective the date of this certificate issuance, as per form 00 SGL002900(10/16): Additional Insured - Designated Person or Organization Written Contract or Written Agreement, but only with respects to USA Volleyball (USAV) and Regional Volleyball Association (RVA) sanctioned events.  No coverage will apply for RVAs and RVA clubs for events conducted in which all participants are not registered with USAV.  The General Liability Policy includes \$1,000,000 Each Occurrence / \$2,000,000 Aggregate of Sexual Abuse and Molestation coverage.  Coverage is available under a Participant Accident policy #IHH000539-941 with QBE Insurance Corporation on file with the policyholder - Accident Medical Coverage \$25,000, deductible \$250 - Accidental Death & Dismemberment \$10,000. Policy effective date: September 1, 2019 / Policy expiration date: September 1, 2020.			
<b>CERTIFICATE HOLDER:</b>		<b>NOTICE OF CANCELLATION:</b>	
Wallkill Central School District 19 Main Street P.O. 310 Wallkill NY 12589		Should any of the above described policies be cancelled before the expiration date thereof, notice will be delivered in accordance with the policy provisions.  <b>AUTHORIZED REPRESENTATIVE:</b>  <div style="text-align: center; font-size: 2em; margin-top: 20px;">  </div>	