



CLARKSTOWN CENTRAL SCHOOL DISTRICT

62 Old Middletown Road, New City, NY 10956

1500-E.1

SCHOOL FACILITY USE FORM

PLEASE READ ENTIRE PACKET AND COMPLETE AND SIGN BELOW. YOU MUST SUBMIT THIS FORM AND ALL REQUIRED DOCUMENTATION IN ORDER TO RECEIVE FINAL APPROVAL OF PERMIT.

The _____ (**organization's name**) does covenant and agree to defend, indemnify and hold harmless the Clarkstown Central School District from and against any and all liability, loss, damages, claims or actions (including costs and attorney's fees) for bodily injury and/or property damage, to the extent permissible by law, arising out of or in any way connected with the actual or proposed use of _____ (**CCSD facility requested**) and/or services, including but not limited to bodily injury to any employee, invitee, guest, spectator, contractor or subcontractor of _____ (**organization's name**). **The permit request is for the insurance policy year (ex 1/1/20-1/1/21) _____** and covers the date(s) listed on the permit application.

In addition to the conditions set forth in Policy 1500 and regulation 1500-R, which the applicant acknowledges and accepts, as a further condition of being issued a permit, the applicant represents that it will take appropriate and ample security measures to assure the safety of all persons attending its event, and to protect their property and that of the district. The applicant further represents that _____ (**responsible party from the applicant organization**) who may be reached at (**daytime phone number and email address**), _____ will be in charge of security for the event or events.

- The applicant organization is **not-for-profit** and proof of 501c (3) status or other not-for profit status is attached ____ Yes ____ No
- The applicant organization is **in-district**, 50% or more of participants reside within the boundaries of the Clarkstown Central School District for purposes of the building use requested. Rosters with the names and address of the participants for the current year are attached. ____ Yes ____ No
- The applicant organization has provided proof of general liability insurance to include the **Certificate of Insurance AND copy of the endorsement** adding the district as an additional insured. (**See Explanation of Insurance Requirements**) ____ Yes ____ No
- The applicant organization has provided proof of **Workers' Compensation AND Disability Benefits** insurance coverage. (**See Explanation of Insurance Requirements**) ____ Yes ____ No ____ Not Applicable

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- The applicant organization agrees to ensure that their staff and participants will comply with all safety and emergency requirements as outlined in district policy 1500 and regulation 1500-R. _____Yes

Explanation of Insurance Requirements

Please review the insurance requirements carefully. If you do not comply with the insurance requirements, you will not be issued a permit. You must show proof of General Liability insurance, Workers' Compensation insurance and Disability Benefit insurance.

1. Notwithstanding any terms, conditions or provisions, in any other writing between the parties, the permittee hereby agrees to effectuate the naming of the District as an additional insured on the permittees insurance policies, except for workers' compensation and N.Y. State Disability insurance.
2. The policy naming the District as an additional insured shall:
 - a. Be an insurance policy from an A.M. Best rated "Secure" or better insurer, licensed in New York State.
 - b. State that the organization's coverage shall be **primary and non-contributory coverage** for the District, its Board, employees and volunteers.
It is the intent of this agreement that additional insured status shall cover and extend to property and facilities including, but not limited to all areas identified in the application and/or permit, and sidewalks, walkways, parking lots, entrances, stairs, and all other areas incidental to and/or connected with the use of the premises.
 - c. **The District shall be listed as an additional insured by using an endorsement providing additional insured coverage for accidents and claims arising out of their use of facilities such as ISO endorsement CG 2026 or equivalent.** The decision to accept an alternative endorsement rests solely with the District. A completed copy of the endorsement must be attached to the certificate of insurance.
 - d. At the District's request, the organization shall provide a copy of the declaration page of the liability and umbrella policies with a list of endorsements and forms. If so requested, the organization will provide a copy of the policy endorsements and forms.
3. The permittee agrees to indemnify the District for any applicable deductibles and self-insured retention.

4. Required Insurance Limits:

- a. **Commercial General Liability Insurance** - with no exclusions for athletic participants (\$1,000,000 per occurrence/\$2,000,000 aggregate)
- b. **Automobile Liability** (When an organization's vehicle is brought onsite) \$1,000,000 combined single limit for owned, hired ,borrowed and non-owned motor vehicles .
- c. **Workers Compensations and NYS Disability Insurance (For Organizations with Employees)** The organization is required to show proof of disability benefit insurance submitting one of the forms below:
 - Insured Form C- 105.2 or U-26.3
 - Exempt Form CE-200
 - Insured Form DB-120.1

d. **Umbrella/ Excess Insurance**

General Use - \$1 Million each Occurrence and Aggregate. *Umbrella /Excess coverage shall be on a follow-form basis over the required General Liability coverage.*

Athletic and Recreational Camps \$5 Million each Occurrence and Aggregate. *Umbrella /Excess coverage shall be on a follow-form basis over the required General Liability coverage.*

5. Permittee acknowledges that failure to obtain such insurance on behalf of the District constitutes a material breach of contract and subjects it to liability for damages, indemnification and all other legal remedies available to the District. The permittee is to provide the District with a certificate of insurance, evidencing the above requirements have been met, prior to the commencement of work or use of facilities.

Signature of Applicant

Date