

Dr. Maureen A. Long
Superintendent of School's
Ext 101

Antonieta Schroeder
Principal
Ext 119

Kathy Cietek
District Treasurer
Ext 105

Cheri Vandenberg
Guidance Counselor
Ext 156

Jennifer Cannavo
CSE Chairperson
Ext 155

Carin D'Ambro
School Nurse
Ext 109
Fax 434-2840

Board of Education

President
Jeff Masline

Vice President
Jennifer Wilson

Members
Joe Pustay
William Nevins
John Diefenderfer

District Clerk
Aileen Nicoll

Menands Union Free School District



19 Wards Lane, Menands, NY 12204
T (518) 465-4561 F (518)- 434-2840
www.menands.org

DATE: May 31, 2018

TO: To All Groups, Clubs or Organizations Using or Requesting to Use
District Facilities (Buildings and Grounds)

FROM: Dr. Maureen A. Long, Superintendent

SUBJECT: Liability Insurance Certificates

School districts in New York State have faced rapidly rising costs for liability insurance and many school districts have had a very difficult time in getting liability coverage. The Menands Union Free School District is no exception to these problems. As a result, the Board of Education has passed a motion requiring each organization that uses our facilities has the coverage listed below. Failure to present the administration of the Menands School with a properly executed insurance certificate will force the district to deny the use.

If you have a renewal coming up, be sure to discuss the renewal with your insurance company well in advance of the expiration date and inform them of the certificate requirements.

CERTIFICATE – (A sample copy is on the back)

A minimum of \$500,000 per occurrence for bodily injury and/or property damage is suggested, it can be higher.

The date of the event must be included on the certificate, whether it is a single date, range or school year.

A certificate for a single event should state what the event is, such as: SPORTS CLINIC, BASEBALL GAME, TAG SALE

The following wording must be included on every certificate:

- Menands Union Free School District is included as Additional Insured on a primary and non-contributory basis with respect to general liability arising from the Named Insured's operations on Holder's premises per written contract.
- ADDITIONAL NAMED INSURED: MENANDS UNION FREE SCHOOL DISTRICT

Certificates must be submitted prior to final approval for building use and are subject to approval by our insurance company. The function can take place once the certificate has been approved by the district's insurance agent. Please do not wait until the last minute to supply the certificate. It may be too late to prevent cancellation.

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/21/2015

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 SAMPLE AGENCY SAMPLE ADDRESS Albany, NY 12212		CONTACT NAME: PHONE (A/C, No, Ext): 518 458-1800 FAX (A/C, No): 518 458-8390 E-MAIL ADDRESS:	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A : Sample insurance company	
		INSURER B :	
		INSURER C :	
		INSURER D :	
		INSURER E :	
		INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	<input checked="" type="checkbox"/>	Sample	10/01/2015	10/01/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPI/OP AGG \$ 2,000,000
4	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:					
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

Attached form(s) _____ apply as required by contract.

Certificate Holder is Additional Insured on a primary, non-contributory basis with respect to general liability arising from the Named Insured's use of Holder's premises.

CERTIFICATE HOLDER

CANCELLATION

Menands Union Free School District 19 Wards Lane Menands, NY 12204	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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MENANDS UNION FREE SCHOOL DISTRICT
19 Wards Lane
Menands, NY 12204

Received Date: ____/____/____
For Office Use Only

Application for Use of School Premises

(To be submitted at least a week in advance)

Name of Organization: _____

Dates requested: _____ Contact Name _____
(except when school is closed for holidays)

Contact Information: Primary Phone: _____ Cell Phone: _____ Email: _____

Time: From: _____ p.m. to _____ p.m. Approved for Use as of: ____/____/____

Room or Area Requested _____

Special Equipment Requested _____
(basketballs, audio/visual equipment, etc.)

Purpose of Meeting _____

****In the event school is closed due to inclement weather, the building will NOT be open
It is the responsibility of the requestor to check local media for weather related closings***

The undersigned accepts responsibility to see that the building regulations are followed and be responsible for any damage incurred.
A copy of the rules is attached.

A Certificate of Liability Insurance naming Menands Union Free School District as additional insured on a primary, non-contributory basis must be **approved** by the district prior to use of school facilities. The undersigned further agrees to indemnify and save harmless the Board of Education and/or the Menands School District, and/or any of its employees, from any and all claims that may arise through negligence or otherwise, or that may be made for damage, loss, injury or death resulting to the property; resulting from such use, directly or indirectly. Information on insurance requirements is attached.

Groups should plan to limit their meetings so that the building may be closed by 8:00p.m.

The person in charge of the group while the building is being used will be:

(Name/Relationship to Group) (Phone/Email)

(Address) (Secondary Phone)

.....

(Building Principal or Superintendent) (Date)

(Business Office) (Date)

Calendar Updated _____
O & M Copy Sent _____
Ins. Certificate _____