

# ARLINGTON CENTRAL SCHOOL DISTRICT

144 Todd Hill Road • LaGrangeville, NY 12540  
(845)486-4450

## Facility Use Certificate of Insurance Requirements

- Notwithstanding any terms, conditions or provisions, in any other writing between the parties, the facility user hereby agrees to effectuate the naming of the District as an Additional Insured on the facility user's insurance policies, except for workers' compensation and N.Y. State Disability insurance.
- **The policy naming the District as an Additional Insured shall:**
  - Be an insurance policy from an A.M. Best A- rated or better insurer, licensed to conduct business in New York State. A New York licensed and admitted insurer is strongly preferred.
  - State that the organization's coverage shall be primary and non-contributory coverage for the District, its Board, employees and volunteers including a waiver of subrogation in favor of the District for all coverages including workers compensation.
  - Additional insured status for General Liability coverages shall be provided by standard or other endorsements that extend coverage to the District (CG 20 26) or equivalent. The decision to accept an endorsement rests solely with the District. A completed copy of the endorsements must be attached to the Certificate of Insurance to include General Liability, Auto Liability (where applicable) and Umbrella/Excess coverages
- The facility user agrees to indemnify the District for applicable deductibles and self-insured retentions.

## Minimum Required Insurance:

- **Commercial General Liability Insurance**  
\$1,000,000 per Occurrence/ \$2,000,000 Aggregate, **with no exclusions for Athletic Participants**  
\$2,000,000 Products and Completed Operations  
\$1,000,000 Personal and Advertising Injury  
\$100,000 Fire Damage  
\$10,000 Medical Expense
- **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.
- **Workers' Compensation and NYS Disability Insurance (*For Organizations with Employees*)**  
Statutory Workers' Compensation (C-105.2 or U-26.3); and NYS Disability Insurance (DB- 120.1) for all employees. Proof of coverage must be on the approved specific form, as required by the New York State Workers' Compensation Board. ACORD certificates are not acceptable. A person seeking an exemption must file a CE-200 Form with the state. The form can be completed and submitted directly to the WC Board online.
- **Umbrella/Excess Insurance**
  - General Use*  
\$1 million each Occurrence and Aggregate. Umbrella/Excess coverage shall be on a follow-form basis or provide broader coverage over the required General Liability coverages.
  - Organized Athletic Leagues*  
\$3 million each Occurrence and Aggregate. Umbrella/Excess coverage shall be on a follow-form basis or provide broader coverage over the required General Liability coverages.
  - Athletic/Recreational Camps*  
\$5 million each Occurrence and Aggregate. Umbrella/Excess coverage shall be on a follow-form basis or provide broader coverage over the required General Liability coverages
  - Carnivals and Firework Displays, etc.*  
\$10 million each Occurrence and Aggregate. Umbrella/Excess coverage shall be on a follow-form basis or provide broader coverage over the required General Liability coverages.

*The facility user 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 facility user is to provide the District with a certificate of insurance, evidencing the above requirements have been met, prior to the event.*



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

Current

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).

<b>PRODUCER</b> Insured's Agent Address City, State Zip	<b>CONTACT NAME:</b> Must be provided	
	<b>PHONE (A/C, No, Ext):</b>	<b>FAX (A/C, No):</b>
<b>INSURED</b>  Facility User Name Address City, State Zip	<b>E-MAIL ADDRESS:</b>	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A : (AM Best Rated A- or Better)</b>	
	<b>INSURER B : (NYS Licensed and Admitted Preferred)</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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
<input checked="" type="checkbox"/>	<b>GENERAL LIABILITY</b>	X	X	Must be provided	MM/DD/YY	MM/DD/YY	EACH OCCURRENCE	\$ 1,000,000	
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$ 10,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY	\$ 1,000,000	
<input checked="" type="checkbox"/>	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE	\$ 2,000,000	
							PRODUCTS - COMP/OP AGG	\$ 2,000,000	
									\$
<input checked="" type="checkbox"/>	<b>AUTOMOBILE LIABILITY</b>	X	X	Must be provided	MM/DD/YY	MM/DD/YY	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$	
	<input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
	<input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
								\$	
<input checked="" type="checkbox"/>	<b>UMBRELLA LIAB</b>	X	X	Must be provided	MM/DD/YY	MM/DD/YY	EACH OCCURRENCE	\$ *\$1M/3M/5M/10M	
	<input checked="" type="checkbox"/> EXCESS LIAB						AGGREGATE	\$ *\$1M/3M/5M/10M	
	DED RETENTION \$							\$	
<input checked="" type="checkbox"/>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	N/A	X	Approved NYS Forms Only			WC STATUTORY LIMITS	OTHER FORMS ARE:	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT	\$ C105.2 or U26.3	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$ DB120.1	
							E.L. DISEASE - POLICY LIMIT	\$ Exempt: CE-200	

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

**Description of Services:**

General Liability, Auto Liability and Umbrella Liability should include the District/BOCES, Board, Employees, & Volunteers as additional insured. State that the organization's coverage is on a primary and non-contributory basis with waiver of subrogation in favor of the District/BOCES for all coverages including Workers Compensation. Additional Insured Endorsement (CG 20 26 or Equivalent) must be attached. If primary and non-contributory or waiver are added via endorsement, those endorsements must also be attached. \*Umbrella/Excess Liability \$1,000,000 for General Use, \$3,000,000 for Organized Athletic Leagues, \$5,000,000 for Athletic/Recreational Camps, \$10,000,000 for Carnivals and Fireworks - must be on a follow form basis or provide broader coverage over the General Liability coverage. No exclusions for Athletic Participants.

**CERTIFICATE HOLDER****CANCELLATION**

ARLINGTON CENTRAL SCHOOL DISTRICT 144 Todd Hill Road LaGrangeville, NY 12540	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 Must be Signed

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

### SCHEDULE

**Name Of Additional Insured Person(s) Or Organization(s):**

THOSE DESIGNATED PERSONS OR ORGANIZATIONS ON FILE WITH US UNLESS SPECIFICALLY DECLINED.  
WHOM LAND HAS BEEN LEASED - DOES NOT APPLY TO STRUCTURAL ALTERATIONS, NEW CONSTRUCTION  
OR DEMOLITION OPERATIONS BY OR FOR THAT PERSON(S) OR ORGANIZATION(S).

# EXAMPLE

Arlington Central School District  
144 Todd Hill Road  
Lagrangeville NY 12540

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

**A. Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

1. In the performance of your ongoing operations; or
2. In connection with your premises owned by or rented to you.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the

insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

**B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.