



## APPLICATION FOR USE OF SCHOOL DISTRICT PROPERTY EXTERNAL USE FORM



PAYMENT AND PROOF OF INSURANCE ARE REQUIRED PRIOR TO APPROVAL OF USE OF FACILITIES.

Date Request Submitted: 1/22/18

The members of (specify group) IYB REC Dept request the permission be granted for the use of (specify location) Parking Lot & grass in front and behind tennis courts in accordance with the rules and regulations of the Ithaca City School District for the purpose of Ithaca Festival Mile.

Contact Person: Yolanda Phone Number: 607-273-8364 Email: yolandar@cityofithaca.org

ALL BUILDINGS WILL BE LOCKED BEFORE AND AFTER THE REQUESTD START AND END TIMES. PLEASE ALLOW YOURSELF ENOUGH TIME TO SET-UP AND CLEAN UP THE SPACE REQUESTED.

Dates Requested: 6/1/18 (Must be 30 days prior to event) Estimated Number of Attendees: 800

Time Requested: Start: 3:45pm End: 6:45pm

Time of Event: Start: 4:00pm End: 6:30pm

Will you require custodial staff: ☐ Yes ☒ No

Please list any furniture you will need. Be specific and give diagrams for all set ups.

Will you require kitchen use? ☐ Yes ☒ No

Will you require additional personnel services? ☐ Yes ☒ No But

If yes, please specify: We want the outside field house restroom open & available to attendees.

*Need  
cert of  
insurance  
Recd 2/8/18  
BR*

INSURANCE: PROPERTY AND LIABILITY INSURANCE WILL BE REQUIRED IN THE AMOUNT OF \$100,000 PROPERTY AND \$1,000,000 BODILY INJURY AND PERSONAL LIABILITY. Such coverage must be evidence by a CERTIFICATE OF INSURANCE to be presented with this application. The Ithaca City School District must be named as the Certificate Holder as well as an additional insured (under description of Operations). Use of school property by non-school groups for meetings and performances is limited by the laws of New York State and the regulations of the Ithaca City School District Board of Education of Ithaca, New York. (See Policy on reverse).

Signature of Applicant: Yolanda Richardson

Date: 1/22/18

\*Additional form required for the use of Kulp Auditorium and Joe Moresco Stadium and Bredbrenner Field.\*

### Office Use Only

Received by: [Signature]  
Administrator: \_\_\_\_\_  
Head Custodian: \_\_\_\_\_  
Food Services Dir.: \_\_\_\_\_

Kitchen Fee:  
Custodial Fee:  
\$20/hour, M\_F \$40/hour Sa-Su  
50/hour plant shut down & holidays

### TOTAL COST:

Payment Received Date:

Certificate of Insurance Received Date:

FEB 06 2018



RECEIVED







# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/7/2018

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> Haylor, Freyer & Coon Inc. 112 W. State St. Ithaca NY 14850	<b>CONTACT NAME:</b> Michele Robinson		
	<b>PHONE (A/C, No, Ext):</b> 800 289-1501 ext.2532	<b>FAX (A/C, No):</b>	
	<b>E-MAIL ADDRESS:</b> mrobinson@haylor.com		
<b>INSURED</b> City of Ithaca, Ithaca Youth Bureau & Greater Ithaca Activities Center 108 E. Green St. Ithaca NY 14850	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	<b>INSURER A:</b> Argonaut Insurance Company		19801
	<b>INSURER B:</b> Commercial Travelers Mutual		81426
	<b>INSURER C:</b> Travelers Prop. Cas. Co. of America		25674
	<b>INSURER D:</b>		
	<b>INSURER E:</b>		
	<b>INSURER F:</b>		

**COVERAGES**

CERTIFICATE NUMBER: 403584760

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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> SIR \$150,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	290201703	1/1/2018	1/1/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 0 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
A	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" 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 <input checked="" type="checkbox"/> SIR \$150,000	Y	Y	290201703	1/1/2018	1/1/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			290201703	1/1/2018	1/1/2019	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
C	<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	N/A	UB8195A92518	1/1/2018	1/1/2019	<input checked="" type="checkbox"/> PER STATUTE <input checked="" type="checkbox"/> OTH-ER Excess E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A B	Abuse or Molestation Coverage Youth Sports Accident			290201703 2017HBM17	1/1/2018 6/1/2017	1/1/2019 6/1/2018	Limit \$1,000,000 Limit \$10,000 SIR \$150,000

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

Forms Enclosed:

ARGO Public Risk GL Retained Limit Form#GLRLIO002 (04/13)

ARGO Public Auto Liability Retained Limit Form#ALRLIO002 (04/13)

Re: Use of All Schools, Grounds and Facilities for 2018 Ithaca Youth Bureau Programs.

**CERTIFICATE HOLDER****CANCELLATION**Ithaca City School District  
400 Lake Street  
Ithaca NY 14850

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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