

RECEIVED

JAN 12 2024

WALLKILL CENTRAL SCHOOL DISTRICT
REQUEST FOR USE OF SCHOOL FACILITIES

Request must be submitted 30 days prior to the 3rd Thursday of the following month.

I. PLATTEKILL ELEMENTARY SCHOOL

I.

Name of Organization Special Olympics

Date of Request January 4, 2024

Person Making Request Clara Maecker

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

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

Daytime Telephone Number 845-883-5102 (cell) 845-728-3124

Address 45 Meadow Lane, Modena, NY 12548

Building/Facilities Requested Plattekill Elementary School Gym

Description of Activity Special Olympics 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) Mar 14, 19, 21
Apr 2, 4, 9, 10, 15, 16, 18 Time(s) 6:00 - 7:30 p.m.

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? _____

III. RULES FOR USE OF SCHOOL FACILITIES (Please note: WiFi access will not be provided.)

- 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.

Clara Haecker

Signature of Representative of Requesting Organization

1/4/24

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 1/12/24
(Building Principal's Signature)

Disapproved: _____ Date _____
(Building Principal's Signature)

FOR DISTRICT OFFICE USE ONLY

Approved: [Signature] Date 1/18/2024
(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

WALLKILL CENTRAL SCHOOL DISTRICT - USE OF FACILITIES

- I. 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 permittee's insurance policies.
- II. The policy naming the district as an additional insured shall:
 - Be an insurance policy from an A.M. Best rated "secure" or better insurer, licensed in New York State.
 - State that the organization's coverage shall be primary and non-contributory coverage for the district it's Board, employees and volunteers.
 - The district shall be listed as an additional insured by using endorsement CG 2026 or equivalent. A completed copy of the endorsement must be attached to the certificate of insurance.
 - 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.
- III. The permittee agrees to indemnify the district for any applicable deductibles and self-insured retentions.
- IV. The insurance producer must indicate whether or not they are an agent for the companies providing the coverage.
- V. Required Insurance:
 - **Commercial General Liability Insurance**
\$1,000,000 per occurrence/ \$2,000,000 aggregate, with coverage for athletic participants.
- VI. 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.
- VII. The district is a member/owner of the NY Schools Insurance Reciprocal (NYSIR). The user further acknowledges that the procurement of such insurance as required herein is intended to benefit not only the district but also the NYSIR, as the district's insurer.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/03/2024

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).

PRODUCER American Specialty Insurance & Risk Services, Inc. dba A S Insurance & Risk Services Agency 7609 W. Jefferson Blvd., Suite 100 Fort Wayne IN 46804	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A: Philadelphia Indemnity Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F: NAIC # 18058
INSURED Special Olympics, Inc. 1133 19th Street NW Washington DC 20036	

COVERAGES

CERTIFICATE NUMBER: 1002199268

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"/> PRO-JECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: OTHER	Y		PHPK2638240	12/31/2023	12/31/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			PHPK2638240	12/31/2023	12/31/2024	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ NON-OWNED/HIRED AUTO \$ 1,000,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			PHUB894526	12/31/2023	12/31/2024	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
	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				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)

- Coverage applies to the following: SPECIAL OLYMPICS NEW YORK, HUDSON VALLEY REGION, 1207 ROUTE 9, SUITE 1C, WAPPINGERS FALLS, NY 12590.

- Named Insured (cont'd): All Special Olympics Accredited U.S. Programs

CERTIFICATE HOLDER

CANCELLATION

Wallkill CSD Wallkill District Office PO Box 310 1500 Route 208 19 Main Street 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. AUTHORIZED REPRESENTATIVE
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AGENCY CUSTOMER ID: _____

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY American Specialty Insurance & Risk Services, Inc.		NAMED INSURED Special Olympics, Inc.	
POLICY NUMBER PHPK2638240		1133 19th Street NW	
CARRIER Philadelphia Indemnity Insurance Company	NAIC CODE 18058	Washington, DC 20036	
		EFFECTIVE DATE: 12/31/2023	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE - Certificate #1002199268

- The Hired Auto Physical Damage limit contains a \$1,000 collision deductible and a \$100 other than collision deductible (for commercially rented vehicles only). Nonowned and Hired Auto (NOHA) liability is excess of any valid and collectible insurance.
- Coverage for property you rent or occupy, property loaned to you and property in the care, custody, or control of the Insured, \$100,000 limit subject to a \$2,500 deductible per loss, excluding watercraft, aircraft, and autos.
- The Certificateholder is only an Additional Insured with respect to liability caused by the negligence of the Named Insured as per Form PI-AM-002-Additional Insured-Certificateholders, as respects to the SPECIAL OLYMPICS NEW YORK, HUDSON VALLEY REGION, SCHEDULED TRACK & FIELD TRAINING AT PLATTEKILL ELEMENTARY SCHOOL from January 04, 2024 through December 30, 2024.

WALLKILL CENTRAL SCHOOL DISTRICT
REQUEST FOR USE OF SCHOOL FACILITIES



Request must be submitted 30 days prior to the 3rd Thursday of the following month.

- I. Name of Organization Girls on the Run Hudson Valley
Date of Request 1/25/23
Person Making Request Loretta Djurasevic
Are you a Wallkill Central School District Resident? ☒ Yes ☐ No
Staff Member in Charge (If Applicable, See Attached Form) Coaches: Cristen Sasaki, Maribel Sutek, Kristin Magnanni
Daytime Telephone Number 646-373-3617
Address 815 Blooming Grove Tpk New Windsor, NY 12553
Building/Facilities Requested Ostrander Elementary School Field + Gym
Description of Activity Youth Development Program (Lesson + Running)
Are the Majority of the Participants Wallkill Central School District Residents?
☒ Yes ☐ No
Will Admission, Fees be Charged or Donations Accepted? ☒ Yes ☐ No Program Fee
If Yes, Specify Community Benefit _____
Date(s) 3/20/24 - 5/31/24 Time(s) 3:30 - 5pm

II. INSURANCE INFORMATION

- Do you (the requesting organization) have an in-force public liability policy? Excluding: 3/27, 3/29, 5/3
☒ 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? _____

III.

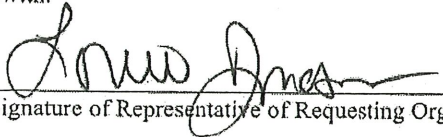
RULES FOR USE OF SCHOOL FACILITIES (Please note: WiFi access will not be provided.)

- 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.
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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.
- 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.
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- 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

1/25/24
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: _____
(Building Principal's Signature)

2/8/24
1/31/24
Date: _____

Disapproved: _____
(Building Principal's Signature)

FOR DISTRICT OFFICE USE ONLY

Approved: _____
(Assistant Superintendent for Support Services)

2/9/2024
Date: _____

Disapproved: _____
(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

WALLKILL CENTRAL SCHOOL DISTRICT
REQUEST FOR USE OF SCHOOL FACILITIES

Request must be submitted 30 days prior to the 3rd Thursday of the following month.

I.

Name of Organization Girls on the Run Hudson Valley

Date of Request 1/25/24

Person Making Request Loretta Durasevic

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

Staff Member in Charge (If Applicable, See Attached Form) Lindsey Bowman Kathy Meighan
(Bowman) William DiMafe

Daytime Telephone Number 646-373-3612

Address 815 Blooming Grove Trk New Windsor, NY 12553

Building/Facilities Requested Leptondale Elementary School Bus Circle

Description of Activity Youth Development Program (lessons + running) Classroom
TBD by admin.

Are the Majority of the Participants Wallkill Central School District Residents?
☒ Yes ☐ No

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

If Yes, Specify Community Benefit _____

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)
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If yes, what are the limits of liability? _____

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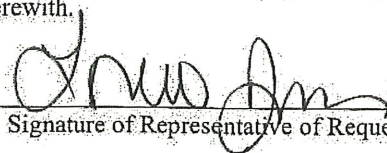
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Signature of Representative of Requesting Organization

1/25/24
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: 1/25/24
(Building Principal's Signature)

Disapproved: _____ Date: _____
(Building Principal's Signature)

FOR DISTRICT OFFICE USE ONLY

Approved: _____ Date: 2/9/2024
(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)

1/19/2024

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PRODUCER
NFP Corporate Services (SE), Inc.
1901 Roxborough Road
Suite 300
Charlotte NC 28211

CONTACT NAME: Mitzi Hines

PHONE (A/C, No, Ext): 704-200-9399

FAX (A/C, No):

E-MAIL ADDRESS: mitzi.hines@NFP.com

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A : Property and Casualty Insurance Company of Hartford

34690

INSURER B : Philadelphia Indemnity Insurance Company

18058

INSURER C :

INSURER D :

INSURER E :

INSURER F :

INSURED
Girls on the Run Hudson Valley
815 Blooming Grove Tpk., Ste. 401
New Windsor NY 12553

GIRLONT-14

COVERAGES

CERTIFICATE NUMBER: 373957422

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
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Abuse/Molestation <input checked="" type="checkbox"/> Special Event GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER:			PHPK2647396	2/1/2024	2/1/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 20,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
B	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			PHPK2647396	2/1/2024	2/1/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			PHUB897838	2/1/2024	2/1/2025	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
A	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 N	N/A	22WECCS5956	2/25/2024	2/25/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

Certificate holder is additional insured as respects to general liability for the operations of the insured when required by written contract.

CERTIFICATE HOLDER**CANCELLATION**

Walkkill Central School District
19 Main St.
Walkill NY 12589
USA

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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