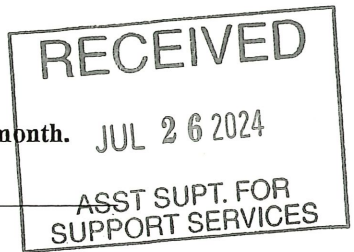


WALLKILL CENTRAL SCHOOL DISTRICT
REQUEST FOR USE OF SCHOOL FACILITIES



Request must be submitted 30 days prior to the 3rd Thursday of the following month. JUL 26 2024

- I. Name of Organization Wallkill Youth Football + Cheer
Date of Request 6/19/24
Person Making Request Chelsea VanDeMark Cheer Director
Are you a Wallkill Central School District Resident? ☒ Yes ☐ No
Staff Member in Charge (If Applicable, See Attached Form) _____
Daytime Telephone Number 845-522-2678
Address 206 Modena Country Club
Building/Facilities Requested Wallkill High School = back practice fields grass
Description of Activity practice Football + Cheer
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) Aug 26 thru Nov 15 ish Time(s) 530 + 8pm Monday thru Friday

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. Organizations using District facilities will be required to follow all safety and health protocols required by state and local guidance, as well as the District's Reopening Plan.
B. Board of Education approval is necessary for all athletic related and profit-making activities.
C. 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.

- D. Any day school must be closed, activities that evening are cancelled.
It is the responsibility of the sponsor group to notify the public.
E. Police protection must be arranged for any event when it is deemed necessary by the school administration.
F. Functions shall be non-exclusive and open to the general public.

- G. The facilities must be vacated by the time indicated on the approved request form but no later than 10:30 P.M.
- H. No smoking is allowed on school property.
- I. No one is allowed in areas other than those authorized.
- J. No drinking of alcoholic beverages, use of drugs, fighting, abusive language or illegal acts are to be permitted on the premises.
- K. No school supplies, materials or equipment may be used without specific prior approval of the building principal.
- L. The using organization is responsible for the care and safeguarding of all personnel, facilities, and equipment.
- M. Facilities shall be left neat and clean, or a charge for additional custodial services will be levied.
- N. When use of gyms is authorized for recreational purposes, sneakers must be worn.
- O. Vehicles are permitted in authorized parking areas only.
- P. 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).
- Q. A Certificate of Insurance may be requested, if deemed necessary with appropriate limits of insurance, by Central Administration.
- R. The approval for use of school facilities is revocable at any time without notice.
- S. All school related functions will have priority for use of the building.
- T. 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.
- U. 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.
- V. No group shall use any pesticide or herbicide application in any building located on school district property or on any fields.
- W. 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.
- X. 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.

C. Vaullk

Signature of Representative of Requesting Organization

6/19/24

Date

FOR BUILDING USE ONLY

Director of Operational Services Contacted

KCD
Building Custodian Contacted

Director of School Lunch Program Contacted

BM
Athletic Director Contacted

Sent to District Office for Board Approval

Other (Please Specify) _____
Approved: B. J. [Signature] Date 7/3/2024
(Building Principal's Signature)

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

FOR DISTRICT OFFICE USE ONLY

Approved: _____ Date _____
(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)

05/31/2024

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 ESP Insurance Brokerage, LLC 306 Main Street Worcester MA 01608 | | CONTACT NAME: Joseph Micciche PHONE (A/C, No, Ext): (877) 670-2377 E-MAIL ADDRESS: joe.micciche@espspecialty.com FAX (A/C, No): | |
| INSURED WALLKILL YOUTH FOOTBALL & CHEER 42 RESERVOIR RD WALLKILL NY 12589 | | INSURER(S) AFFORDING COVERAGE INSURER A: Houston Casualty Company INSURER B: Nat'l Union Fire Ins Co of Pittsburgh, PA INSURER C: INSURER D: INSURER E: INSURER F: | |
| | | NAIC # 42374 19445 | |

COVERAGES**CERTIFICATE NUMBER:** CL2453134884**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 | Y | | H24AS00007 | 07/15/2024 | 07/15/2025 | EACH OCCURRENCE \$ 1,000,000 |
| | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 |
| | | | | | | | MED EXP (Any one person) \$ |
| | | | | | | | PERSONAL & ADV INJURY \$ 1,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | | | GENERAL AGGREGATE \$ 2,000,000 |
| | OTHER: | | | | | | PRODUCTS - COMP/OP AGG \$ 2,000,000 |
| | | | | | | | Employee Benefits \$ |
| | AUTOMOBILE LIABILITY | | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ |
| | <input type="checkbox"/> ANY AUTO | | | | | | BODILY INJURY (Per person) \$ |
| | <input type="checkbox"/> OWNED AUTOS ONLY | | | | | | BODILY INJURY (Per accident) \$ |
| | <input type="checkbox"/> HIRED AUTOS ONLY | | | | | | PROPERTY DAMAGE (Per accident) \$ |
| | <input type="checkbox"/> SCHEDULED AUTOS | | | | | | \$ |
| | <input type="checkbox"/> NON-OWNED AUTOS ONLY | | | | | | \$ |
| A | <input checked="" type="checkbox"/> UMBRELLA LIAB | | | H24AS00007 | 07/15/2024 | 07/15/2025 | EACH OCCURRENCE \$ 1,000,000 |
| | <input type="checkbox"/> EXCESS LIAB | | | | | | AGGREGATE \$ |
| | <input type="checkbox"/> CLAIMS-MADE | | | | | | \$ |
| | DED <input type="checkbox"/> RETENTION \$ | | | | | | PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | | E.L. EACH ACCIDENT \$ |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | Y/N <input type="checkbox"/> | N/A | | | | E.L. DISEASE - EA EMPLOYEE \$ |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - POLICY LIMIT \$ |
| B | PARTICIPANTS MEDICAL | | | SRG0009158709 | 07/15/2024 | 07/15/2025 | SEE REMARKS |

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

THE CERTIFICATE HOLDER is added as an additional insured with respects to general liability coverage but only with respect to liability arising out of the operations of the named insureds league.

Sexual Abuse / Molestation limits are as follows: \$1,000,000 EACH OCCURRENCE / \$2,000,000 AGGREGATE

THIS POLICY DOES NOT EXCLUDE CONCUSSIONS

CERTIFICATE HOLDER**CANCELLATION**

WALLKILL CENTRAL SCHOOL DISTRICT
1500 RT 208 P.O. BOX 310

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: 00017253

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page ____ of ____

| | | | |
|--|-----------|--|--|
| AGENCY ESP Insurance Brokerage, LLC | | NAMED INSURED WALLKILL YOUTH FOOTBALL & CHEER | |
| POLICY NUMBER | | | |
| CARRIER | NAIC CODE | | |
| EFFECTIVE DATE: | | | |

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance

YOUTH FOOTBALL AND OR CHEER CAT INS MEDICAL COVERAGE

CARRIER: AIG

POLICY NUMBER: SRG0009158709

Accidental Death, Accidental Dismemberment (AD&D) Benefit: \$15,000 Maximum amount

Incurral Period: 365 days

Accident Medical Expense Benefit: \$1,000,000

Deductible: \$250 per accident

Dental Maximum: \$250 per tooth/per accident

Incurral Period 30 days after date of injury

Benefit Payout Period: payable only for such charges incurred within 52 weeks after the date of the accident causing the Injury

COACHES/VOLUNTEERS MEDICAL COVERAGE

CARRIER: AIG

POLICY NUMBER: SRG0009158709-CO

BENEFIT(S) LIMITS:

Accidental Death & Dismemberment \$25,000 Maximum

Accident Medical Expense Benefit \$100,000 Limit

Deductible \$0 per accident

Benefit Period 52 weeks after date of injury

CRIME PROTECTION

CARRIER: HOUSTON CASUALTY

Crime / Employee Theft Limit: \$ 25,000

Deductible \$500

DIRECTORS & OFFICERS - DOES NOT APPLY TO

MEMBER ORGANIZATIONS

CARRIER: GREAT AMERICAN

Directors & Officers Limit \$1,000,000

Retention \$1,000

Aggregate Limit \$1,000,000

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 Wallkill Baseball & Softball, Inc. (Wallkill Panthers 12U, 13U, 15U)
Date of Request 8/6/2024
Person Making Request Katherine Usewicz
Are you a Wallkill Central School District Resident? X Yes _____ No
Staff Member in Charge (If Applicable, See Attached Form) _____
Daytime Telephone Number 845-220-8366
Address _____
Building/Facilities Requested Varsity & JV Baseball Fields
Description of Activity Travel baseball games
Are the Majority of the Participants Wallkill Central School District Residents?
X Yes _____ No
Will Admission, Fees be Charged or Donations Accepted? _____ Yes X No
If Yes, Specify Community Benefit _____
Date(s) Saturdays and Sundays 8/30/24 - 11/10/24 Time(s) TBD As needed for fall baseball games
II. INSURANCE INFORMATION
Do you (the requesting organization) have an in-force public liability policy? - as a backup to little league field due to field conditions or scheduling conflicts.
X Yes (If yes, please provide a certificate of insurance, listing the Wallkill Central School District as an additional insured) Dates will need to be coordinated with District prior to use
_____ No
If yes, what are the limits of liability? \$1,000,000/\$1,000,000 \$1,000,000 excess
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.



Signature of Representative of Requesting Organization

8/6/2024

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: B. J. M. A. Date 8/12/2024
(Building Principal's Signature)

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

FOR DISTRICT OFFICE USE ONLY

Approved: E. D. S. Date 8/13/2024
(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)
05/10/2024

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 Terry L. Green & Associates, Inc. 3100 Five Forks Trickum Rd Suite 101 Lilburn, GA 30047 | CONTACT NAME: | FAX (A/C, No): 770-978-2780 | |
| | PHONE (A/C, No, Ext): 1-800-550-5029 | E-MAIL ADDRESS: info@esportsinsurance.com | |
| INSURED Wallkill Panthers 24 Roosa Rd Wallkill, NY 12589 | INSURER(S) AFFORDING COVERAGE | | NAIC # |
| | INSURER A: Fortegra Specialty Insurance Company | | # 16823 |
| | INSURER B: Starr Indemnity & Liability Co | | # 38318 |
| | INSURER C: | | |
| | INSURER D: | | |
| | INSURER E: | | |
| INSURER F: | | | |

COVERAGES **CERTIFICATE NUMBER:** F4HVBLNY050023-1 **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 | <input checked="" type="checkbox"/> | | KSG1000001-A30091 | 05/11/2024 12:01 AM | 05/11/2025 12:01 AM | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER: | | | | | | |
| | <input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY Not provided while in Hawaii <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY | | | KSG1000001-A30091 | 05/11/2024 12:01 AM | 05/11/2025 12:01 AM | COMBINED SINGLE LIMIT (Per accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ |
| | <input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ | <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE | | | KSX1000001-Y10091 | 05/11/2024 12:01 AM | 05/11/2025 12:01 AM |
| B | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | <input type="checkbox"/> Y/N | 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 \$ |
| | Accident/Medical Coverage | | | BAP-893120 | 05/11/2024 12:01 AM | 05/11/2025 12:01 AM | EXCESS MEDICAL \$ 100,000 |
| | DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) | | | | | | |
| | Legal Liability to Participants (LLP) limit is a per occurrence limit Sport: Baseball Age Group: 13-15 The certificate holder is added as an additional insured, but only for liability caused, in whole or in part, by the acts or omissions of the named insured. Membership ID: F4HVBLNY050023 | | | | | | |

CERTIFICATE HOLDER

Wallkill Central School District
1500 Route 208
Wallkill, NY 12589

CANCELLATION

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

Terry L. Green



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/10/2024

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(les) 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 Terry L. Green & Associates, Inc. 3100 Five Forks Tricurn Rd Suite 101 Lilburn, GA 30047 | CONTACT NAME: | FAX (A/C, No): 770-978-2780 | |
| | PHONE (A/C, No, Ext): 1-800-550-5029 | E-MAIL ADDRESS: info@esportsinsurance.com | |
| INSURED Wallkill Panthers 24 Roosa Rd Wallkill, NY 12589 | INSURER(S) AFFORDING COVERAGE | | NAIC # |
| | INSURER A: Fortegra Specialty Insurance Company | | # 16823 |
| | INSURER B: Starr Indemnity & Liability Co | | # 38318 |
| | INSURER C: | | |
| | INSURER D: | | |
| | INSURER E: | | |
| INSURER F: | | | |

COVERAGES **CERTIFICATE NUMBER:** F4HVBLNY050023-EOC **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 WVR | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|---|--|----------|-------------------|-------------------------|-------------------------|--|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | KSG1000001-A30091 | 05/11/2024 12:01 AM | 05/11/2025 12:01 AM | EACH OCCURRENCE \$ 1,000,000 |
| | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | MED EXP (Any one person) \$ 10,000 |
| | <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | | | PERSONAL & ADV INJURY \$ 1,000,000 |
| | OTHER: | | | | | | GENERAL AGGREGATE \$ 4,000,000 |
| | | | | | | | PRODUCTS - COMPIOP AGG \$ 1,000,000 |
| A | AUTOMOBILE LIABILITY | | | KSG1000001-A30091 | 05/11/2024 12:01 AM | 05/11/2025 12:01 AM | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 |
| | <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY | <input type="checkbox"/> SCHEDULED AUTOS | | | | | BODILY INJURY (Per person) \$ |
| | <input checked="" type="checkbox"/> HIRED AUTOS ONLY | <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY | | | | | BODILY INJURY (Per accident) \$ |
| | <input checked="" type="checkbox"/> Not provided while in Hawaii | | | | | | PROPERTY DAMAGE (Per accident) \$ |
| A | <input type="checkbox"/> UMBRELLA LIAB | <input checked="" type="checkbox"/> OCCUR | | KSX1000001-Y10091 | 05/11/2024 12:01 AM | 05/11/2025 12:01 AM | EACH OCCURRENCE \$ 1,000,000 |
| | <input checked="" type="checkbox"/> EXCESS LIAB | <input type="checkbox"/> CLAIMS-MADE | | | | | AGGREGATE \$ 1,000,000 |
| | <input type="checkbox"/> DED | <input type="checkbox"/> RETENTION \$ | | | | | |
| B | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | BAP-893120 | 05/11/2024 12:01 AM | 05/11/2025 12:01 AM | PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) | <input type="checkbox"/> Y <input type="checkbox"/> N | N/A | | | | E.L. EACH ACCIDENT \$ |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - EA EMPLOYEE \$ |
| | | | | | | | E.L. DISEASE - POLICY LIMIT \$ |
| B | Accident/Medical Coverage | | | | | | EXCESS MEDICAL \$ 100,000 |

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

Legal Liability to Participants (LLP) limit is a per occurrence limit

Sport: Baseball

Age Group: 13-15

The certificate holder is added as an additional insured, but only for liability caused, in whole or in part, by the acts or omissions of the named insured.

Membership ID: F4HVBLNY050023

CERTIFICATE HOLDER

Evidence of Coverage

CANCELLATION

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

Terry L. Green

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 YMCA of Middletown Club Kid
- Date of Request _____
- Person Making Request Darina Coppola
- Are you a Wallkill Central School District Resident? _____ Yes _____ ☒ No
- Staff Member in Charge (If Applicable, See Attached Form) _____
- Daytime Telephone Number (914) 443-1976
- Address 6 Liberty St, Middletown, NY.
- Building/Facilities Requested Ostrander, Leptonckle, Plattekill
- Description of Activity Before and after Schoolcare
- Are the Majority of the Participants Wallkill Central School District Residents?
☒ Yes _____ No
- Will Admission, Fees be Charged or Donations Accepted? _____ Yes _____ No charged
- If Yes, Specify Community Benefit _____
- Date(s) 9/4/24 - 6/26/25 m-f Time(s) 7:00A - 8:30A
3:00P - 6:00P

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? _____

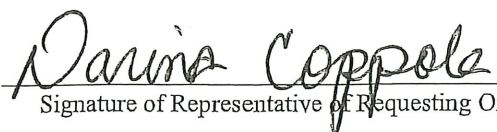
III. RULES FOR USE OF SCHOOL FACILITIES (Please note: WiFi access will not be provided.)

- A. Organizations using District facilities will be required to follow all safety and health protocols required by state and local guidance, as well as the District's Reopening Plan.
- B. Board of Education approval is necessary for all athletic related and profit-making activities.
- C. 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.
- D. Any day school must be closed, activities that evening are cancelled.
It is the responsibility of the sponsor group to notify the public.
- E. Police protection must be arranged for any event when it is deemed necessary by the school administration.
- F. Functions shall be non-exclusive and open to the general public.

- G. The facilities must be vacated by the time indicated on the approved request form but no later than 10:30 P.M.
- H. No smoking is allowed on school property.
- I. No one is allowed in areas other than those authorized.
- J. No drinking of alcoholic beverages, use of drugs, fighting, abusive language or illegal acts are to be permitted on the premises.
- K. No school supplies, materials or equipment may be used without specific prior approval of the building principal.
- L. The using organization is responsible for the care and safeguarding of all personnel, facilities, and equipment.
- M. Facilities shall be left neat and clean, or a charge for additional custodial services will be levied.
- N. When use of gyms is authorized for recreational purposes, sneakers must be worn.
- O. Vehicles are permitted in authorized parking areas only.
- P. 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).
- Q. A Certificate of Insurance may be requested, if deemed necessary with appropriate limits of insurance, by Central Administration.
- R. The approval for use of school facilities is revocable at any time without notice.
- S. All school related functions will have priority for use of the building.
- T. 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.
- U. 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.
- V. No group shall use any pesticide or herbicide application in any building located on school district property or on any fields.
- W. 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.
- X. 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


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 8/12/24
(Building Principal's Signature)

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

FOR DISTRICT OFFICE USE ONLY

Approved:  Date 8/12/2024
(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)
6/27/2024

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 SterlingRisk 135 Crossways Park Drive P.O. Box 9017 Woodbury NY 11797 | CONTACT NAME: PHONE (A/C, No., Ext): 800-767-7837 E-MAIL ADDRESS: request@sterlingrisk.com FAX (A/C, No.): 516-487-0372 |
| INSURED YMCA of Middletown 81 Highland Avenue Middletown NY 10940 | INSURER(S) AFFORDING COVERAGE INSURER A : Church Mutual Insurance Company INSURER B : Hartford Fire Insurance Company INSURER C : INSURER D : INSURER E : INSURER F : |
| License#: BR-1418528 YMCAOFM-02 | NAIC # 18767 19682 |

COVERAGES **CERTIFICATE NUMBER: 1157174713** **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 INSD. 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 checked="" type="checkbox"/> LOC OTHER: | Y | 0427999-02-772902 | 6/27/2024 | 6/27/2025 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 \$ |
| A | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY | Y | 0427999-09-772900 | 6/27/2024 | 6/27/2025 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Comp & Coll. Ded. \$ \$1,000 |
| A | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000 | Y | 0427999-81-772903 | 6/27/2024 | 6/27/2025 | EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$ |
| B | 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 | 12WEBG8Y4K | 6/27/2024 | 6/27/2025 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Re: Club Kid - Before/After School Program

Wallkill Central School District and Club Kid, Leptondale Elementary School, 48 Mill St, Wallkill NY 12589, Ostrander Elementary 137 Viola Ave, Wallkill NY 12589, Plattekill Elementary, 1270 Route 32, Plattekill NY 12568 are included as additional insured per the policy terms and conditions.

| | |
|---|--|
| CERTIFICATE HOLDER Wallkill Central School District Plattekill Elementary School PO Box 310 Wallkill, NY 12549 | CANCELLATION 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 |
|---|--|



Workers'
Compensation
Board

CERTIFICATE OF INSURANCE COVERAGE NYS DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

PART 1. To be completed by NYS disability and Paid Family Leave benefits carrier or licensed insurance agent of that carrier

| | |
|--|---|
| 1a. Legal Name & Address of Insured (use street address only) YMCA OF MIDDLETOWN NEW YORK Y M C A 81 HIGHLAND AVENUE MIDDLETOWN, NY 10940 <small>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., Wrap-Up Policy)</small> | 1b. Business Telephone Number of Insured 8459561521 1c. Federal Employer Identification Number of Insured or Social Security Number 14-1340134 |
| 2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder) Wallkill Central School District PO Box 310 Wallkill, NY 12589 | 3a. Name of Insurance Carrier Standard Security Life Insurance Company of New York 3b. Policy Number of Entity Listed in Box 1a R04773-000 3c. Policy Effective Period 1/1/2013 to 7/25/2025 |

4. Policy provides the following benefits:

- ☒ A. Both disability and Paid Family Leave benefits.
☐ B. Disability benefits only.
☐ C. Paid Family Leave benefits only.

5. Policy covers:

- ☒ A. All of the employer's employees eligible under the NYS Disability and Paid Family Leave Benefits Law.
☐ B. Only the following class or classes of employer's employees:

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has NYS disability and/or Paid Family Leave benefits insurance coverage as described above.

Date Signed 7/26/2024

By

(Signature of insurance carrier's authorized representative or NYS licensed insurance agent of that insurance carrier)

Telephone Number (212) 355-4141

Name and Title SUPERVISOR-DBL/POLICY SERVICES

IMPORTANT: If Boxes 4A and 5A are checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is COMPLETE. Mail it directly to the certificate holder.

If Box 4B, 4C or 5B is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS Disability and Paid Family Leave Benefits Law. It must be emailed to PAU@wcb.ny.gov or it can be mailed for completion to the Workers' Compensation Board, Plans Acceptance Unit, PO Box 5200, Binghamton, NY 13902-5200.

PART 2. To be completed by the NYS Workers' Compensation Board (Only if Box 4B, 4C or 5B of Part 1 has been checked)

State of New York Workers' Compensation Board

According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability and Paid Family Leave Benefits Law (Article 9 of the Workers' Compensation Law) with respect to all of their employees.

Date Signed _____ By _____

(Signature of Authorized NYS Workers' Compensation Board Employee)

Telephone Number _____ Name and Title _____

Please Note: Only insurance carriers licensed to write NYS disability and Paid Family Leave benefits insurance policies and NYS licensed insurance agents of those insurance carriers are authorized to issue Form DB-120.1. Insurance brokers are NOT authorized to issue this form.



Additional Instructions for Form DB-120.1

By signing this form, the insurance carrier identified in Box 3 on this form is certifying that it is insuring the business referenced in Box 1a for disability and/or Paid Family Leave benefits under the NYS Disability and Paid Family Leave Benefits Law. The insurance carrier or its licensed agent will send this Certificate of Insurance Coverage (Certificate) to the entity listed as the certificate holder in Box 2.

The insurance carrier must notify the above certificate holder and the Workers' Compensation Board within 10 days IF a policy is cancelled due to nonpayment of premiums or within 30 days IF there are reasons other than nonpayment of premiums that cancel the policy or eliminate the insured from coverage indicated on this Certificate. (These notices may be sent by regular mail.) Otherwise, this Certificate is valid for one year after this form is approved by the insurance carrier or its licensed agent, or until the policy expiration date listed in Box 3c, whichever is earlier.

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy listed, nor does it confer any rights or responsibilities beyond those contained in the referenced policy.

This Certificate may be used as evidence of a NYS disability and/or Paid Family Leave benefits contract of insurance only while the underlying policy is in effect.

Please Note: Upon the cancellation of the disability and/or Paid Family Leave benefits policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of Insurance Coverage for NYS disability and/or Paid Family Leave Benefits or other authorized proof that the business is complying with the mandatory coverage requirements of the NYS Disability and Paid Family Leave Benefits Law.

NYS DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

§220. Subd. 8

(a) The head of a state or municipal department, board, commission or office authorized or required by law to issue any permit for or in connection with any work involving the employment of employees in employment as defined in this article, and notwithstanding any general or special statute requiring or authorizing the issue of such permits, shall not issue such permit unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that the payment of disability benefits and after January first, two thousand and twenty-one, the payment of family leave benefits for all employees has been secured as provided by this article. Nothing herein, however, shall be construed as creating any liability on the part of such state or municipal department, board, commission or office to pay any disability benefits to any such employee if so employed.

(b) The head of a state or municipal department, board, commission or office authorized or required by law to enter into any contract for or in connection with any work involving the employment of employees in employment as defined in this article and notwithstanding any general or special statute requiring or authorizing any such contract, shall not enter into any such contract unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that the payment of disability benefits and after January first, two thousand eighteen, the payment of family leave benefits for all employees has been secured as provided by this article.

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 YMCA of Middletown ClubKid
- Date of Request _____
- Person Making Request Darina Coppola
- Are you a Wallkill Central School District Resident? _____ Yes ☒ No
- Staff Member in Charge (If Applicable, See Attached Form) _____
- Daytime Telephone Number (914) 443-1976
- Address 6 Liberty St, Middletown, NY.
- Building/Facilities Requested Ostrander, Leptonckle, Plattekill
- Description of Activity Before and after Schoolcare
- Are the Majority of the Participants Wallkill Central School District Residents?
☒ Yes _____ No
- Will Admission, Fees be Charged or Donations Accepted? _____ Yes _____ No changed
- If Yes, Specify Community Benefit _____
- Date(s) 9/4/24 - 6/26/25 m-f Time(s) 7:00A - 8:30A
3:00P - 6:00P

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. Organizations using District facilities will be required to follow all safety and health protocols required by state and local guidance, as well as the District's Reopening Plan.
- B. Board of Education approval is necessary for all athletic related and profit-making activities.
- C. 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.
- D. Any day school must be closed, activities that evening are cancelled. It is the responsibility of the sponsor group to notify the public.
- E. Police protection must be arranged for any event when it is deemed necessary by the school administration.
- F. Functions shall be non-exclusive and open to the general public.

- G. The facilities must be vacated by the time indicated on the approved request form but no later than 10:30 P.M.
- H. No smoking is allowed on school property.
- I. No one is allowed in areas other than those authorized.
- J. No drinking of alcoholic beverages, use of drugs, fighting, abusive language or illegal acts are to be permitted on the premises.
- K. No school supplies, materials or equipment may be used without specific prior approval of the building principal.
- L. The using organization is responsible for the care and safeguarding of all personnel, facilities, and equipment.
- M. Facilities shall be left neat and clean, or a charge for additional custodial services will be levied.
- N. When use of gyms is authorized for recreational purposes, sneakers must be worn.
- O. Vehicles are permitted in authorized parking areas only.
- P. 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).
- Q. A Certificate of Insurance may be requested, if deemed necessary with appropriate limits of insurance, by Central Administration.
- R. The approval for use of school facilities is revocable at any time without notice.
- S. All school related functions will have priority for use of the building.
- T. 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.
- U. 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.
- V. No group shall use any pesticide or herbicide application in any building located on school district property or on any fields.
- W. 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.
- X. 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.

Darina Coppola
Signature of Representative of Requesting Organization

8/9/2024
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 8.12.24
(Building Principal's Signature)

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

FOR DISTRICT OFFICE USE ONLY

Approved: _____ Date 8/12/2024
(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)
6/27/2024

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
SterlingRisk
135 Crossways Park Drive
P.O. Box 9017
Woodbury NY 11797

CONTACT NAME:
PHONE (A/C, No, Ext): 800-767-7837 FAX (A/C, No): 516-487-0372
E-MAIL
ADDRESS: request@sterlingrisk.com

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: Church Mutual Insurance Company

18767

INSURER B: Hartford Fire Insurance Company

19682

INSURER C:

INSURER D:

INSURER E:

INSURER F:

INSURED
YMCA of Middletown
81 Highland Avenue
Middletown NY 10940

License#: BR-1418528
YMCAOFM-02

COVERAGES

CERTIFICATE NUMBER: 1182255950

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 INSD 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 | Y | 0427999-02-772902 | 6/27/2024 | 6/27/2025 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 \$ |
| GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER: | | | | | | |
| A | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY | Y | 0427999-09-772900 | 6/27/2024 | 6/27/2025 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Comp & Coll. Ded. \$ \$1,000 |
| A | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000 | Y | 0427999-81-772903 | 6/27/2024 | 6/27/2025 | EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$ |
| B | 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/A | 12WEBG8Y4K | 6/27/2024 | 6/27/2025 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Re: Club Kid - Before/After School Program

Wallkill Central School District and Claire F. Ostrander Elementary School, 137 Viola Ave., Wallkill, NY 12589 are included as additional insured per the policy terms and conditions.

CERTIFICATE HOLDER

Wallkill Central School District
Ostrander Elementary
PO Box 310
Wallkill, NY 12589

CANCELLATION

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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Workers'
Compensation
Board

CERTIFICATE OF INSURANCE COVERAGE

NYS DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

PART 1. To be completed by NYS disability and Paid Family Leave benefits carrier or licensed insurance agent of that carrier

| | |
|--|---|
| 1a. Legal Name & Address of Insured (use street address only) YMCA OF MIDDLETOWN NEW YORK Y M C A 81 HIGHLAND AVENUE MIDDLETOWN, NY 10940 <small>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., Wrap-Up Policy)</small> | 1b. Business Telephone Number of Insured 8459561521 1c. Federal Employer Identification Number of Insured or Social Security Number 14-1340134 |
| 2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder) Wallkill Central School District PO Box 310 Wallkill, NY 12589 | 3a. Name of Insurance Carrier Standard Security Life Insurance Company of New York 3b. Policy Number of Entity Listed in Box 1a R04773-000 3c. Policy Effective Period 1/1/2013 to 7/25/2025 |

4. Policy provides the following benefits:

- ☒ A. Both disability and Paid Family Leave benefits.
☐ B. Disability benefits only.
☐ C. Paid Family Leave benefits only.

5. Policy covers:

- ☒ A. All of the employer's employees eligible under the NYS Disability and Paid Family Leave Benefits Law.
☐ B. Only the following class or classes of employer's employees:

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has NYS disability and/or Paid Family Leave benefits insurance coverage as described above.

Date Signed 7/26/2024

By

(Signature of insurance carrier's authorized representative or NYS licensed insurance agent of that insurance carrier)

Telephone Number (212) 355-4141

Name and Title SUPERVISOR-DBL/POLICY SERVICES

IMPORTANT: If Boxes 4A and 5A are checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is COMPLETE. Mail it directly to the certificate holder.

If Box 4B, 4C or 5B is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS Disability and Paid Family Leave Benefits Law. It must be emailed to PAU@wcb.ny.gov or it can be mailed for completion to the Workers' Compensation Board, Plans Acceptance Unit, PO Box 5200, Binghamton, NY 13902-5200.

PART 2. To be completed by the NYS Workers' Compensation Board (Only if Box 4B, 4C or 5B of Part 1 has been checked)

State of New York Workers' Compensation Board

According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability and Paid Family Leave Benefits Law (Article 9 of the Workers' Compensation Law) with respect to all of their employees.

Date Signed

By

(Signature of Authorized NYS Workers' Compensation Board Employee)

Telephone Number

Name and Title

Please Note: Only insurance carriers licensed to write NYS disability and Paid Family Leave benefits insurance policies and NYS licensed insurance agents of those insurance carriers are authorized to issue Form DB-120.1. Insurance brokers are NOT authorized to issue this form.



Additional Instructions for Form DB-120.1

By signing this form, the insurance carrier identified in Box 3 on this form is certifying that it is insuring the business referenced in Box 1a for disability and/or Paid Family Leave benefits under the NYS Disability and Paid Family Leave Benefits Law. The insurance carrier or its licensed agent will send this Certificate of Insurance Coverage (Certificate) to the entity listed as the certificate holder in Box 2.

The insurance carrier must notify the above certificate holder and the Workers' Compensation Board within 10 days IF a policy is cancelled due to nonpayment of premiums or within 30 days IF there are reasons other than nonpayment of premiums that cancel the policy or eliminate the insured from coverage indicated on this Certificate. (These notices may be sent by regular mail.) Otherwise, this Certificate is valid for one year after this form is approved by the insurance carrier or its licensed agent, or until the policy expiration date listed in Box 3c, whichever is earlier.

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy listed, nor does it confer any rights or responsibilities beyond those contained in the referenced policy.

This Certificate may be used as evidence of a NYS disability and/or Paid Family Leave benefits contract of insurance only while the underlying policy is in effect.

Please Note: Upon the cancellation of the disability and/or Paid Family Leave benefits policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of Insurance Coverage for NYS disability and/or Paid Family Leave Benefits or other authorized proof that the business is complying with the mandatory coverage requirements of the NYS Disability and Paid Family Leave Benefits Law.

NYS DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

§220. Subd. 8

(a) The head of a state or municipal department, board, commission or office authorized or required by law to issue any permit for or in connection with any work involving the employment of employees in employment as defined in this article, and notwithstanding any general or special statute requiring or authorizing the issue of such permits, shall not issue such permit unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that the payment of disability benefits and after January first, two thousand and twenty-one, the payment of family leave benefits for all employees has been secured as provided by this article. Nothing herein, however, shall be construed as creating any liability on the part of such state or municipal department, board, commission or office to pay any disability benefits to any such employee if so employed.

(b) The head of a state or municipal department, board, commission or office authorized or required by law to enter into any contract for or in connection with any work involving the employment of employees in employment as defined in this article and notwithstanding any general or special statute requiring or authorizing any such contract, shall not enter into any such contract unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that the payment of disability benefits and after January first, two thousand eighteen, the payment of family leave benefits for all employees has been secured as provided by this article.

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 YMCA of Middletown Club Kid

Date of Request _____

Person Making Request Darina Coppola

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

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

Daytime Telephone Number (914) 443-1976

Address 6 Liberty St, Middletown, NY.

Building/Facilities Requested Ostrander, Leptondale Plattekill

Description of Activity Before and after School care

Are the Majority of the Participants Wallkill Central School District Residents?

☒ Yes _____ No

Will Admission, Fees be Charged or Donations Accepted? _____ Yes _____ No

charged

If Yes, Specify Community Benefit _____

Date(s) 4/4/24 - 6/26/25 m-f Time(s) 7:00A - 8:30A
3:00P - 6:00P

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. Organizations using District facilities will be required to follow all safety and health protocols required by state and local guidance, as well as the District's Reopening Plan.

B. Board of Education approval is necessary for all athletic related and profit-making activities.

C. 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.

D. Any day school must be closed, activities that evening are cancelled.
It is the responsibility of the sponsor group to notify the public.

E. Police protection must be arranged for any event when it is deemed necessary by the school administration.

F. Functions shall be non-exclusive and open to the general public.

- G. The facilities must be vacated by the time indicated on the approved request form but no later than 10:30 P.M.
- H. No smoking is allowed on school property.
- I. No one is allowed in areas other than those authorized.
- J. No drinking of alcoholic beverages, use of drugs, fighting, abusive language or illegal acts are to be permitted on the premises.
- K. No school supplies, materials or equipment may be used without specific prior approval of the building principal.
- L. The using organization is responsible for the care and safeguarding of all personnel, facilities, and equipment.
- M. Facilities shall be left neat and clean, or a charge for additional custodial services will be levied.
- N. When use of gyms is authorized for recreational purposes, sneakers must be worn.
- O. Vehicles are permitted in authorized parking areas only.
- P. 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).
- Q. A Certificate of Insurance may be requested, if deemed necessary with appropriate limits of insurance, by Central Administration.
- R. The approval for use of school facilities is revocable at any time without notice.
- S. All school related functions will have priority for use of the building.
- T. 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.
- U. 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.
- V. No group shall use any pesticide or herbicide application in any building located on school district property or on any fields.
- W. 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.
- X. 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 Walkill 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.

Darina Coppola
Signature of Representative of Requesting Organization

8/9/2024
Date

FOR BUILDING USE ONLY

Director of Operational Services Contacted

Building Custodian Contacted

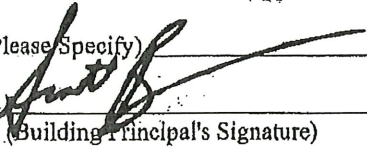
Director of School Lunch Program Contacted

Athletic Director Contacted

Sent to District Office for Board Approval

Other (Please Specify)

Approved: _____



(Building Principal's Signature)

Date

8-12-24

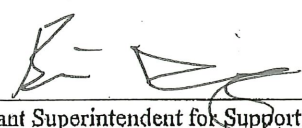
Disapproved: _____

Date

(Building Principal's Signature)

FOR DISTRICT OFFICE USE ONLY

Approved: _____



(Assistant Superintendent for Support Services)

Date

8/12/2024

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)
6/27/2024

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
SterlingRisk
135 Crossways Park Drive
P.O. Box 9017
Woodbury NY 11797

License#: BR-1418528
YMCAOFM-02

| | | | |
|--|--------------------------|----------------|--------------|
| CONTACT NAME: | | FAX (A/C, No): | 516-487-0372 |
| PHONE (A/C, No, Ext): | 800-767-7837 | | |
| E-MAIL ADDRESS: | request@sterlingrisk.com | | |
| INSURER(S) AFFORDING COVERAGE | | | NAIC # |
| INSURER A: Church Mutual Insurance Company | | | 18767 |
| INSURER B: Hartford Fire Insurance Company | | | 19682 |
| INSURER C: | | | |
| INSURER D: | | | |
| INSURER E: | | | |
| INSURER F: | | | |

INSURED
YMCA of Middletown
81 Highland Avenue
Middletown NY 10940

COVERAGES

CERTIFICATE NUMBER: 1856329098

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 INSD 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 checked="" type="checkbox"/> LOC OTHER: | Y | 0427999-02-772902 | 6/27/2024 | 6/27/2025 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 \$ |
| A | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY | Y | 0427999-09-772900 | 6/27/2024 | 6/27/2025 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Comp & Coll. Ded. \$ \$1,000 |
| A | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000 | Y | 0427999-81-772903 | 6/27/2024 | 6/27/2025 | EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$ |
| B | 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 | 12WEBG8Y4K | 6/27/2024 | 6/27/2025 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Re: Club Kid - Before/After School Program

Wallkill Central School District and Leptondale Elementary School, 48 Mill Street, Wallkill, NY 12589 are included as additional insured per the policy terms and conditions.

CERTIFICATE HOLDER

Wallkill Central School District
Leptondale Elementary
PO Box 310
Wallkill, NY 12589

CANCELLATION

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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Workers'
Compensation
Board

CERTIFICATE OF INSURANCE COVERAGE NYS DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

PART 1. To be completed by NYS disability and Paid Family Leave benefits carrier or licensed insurance agent of that carrier

| | |
|---|---|
| 1a. Legal Name & Address of Insured (use street address only) YMCA OF MIDDLETOWN NEW YORK Y M C A 81 HIGHLAND AVENUE MIDDLETOWN, NY 10940 Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., Wrap-Up Policy) | 1b. Business Telephone Number of Insured 8459561521 1c. Federal Employer Identification Number of Insured or Social Security Number 14-1340134 |
| 2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder) Walkill Central School District PO Box 310 Walkill, NY 12589 | 3a. Name of Insurance Carrier Standard Security Life Insurance Company of New York 3b. Policy Number of Entity Listed in Box 1a R04773-000 3c. Policy Effective Period 1/1/2013 to 7/25/2025 |

4. Policy provides the following benefits:

- ☒ A. Both disability and Paid Family Leave benefits.
☐ B. Disability benefits only.
☐ C. Paid Family Leave benefits only.

5. Policy covers:

- ☒ A. All of the employer's employees eligible under the NYS Disability and Paid Family Leave Benefits Law.
☐ B. Only the following class or classes of employer's employees:

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has NYS disability and/or Paid Family Leave benefits insurance coverage as described above.

Date Signed 7/26/2024 By Beth A. Pampail
(Signature of insurance carrier's authorized representative or NYS licensed Insurance agent of that insurance carrier)
Telephone Number (212) 355-4141 Name and Title SUPERVISOR-DBL/POLICY SERVICES

IMPORTANT: If Boxes 4A and 5A are checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is COMPLETE. Mail it directly to the certificate holder.

If Box 4B, 4C or 5B is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS Disability and Paid Family Leave Benefits Law. It must be emailed to PAU@wcb.ny.gov or it can be mailed for completion to the Workers' Compensation Board, Plans Acceptance Unit, PO Box 5200, Binghamton, NY 13902-5200.

PART 2. To be completed by the NYS Workers' Compensation Board (Only if Box 4B, 4C or 5B of Part 1 has been checked)

State of New York Workers' Compensation Board

According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability and Paid Family Leave Benefits Law (Article 9 of the Workers' Compensation Law) with respect to all of their employees.

Date Signed _____ By _____
(Signature of Authorized NYS Workers' Compensation Board Employee)
Telephone Number _____ Name and Title _____

Please Note: Only insurance carriers licensed to write NYS disability and Paid Family Leave benefits insurance policies and NYS licensed insurance agents of those insurance carriers are authorized to issue Form DB-120.1. Insurance brokers are NOT authorized to issue this form.



Additional Instructions for Form DB-120.1

By signing this form, the insurance carrier identified in Box 3 on this form is certifying that it is insuring the business referenced in Box 1a for disability and/or Paid Family Leave benefits under the NYS Disability and Paid Family Leave Benefits Law. The insurance carrier or its licensed agent will send this Certificate of Insurance Coverage (Certificate) to the entity listed as the certificate holder in Box 2.

The insurance carrier must notify the above certificate holder and the Workers' Compensation Board within 10 days IF a policy is cancelled due to nonpayment of premiums or within 30 days IF there are reasons other than nonpayment of premiums that cancel the policy or eliminate the insured from coverage indicated on this Certificate. (These notices may be sent by regular mail.) Otherwise, this Certificate is valid for one year after this form is approved by the insurance carrier or its licensed agent, or until the policy expiration date listed in Box 3c, whichever is earlier.

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy listed, nor does it confer any rights or responsibilities beyond those contained in the referenced policy.

This Certificate may be used as evidence of a NYS disability and/or Paid Family Leave benefits contract of insurance only while the underlying policy is in effect.

Please Note: Upon the cancellation of the disability and/or Paid Family Leave benefits policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of Insurance Coverage for NYS disability and/or Paid Family Leave Benefits or other authorized proof that the business is complying with the mandatory coverage requirements of the NYS Disability and Paid Family Leave Benefits Law.

NYS DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

§220. Subd. 8

(a) The head of a state or municipal department, board, commission or office authorized or required by law to issue any permit for or in connection with any work involving the employment of employees in employment as defined in this article, and notwithstanding any general or special statute requiring or authorizing the issue of such permits, shall not issue such permit unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that the payment of disability benefits and after January first, two thousand and twenty-one, the payment of family leave benefits for all employees has been secured as provided by this article. Nothing herein, however, shall be construed as creating any liability on the part of such state or municipal department, board, commission or office to pay any disability benefits to any such employee if so employed.

(b) The head of a state or municipal department, board, commission or office authorized or required by law to enter into any contract for or in connection with any work involving the employment of employees in employment as defined in this article and notwithstanding any general or special statute requiring or authorizing any such contract, shall not enter into any such contract unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that the payment of disability benefits and after January first, two thousand eighteen, the payment of family leave benefits for all employees has been secured as provided by this article.