•	WALLKILL CENTRAL SCHOOL DISTRICT REQUEST FOR USE OF SCHOOL FACILITIES RECEIVED
	Request must be submitted 30 days prior to the 3 rd Thursday of the following month.
I.	Name of Organization Walkill Youth FORTHALL & CHERT AGET SUPT FOR
	Date of Request (0 9/24
	Person Making Request Chelsea Wn DeMark Cheer Divector
	Are you a Wallkill Central School District Resident? YesNo
	Staff Member in Charge (If Applicable, See Attached Form)
	Daytime Telephone Number 845-522-2678
	\sim \sim \sim \sim \sim \sim \sim \sim \sim
	Address 206 Modera Country CIUD - back practice fields grass Building/Facilities Requested Wallkill High School - Front grassy area
	Description of Activity Dractice Football & Cheer
	Are the Majority of the Participants Wallkill Central School District Residents?
	Will Admission, Fees be Charged or Donations Accepted?YesNo
	If Yes, Specify Community Benefit
	Date(s) Aug 26 thru Nork 15 ish Time(s) 530 + 8 pm 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.

- The facilities must be vacated by the time indicated on the approved request form but no later than 10:30 P.M. G.
- H. No smoking is allowed on school property.
- I. No one is allowed in areas other than those authorized.
- No drinking of alcoholic beverages, use of drugs, fighting, abusive language or illegal acts are to be permitted on the J. premises.
- 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.
- O. Vehicles are permitted in authorized parking areas only.
- The using organization may be required to furnish public liability and property damage insurance with limits at least P. equal to those of the school district. (See Attachment).
- A Certificate of Insurance may be requested, if deemed necessary with appropriate limits of insurance, by Central Q. Administration.
- 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 Т. 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.
- Groups using the outdoor lighted athletic facilities will incur a charge in an amount equal to the rate charged to the U. District by the local utility company.
- No group shall use any pesticide or herbicide application in any building located on school district property or on V. any fields.
- The Board of Education will allow the Superintendent of Schools to use discretion in approving requests prior to W. official action by the Board of Education.
- The District may waive or modify any of the rules for use of school facilities. X.

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.

Vallle Signature of Representative of Requesting Organization

6/19/24 Thate

FOR BUILDING USE ONLY

	Director of Operational Services Contacted	
pu	Building Custodian Contacted	
	Director of School Lunch Program Contacted	
BM	Athletic Director Contacted	
	Sent to District Office for Board Approval	
	Other (Please Specify)	
Approved:	Building Principal's Signature)	
Disapproved:	(Building Principal's Signature)	Date
******	, , , , , , , , , , , , , , , , , , , ,	: * * * * * * * * * * * * * * * * * * *
	FOR DISTRICT OFFICE USE OF	NLY
Approved:		Date
	Assistant Superintendent for Support Services)	
Disapproved <u>:</u> (.	Assistant Superintendent for Support Services)	Date
Approval/Disap	proval Forwarded To:	
	_Assistant Superintendent for Educational Services	
	_Building Principal, Director of School Lunch Program, Director Operational Services, Building Custodian, Athletic Director	ctor of



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 and recognition.

t	this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).										
PRO	DUCER	CONTACT Joseph Micciche									
ESP Insurance Brokerage, LLC					PHONE (A/C, No	(877) 6	70-2377		FAX (A/C, No):		
306 Main Street					I E MAAII		he@espspecia		(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
					ABBICOO.				NAIC #		
Wo	rcester			MA 01608	INSURE	Hauston	Casualty Com				42374
INSL	JRED				INSURE	Madi He		of Pittsburgh, PA			19445
	WALLKILL YOUTH FOOTBALL	& CF	FFR			кь.					
	42 RESERVOIR RD	u Oi	LLIX		INSURE						
	42 NEGERVOIR RD				INSURE		9				
	AMALLIZILI			NY 12589	INSURE						
<u></u>	WALLKILL			21.21.21.21.21	INSURE	RF:		DELMOION MILIAR	ED.		
				NUMBER: CL245313488		TO THE INCH		REVISION NUMB		20	
IV C	HIS IS TO CERTIFY THAT THE POLICIES OF IDICATED. NOTWITHSTANDING ANY REQUIESTIFICATE MAY BE ISSUED OR MAY PERT. KCLUSIONS AND CONDITIONS OF SUCH PO	REME AIN, T	NT, TI	ERM OR CONDITION OF ANY SURANCE AFFORDED BY THI	CONTRA E POLIC	ACT OR OTHER IES DESCRIBEI	R DOCUMENT \ D HEREIN IS S	WITH RESPECT TO	WHICH TH	IIS	
INSR LTR		ADDL	SUBR		111200	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS		
LTR	TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(אואוטטואואן)	(א ז ז ז ז וטטואוא)	EACH OCCURRENCE			0,000
								DAMAGE TO RENTED PREMISES (Ea occum		\$ 300,0	
	CLAIMS-MADE OCCUR									\$ ' \$	
А		Y		H24AS00007		07/15/2024	07/15/2025	MED EXP (Any one pe			0,000
		'		112471000007		0771072021	0777072020	PERSONAL & ADV IN.		<u> </u>	0,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGAT		2.00	0,000
	POLICY JECT LOC						,	PRODUCTS - COMP/C Employee Benefits	31 /100	\$ 2,000	-1
	OTHER:							COMBINED SINGLE L		\$	
	AUTOMOBILE LIABILITY							(Ea accident)		\$ 5	
	ANY AUTO							BODILY INJURY (Per p			
	OWNED SCHEDULED AUTOS ONLY					9		BODILY INJURY (Per a PROPERTY DAMAGE		\$	
	HIRED NON-OWNED AUTOS ONLY							(Per accident)			
									\$		2 200
	✓ UMBRELLA LIAB OCCUR			*				EACH OCCURRENCE		1,000	0,000
Α	EXCESS LIAB CLAIMS-MADE			H24AS00007		07/15/2024	07/15/2025	AGGREGATE	\$.	
	DED RETENTION \$								\$	5	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$	5	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EM	PLOYEE \$	3	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLIC	Y LIMIT \$	3	
	DA DTICIDANTS MEDICAL									SEE	REMARKS
В	PARTICIPANTS MEDICAL			SRG0009158709		07/15/2024	07/15/2025				
				,							
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											
CEP	TIEICATE HOLDER				CANC	ELLATION					
WALLKILL CENTRAL SCHOOL DISTRICT				SHOU THE I	JLD ANY OF TH	ATE THEREOF, H THE POLICY	SCRIBED POLICIES NOTICE WILL BE D PROVISIONS.			BEFORE	
	WALLKILL			NY 12589			(\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	-k-1			

AGENCY CUSTOMER ID:	00017253
AGENCY CUSTOMER ID:	

LOC #:



ADDITIONAL REMARKS SCHEDULE

Page of

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

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM, FORM TITLE: Certificate of Liability Insurance FORM NUMBER: 25

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 \$250 per tooth/per accident

Dental Maximum: 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

Accident Medical Expense Benefit

Deductible Benefit Period \$25,000 Maximum \$100,000 Limit \$0 per accident

52 weeks after date of injury

CRIME PROTECTION

CARRIER: HOUSTON CASUALTY

Crime / Employee Theft Limit: \$ 25,000

Deductible

DIRECTORS & OFFICERS - DOES NOT APPLY TO

MEMBER ORGANIZATIONS

CARRIER: GREAT AMERICAN

Directors & Officers Limit

\$1,000,000

Retention Aggregate Limit \$1,000 \$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 YesNo								
	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?								
	Will Admission, Fees be Charged or Donations Accepted?YesXNo								
	If Yes, Specify Community Benefit								
	Date(s) Saturdays and Sundays 8/30/24 - 11/10/24 Time(s) TBD As needed for fall baseball	game							
II.	Date(s) Saturdays and Sundays 8/30/24 - 11/10/24 Time(s) TBD - as a backup to little league field due to Do you (the requesting organization) have an in-force public liability policy? Field conditions or sch	e.							
	Do you (the requesting organization) have an in-force public liability policy? field conditions or schedul								
	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	ed to							
	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.								
	 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

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	
Approved: Date 8 12 7	024
Disapproved:	1
(Dunoing rincipals Signature)	*****
FOR DISTRICT OFFICE USE ONLY	
Approved: Date 8/13/202 (Assistant Superintendent for Support Services)	LY
Disapproved:Date	
Approval/Disapproval Forwarded To:	
Assistant Superintendent for Educational Services	
Building Principal, Director of School Lunch Program, Director of	



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.

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). CONTACT NAME: PHONE (A/C, No, Ext); FAX (AJC, No):770-978-2780 Terry L. Green & Associates, Inc. 1-800-550-5029 3100 Five Forks Trickum Rd info@esportsinsurance.com E-MAIL ADDRESS: Suite 101 NAIC # INSURER(S) AFFORDING COVERAGE Lilburn, GA 30047 Fortegra Specialty Insurance Company # 16823 # 38318 Starr Indemnity & Liability Co INSURED INSURER B: INSURER C: Wallkill Panthers 24 Roosa Rd INSURER D: Wallkill, NY INSURER E : INSURER F: CERTIFICATE NUMBER: F4HVBLNY050023-1 **REVISION NUMBER:** COVERAGES 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. POLICY EFF POLICY EXP
(MM/DD/YYYY) (MM/DD/YYYY) LIMITS POLICY NUMBER TYPE OF INSURANCE COMMERCIAL GENERAL LIABILITY 1,000,000 EACH OCCURRENCE X 05/11/2025 X KSG1000001-A30091 05/11/2024 DAMAGE TO RENTED PREMISES (Ea occurrence) 12:01 AM CLAIMS-MADE X OCCUR 12:01 AM 1,000,000 MED EXP (Any one person) 10,000 A PERSONAL & ADV INJURY 1,000,000 GENERAL AGGREGATE 4,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: JECT 1,000,000 LOC PRODUCTS - COMP/OP AGG POLICY X OTHER: COMBINED SINGLE LIMIT (Ea accident) 1,000,000 AUTOMOBILE LIABILITY BODILY INJURY (Per person) ANY AUTO 05/11/2025 05/11/2024 KSG1000001-A30091 OWNED AUTOS ONLY SCHEDULED AUTOS BODILY INJURY (Per accident)
PROPERTY DAMAGE
(Per accident) A 12:01 AM 12:01 AM HIRED AUTOS ONLY Not provided while in Hawail NON-OWNED AUTOS ONLY X X UMBRELLA LIAB OCCUR EACH OCCURRENCE 1,000,000 X 05/11/2024 05/11/2025 KSX1000001-Y10091 CLAIMS-MADE 1,000,000 EXCESS LIAB AGGREGATE A X 12:01 AM 12:01 AM RETENTION \$ DED PER STATUTE WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYER If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT 100,000 EXCESS MEDICAL 05/11/2025 Accident/Medical Coverage BAP-893120 05/11/2024 В 12:01 AM 12:01 AM 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 CANCELLATION CERTIFICATE HOLDER SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE Wallkill Central School District THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. 1500 Route 208 12589 Wallkill, NY AUTHORIZED REPRESENTATIVE

ACORD 25 (2016/03)

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

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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

tł	is certificate does not confer rights t	ct to o the	cert	terms and conditions of lficate holder in lieu of su	ch end	lorsement(s)	policies may	require an end	orsement. A	Statement on
					CONTACT NAME:					
	Terry L. Green & Associates, Inc.				PHONE (A/C, N	- Evil: 1-800	0-550-5029		FAX (A/C, No):770-9	78-2780
	3100 Five Forks Trickum Rd				E-MAIL ADDRESS: info@esportsinsurance.com					
Suite 101				AUUKE		SIDEDICI AEEOE	RDING COVERAGE	-	NAIC#	
	Lilburn, GA 30047				MOURE	Endoara		ance Company		# 16823
					INSURE	Chan land	lemnity & Liabil			# 38318
	JRED				INSURE		oning a coon	.,		
	llkill Panthers Roosa Rd				INSURE					
	llkill, NY 12589			,	INSURE					
	,				INSURE					<u> </u>
L					INSURE					
				NUMBER: F4HVBLNY05				REVISION NUN		OLICY PEDIOD
IN C	HIS IS TO CERTIFY THAT THE POLICIE IDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUI PER	REME TAIN.	ENT, TERM OR CONDITION THE INSURANCE AFFORD	V OF A	(NY CONTRA) / THE POLIC!	CT OR OTHER IES DESCRIB	R DOCUMENT WIT	TH RESPECT T	O WHICH THIS
INSR			SUBR WYD			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	
LTR.	X COMMERCIAL GENERAL LIABILITY	เหรเบ	WYD	30.57 400				EACH OCCURRENCE		1,000,000
	CLAIMS-MADE X OCCUR			KSG1000001-A30091		05/11/2024 12:01 AM	05/11/2025 12:01 AM	DAMAGE TO RENTI PREMISES (Ea occu	ED s	1,000,000
				-				MED EXP (Any one		10,000
A								PERSONAL & ADV I	\$ YAULNI	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG	SATE \$	4,000,000
	X POLICY PRO- LOC							PRODUCTS - COMP	PIOP AGG \$	1,000,000
	OTHER:								\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE (Es accident)	LIMIT \$	1,000,000
	ANY AUTO							BODILY INJURY (Pe	er person) \$	
A	OWNED SCHEDULED AUTOS ONLY			KSG1000001-A30091		05/11/2024 12:01 AM	05/11/2025 12:01 AM	BODILY INJURY (Pe	er accident) \$	
								PROPERTY DAMAG (Per accident)	SE s	
	X HIRED X AUTOS ONLY NON-OWNED AUTOS ONLY NOT provided while in Hawaii								\$	
	UMBRELLA LIAB X OCCUR							EACH OCCURRENC	CE \$	1,000,000
A	X EXCESS LIAB CLAIMS-MADE			KSX1000001-Y10091		05/11/2024	05/11/2025	AGGREGATE	s	1,000,000
	DED RETENTION \$					12:01 AM	12:01 AM		\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER	OTH- ER	
	ANY BRODDIETOR/BARTNER/EXECUTIVE Y/N							E.L. EACH ACCIDEN		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA E		
	If yes, describe under DESCRIPTION OF OPERATIONS below	_						E.L. DISEASE - POL		
	DESCRIPTION OF OPERATIONS DEIDW									****
В	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										
C)=1	DIECATE HO! DED				CANC	ELLATION				
CEI	RTIFICATE HOLDER				CANO	LLLATION			***	
Evi	Evidence of Coverage				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
						RIZED REPRESER				

ACORD 25 (2016/03)

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WALLKILL CENTRAL SCHOOL DISTRICT REQUEST FOR USE OF SCHOOL FACILITIES

1.	N	Request must be submitted 30 days prior to the 3rd Thursday of the following month. ame of Organization — MC A of Middle town Clubkid								
	Da	ate of Request								
		erson Making Request DAVINA COPPOLA								
	Ат	re you a Wallkill Central School District Resident? Yes No								
	Sta	aff Member in Charge (If Applicable, See Attached Form)								
	Da	nytime Telephone Number (914) 443 - 1976								
	Ac	Idress lo Liberty St. Middle town, NY.								
		ilding/Facilities Requested OS trander Lepton delegraterily								
	De	escription of Activity Defore and after SChoolcare								
	Ar	e the Majority of the Participants Wallkill Central School District Residents? YesNo								
	Wi	Il Admission, Fees be Charged or Donations Accepted?YesNo Charged								
	lf Y	If Yes, Specify Community Benefit								
	Dat	7:00A - 8:30A te(s) 7:00A - 8:30A								
II.	INS	SURANCE 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								
	Ify	es, what are the limits of liability?								
III.	RU	LES 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 loca guidance, as well as the District's Reopening Plan.								
	В.	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 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

Requesting Organization

8/9/2024

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: Morks Hadring	Date	8/12/24
(Building Principal's Signature)		•
Disapproved:	Date	
(Building Principal's Signature)		
* * * * * * * * * * * * * * * * * * * *	*****	********
FOR DISTRICT OFFICE U	JSE ONLY	
	Date	8/2/2024
Approved: (Assistant Superintendent for Support Services)	Daio	1 1
Disapproved:	Date	
(Assistant Superintendent for Support Services)		
Approval/Disapproval Forwarded To:		
Assistant Superintendent for Educational Services		
Building Principal, Director of School Lunch Program Operational Services, Building Custodian, Athletic D	n, Director of irector	



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).

If SUBROGATION IS WAIVED, subjecthis certificate does not confer rights	to the cer	tificate holder in lieu of si	uch endorsement(s	s).	require an endorsome.			
PRODUCER			CONTACT NAME:		AND STREET, I SHOW I WAS A SHOULD BE STREET, I WAS	Company of the Property Service Control of the Cont		
SterlingRisk			PHONE [A/C, No, Ext]: 800-767-7837 FAX [A/C, No]: 516-487-0372					
135 Crossways Park Drive P.O. Box 9017	E-MAIL ADDRESS: request@sterlingrisk.com							
Woodbury NY 11797					RDING COVERAGE	NAIC#		
,			INSURER A : Church	the second second second second second		18767		
INSURED	- L	License#: BR-1418528 YMCAOFM-02	INSURER B : Hartford			19682		
YMCA of Middletown		1 10000 0400 000 000	7	riie ilisulaili	Se Company	10002		
81 Highland Avenue			INSURER C :			A STATE OF THE PERSON NAMED OF THE PERSON NAME		
Middletown NY 10940			INSURER D :					
			INSURER E :		and the second s			
			INSURER F:					
COVERAGES CEF	RTIFICATI	E NUMBER: 1157174713			REVISION NUMBER:			
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY R CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQUIREME PERTAIN.	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF ANY CONTRACT ED BY THE POLICIE	OR OTHER S DESCRIBE PAID CLAIMS	DOCUMENT WITH RESPE D HEREIN IS SUBJECT T	CI TO WHICH THIS		
NSR TYPE OF INSURANCE	ADDL SUBP		POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIM	TS		
A X COMMERCIAL GENERAL LIABILITY	Y Y	0427999-02-772902	6/27/2024	6/27/2025	EACH OCCURRENCE	s 1,000,000		
CLAIMS-MADE X OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000		
					MED EXP (Any one person)	\$ 5,000		
					PERSONAL & ADV INJURY	\$ 1,000,000		
GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 3,000,000		
POLICY PRO- X LOC					PRODUCTS - COMP/OP AGG	\$ 1,000,000 \$		
OTHER:				0.007.00.005	COMBINED SINGLE LIMIT	\$ 1.000,000		
A AUTOMOBILE LIABILITY	Y	0427999-09-772900	6/27/2024	6/27/2025	(Ea accident)			
X ANY AUTO					BODILY INJURY (Per person)	\$		
OWNED SCHEDULED AUTOS ONLY AUTOS					BODILY INJURY (Per accident)	\$		
X HIRED X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE IPer accident)	\$		
AUTOS ONET		1			Comp & Coll, Ded.	\$ \$1,000		
A X UMBRELLALIAB X OCCUR	Υ	0427999-81-772903	6/27/2024	6/27/2025	EACH OCCURRENCE	\$ 10,000,000		
COOCK					AGGREGATE	\$ 10,000,000		
V CEANIO-MADE	1	i				. S		
		40)0/50/00/(4)/	6/27/2024	6/27/2025	X PER OTH-			
AND EMPLOYERS' LIABILITY Y / N		12WEBG8Y4K	0/2//2024	0/2//2023		a.1.000.000		
ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A:				E.L. EACH ACCIDENT	s 1,000,000		
(Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE			
If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$ 1,000,000		
1								
						-		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (ACORD	101, Additional Remarks Schedul	e, may be attached if mor	e space is requir	ed)			
Re: Club Kid - Before/After School Program			•					
Wallkill Central School District and Club Kid	Lontond	ale Elementary School 48	Mill St Wallkill NY 1	2589 Ostran	der Elementary 137 Viola	Ave. Wallkill NY		
12589, Plattekill Elementary, 1270 Route 3	1, Leptond 2. Plattekil	I NY 12568 are included as	additional insured p	per the policy	terms and conditions.	,, , , , , , , , , , , , , , , , ,		
12000, 1 1440 2.01			•					
CERTIFICATE HOLDER	CANCELLATION							
			SHOULD ANY OF	THE ABOVE D	ESCRIBED POLICIES BE C	ANCELLED BEFORE		
			THE EXPIRATION ACCORDANCE WI	N DATE THE	REOF, NOTICE WILL I	RE DEFINERED IN		
Wallkill Central School Dis			ACCORDANCE WI	IN INE PULIC	I FRUVISIONS,			
Plattekill Elementary School	ol		LUZUODIZED ETTE	NT A TIL / F				
PO Box 310			AUTHORIZED REPRESE	NIATIVE				
Wallkill, NY 12549			W/00 5					
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					and the second s			



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

PART 1. To be completed by NYS disability and Paid Family Le	ave benefits carrier or licensed insurance agent of that carrier						
1a. Legal Name & Address of Insured (use street address only)	1b. Business Telephone Number of Insured						
YMCA OF MIDDLETOWN NEW YORK Y M C A 81 HIGHLAND AVENUE MIDDLETOWN, NY 10940	8459561521						
Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., Wrap-Up Policy)	Federal Employer Identification Number of Insured or Social Security Number						
	14-1340134						
Name and Address of Entity Requesting Proof of Coverage	3a. Name of Insurance Carrier						
(Entity Being Listed as the Certificate Holder) Wallkill Central School District	Standard Security Life Insurance Company of New York						
PO Box 310	3b. Policy Number of Entity Listed in Box 1a						
Wallkill, NY 12589	R04773-000						
	3c. Policy Effective Period 1/1/2013 to 7/25/2025						
 4. Policy provides the following benefits: 							
Under penalty of perjury, I certify that I am an authorized representative or I insured has NYS disability and/or Paid Family Leave benefits insurance cov	icensed agent of the insurance carrier referenced above and that the named						
	Selvi Q. Chamail						
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 S	UPERVISOR-DBL/POLICY SERVICES						
IMPORTANT:If Boxes 4A and 5A are checked, and this form is sign Licensed Insurance Agent of that carrier, this certification	ned by the insurance carrier's authorized representative or NYS ate is COMPLETE. Mail it directly to the certificate holder.						
Disability and Paid Family Leave Benefits Law. It mu completion to the Workers' Compensation Board, Pla	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)							
Workers' Comp According to information maintained by the NYS Workers' Comp with the NYS Disability and Paid Family Leave Benefits Law(Article their employees.	9 9 of the Workers Compensation Law) with respect to an or						
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 not withstanding 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

I.	Request must be submitted 30 days prior to the 3rd Thursday of the following month. Name of Organization Name of Organization
	Date of Request
	Person Making Request Daring Coppola
	Are you a Wallkill Central School District Resident? YesYes
	Staff Member in Charge (If Applicable, See Attached Form)
	Daytime Telephone Number (914) 443-1976
	Address 6 Liberty St, Middle town, NY.
	Building/Facilities Requested Ostrander, Lepton de gratteki
	Description of Activity before and after school Care
	Are the Majority of the Participants Wallkill Central School District Residents? YesNo
	Will Admission, Fees be Charged or Donations Accepted?YesNo Charged
	If Yes, Specify Community Benefit
	Date(s) 7:004 - 8:304 Date(s) 7:007 - 6:007
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 loc 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.
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	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.
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- 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

8 9 2024

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:	Aluelon	Date	8.12.24
. Disapproved:_	(Buildy ly Mary pal's Agnature)	Date	
	(Building Principal's Signature)		
*****	**************	*****	*****
•	FOR DISTRICT OFFICE USE	E ONLY	
Approved:(Assistant Superintendent for Support Services)	Date	8/12/2024
Disapproved: (Assistant Superintendent for Support Services)	Date	
Approval/Disap	proval Forwarded To:		
	_Assistant Superintendent for Educational Services		
	Building Principal, Director of School Lunch Program, Department of School Lunch Program of School Lun		



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 FAX (A/C, No): 516-487-0372 SterlingRisk PHONE No, Ext): 800-767-7837 135 Crossways Park Drive ADDRESS: request@sterlingrisk.com P.O. Box 9017 Woodbury NY 11797 NAIC# INSURER(S) AFFORDING COVERAGE 18767 INSURER A: Church Mutual Insurance Company License#: BR-1418528 19682 INSURER B: Hartford Fire Insurance Company INSURED YMCA of Middletown INSURER C 81 Highland Avenue INSURER D : Middletown NY 10940 INSURER E: INSURER F REVISION NUMBER: **CERTIFICATE NUMBER: 1182255950** COVERAGES 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. POLICY EFF POLICY EXP
(MM/DD/YYYY) (MM/DD/YYYY) ADDL SUBR TYPE OF INSURANCE POLICY NUMBER 6/27/2024 6/27/2025 EACH OCCURRENCE \$ 1,000,000 COMMERCIAL GENERAL LIABILITY 0427999-02-772902 Х A DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 CLAIMS-MADE | X | OCCUR \$5,000 , MED EXP (Any one person) PERSONAL & ADV INJURY s 1,000,000 GENERAL AGGREGATE s 3,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: PRODUCTS - COMPIOP AGG \$ 1,000,000 X LOC POLICY COMBINED SINGLE LIMIT OTHER \$1,000,000 Υ 6/27/2024 6/27/2025 0427999-09-772900 AUTOMOBILE LIABILITY

BODILY INJURY (Per person) ANY AUTO SCHEDULED AUTOS NON-OWNED AUTOS ONLY BODILY INJURY (Per accident) OWNED AUTOS ONLY PROPERTY DAMAGE (Per accident) Χ **AUTOS ONLY** \$\$1,000 Comp & Coll. Ded. 6/27/2024 6/27/2025 \$ 10,000,000 0427999-81-772903 EACH OCCURRENCE UMBRELLA LIAB Χ OCCUR \$ 10,000,000 EXCESS LIAB AGGREGATE CI'AIMS-MADE X RETENTIONS 10.000 DED WORKERS COMPENSATION AND EMPLOYERS' LIABILITY 6/27/2024 6/27/2025 STATUTE 12WEBG8Y4K E.L. EACH ACCIDENT \$ 1,000,000 ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? NIA E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below 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.

CER	TIF	CAT	E HO	LDER

CANCELLATION

Wallkill Central School District Ostrander Elementary PO 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

Wle 5

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

PART 1. To be completed by NYS disability and Paid Family Lea	ave benefits carrier or licensed insurance agent of that carrier		
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) 1b. Business Telephone Number of Insured			
YMCA OF MIDDLETOWN NEW YORK Y M C A 81 HIGHLAND AVENUE MIDDLETOWN, NY 10940	8459561521		
Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., Wrap-Up Policy)	1c. Federal Employer Identification Number of Insured or Social Security Number		
	14-1340134		
Name and Address of Entity Requesting Proof of Coverage	3a. Name of Insurance Carrier		
(Entity Being Listed as the Ćertificate Holder) Wallkill Central School District	Standard Security Life Insurance Company of New York		
PO Box 310	3b. Policy Number of Entity Listed in Box 1a		
Wallkill, NY 12589	R04773-000		
	3c. Policy Effective Period		
 A. Both disability and Pald Family Leave benefits. B. Disability benefits only. C. Paid Family Leave benefits only. 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	carrier's authorized representative or NYS licensed insurance agent of that insurance carrier)		
Telephone Number (212) 355-4141 Name and Title S	UPERVISOR-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 not withstanding 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

l,	Request must be submitted 30 days prior to the 3rd Thursday of the following month. Name of Organization MCA of Middletown Gupkid			
	Date of Request			
	Person Making Request Davina Coppola			
	Are you a Wallkill Central School District Resident? Yes			
	Staff Member in Charge (If Applicable, See Attached Form)			
	Daytime Telephone Number (914) 443 - 1976			
	Address 6 Liberty St. Middle town, NY.			
	Building/Facilities Requested OStrander, Lepton diedlattekil			
	Description of Activity before and after SChool Care			
	Are the Majority of the Participants Wallkill Central School District Residents?			
	Will Admission, Fees be Charged or Donations Accepted?YesNo Charged			
	If Vog Specify Community Benefit			
	Date(s) 9/4/24 - 9/26/25 M-F Time(s) 3/207 - 6:007			
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 loca 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.			
	Eurotions 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.

8/9/2024

Signature of Representative of Requesting Organization

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 Trincipal's Signature)		
Disapproved:	Date	
(Building Principal's Signature)		
*************	******	******
FOR DISTRICT OFFICE	USE ONLY	
Approved: (Assistant Superintendent for Support Services)	Date	8/12/2024
Disapproved: (Assistant Superintendent for Support Services)	Date	
Approval/Disapproval Forwarded To:		
Assistant Superintendent for Educational Services		
Building Principal, Director of School Lunch Progra Operational Services, Building Custodian, Athletic I		



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). CONTACT NAME: FAX (A/C, No): 516-487-0372 SterlingRisk PHONE (A/C, No, Ext): 800-767-7837 E-MAIL ADDRESS; request@sterlingrisk.com 135 Crossways Park Drive P.O. Box 9017 Woodbury NY 11797 NAIC# INSURER(S) AFFORDING COVERAGE 18767 INSURER A: Church Mutual Insurance Company License#: BR-1418528 19682 INSURER B: Hartford Fire Insurance Company INSURED YMCA of Middletown INSURER C: 81 Highland Avenue Middletown NY 10940 INSURER D INSURER F **REVISION NUMBER:** COVERAGES **CERTIFICATE NUMBER: 1856329098** 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. POLICY EFF (MM/DD/YYYY) POLICY EXP ADDL SUBR LTR TYPE OF INSURANCE POLICY NUMBER \$1,000,000 EACH OCCURRENCE COMMERCIAL GENERAL LIABILITY 6/27/2025 0427999-02-772902 6/27/2024 Α Х DAMAGE TO RENTED \$1,000,000 CLAIMS-MADE | X | OCCUR PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY \$ 1,000,000 \$ 3,000,000 GENERAL AGGREGATE GEN'L AGGREGATE LIMIT APPLIES PER: PRODUCTS - COMP/OP AGG \$ 1,000,000 X Loc POLICY S OTHER: COMBINED SINGLE LIMIT \$1,000,000 6/27/2024 6/27/2025 0427999-09-772900 AUTOMOBILE LIABILITY Υ BODILY INJURY (Per person) \$ χ ANY AUTO SCHEDULED AUTOS NON-OWNED BODILY INJURY (Per accident) OWNED **AUTOS ONLY** PROPERTY DAMAGE HIRFD Х AUTOS ONLY AUTOS ONLY \$\$1,000 Comp & Coll, Ded 6/27/2024 6/27/2025 FACH OCCURRENCE \$10,000,000 UMBRELLA LIAB X OCCUR 0427999-81-772903 Х \$10,000,000 AGGREGATE **EXCESS LIAB** CLAIMS-MADE X RETENTION \$ 10.000 DED OTH-ER STATUTE WORKERS COMPENSATION 6/27/2024 6/27/2025 12WEBG8Y4K AND EMPLOYERS' LIABILITY E.L. EACH ACCIDENT \$1,000,000 ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? NIA F.L. DISFASE - EA EMPLOYEE \$ 1,000,000 (Mandatory in NH) \$ 1,000,000 E.L. DISEASE - POLICY LIMIT If yes, describe under DESCRIPTION OF OPERATIONS below 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. CANCELLATION CERTIFICATE HOLDER SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. Wallkill Central School District Leptondale Elementary AUTHORIZED REPRESENTATIVE PO Box 310 Wallkill, NY 12589



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

PART 1. To be completed by NYS disability and Pald Family Leave benefits carrier or licensed insurance agent of that carrier			
1a. Legal Name & Address of Insured (use street address only)	1b. Business Telephone Number of Insured		
YMCA OF MIDDLETOWN NEW YORK Y M C A 81 HIGHLAND AVENUE MIDDLETOWN, NY 10940	8459561521		
Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., Wrap-Up Policy)	Federal Employer Identification Number of Insured or Social Security Number		
	14-1340134		
Name and Address of Entity Requesting Proof of Coverage	3a. Name of Insurance Carrier		
(Entity Being Listed as the Certificate Holder) Wallkill Central School District	Standard Security Life Insurance Company of New York		
PO Box 310	3b. Policy Number of Entity Listed in Box 1a		
Wallkill, NY 12589	R04773-000		
• .	3c. Policy Effective Period 1/1/2013 to		
 ✗ 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 S	UPERVISOR-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.			
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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(s	gnature 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

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NYS DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

§220. Subd. 8

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