

Menands Union Free School District
19 Wards Lane, Menands, NY 12204-2197
(518)-465-4561 * Fax (518)-434-2840
www.menands.org

Board Of Education

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TO: To All Groups, Clubs or Organizations Using or Requesting to Use District Facilities (Buildings and Grounds)

FROM: Dr. Maureen A. Long, Superintendent

SUBJECT: Liability Insurance Certificates

School districts in New York State have faced rapidly rising costs for liability insurance and many school districts have had a very difficult time in getting liability coverage. The Menands Union Free School District is no exception to these problems. As a result, the Board of Education has passed a motion requiring each organization that uses our facilities has the coverage listed below. Failure to present the administration of the Menands School with a properly executed insurance certificate will force the district to deny the use.

If you have a renewal coming up, be sure to discuss the renewal with your insurance company well in advance of the expiration date and inform them of the certificate requirements.

CERTIFICATE – (A sample copy is on the back)

A minimum of \$500,000 per occurrence for bodily injury and/or property damage is suggested, it can be higher.

The date of the event must be included on the certificate, whether it is a single date, range or school year.

A certificate for a single event should state what the event is, such as:

SPORTS CLINIC, BASEBALL GAME, TAG SALE

The following wording must be included on every certificate:

- Menands Union Free School District is included as Additional Insured on a **primary and non-contributory basis** with respect to general liability arising from the Named Insured's operations on Holder's premises per written contract.
- **ADDITIONAL NAMED INSURED: MENANDS UNION FREE SCHOOL DISTRICT**

Certificates must be submitted prior to final approval for building use and are subject to approval by our insurance company. The function can take place once the certificate has been approved by the district's insurance agent. Please do not wait until the last minute to supply the certificate. It may be too late to prevent cancellation.

MENANDS UNION FREE SCHOOL DISTRICT
19 Wards Lane
Menands, NY 12204

Received Date: ___/___/___
For Office Use Only

Application for Use of School Premises
(To be submitted at least a week in advance)

Name of Organization: _____

Dates requested: _____ Contact Name _____
(except when school is closed for holidays)

Contact Information: Primary Phone: _____ Cell Phone: _____ Email: _____

Time: From: _____ p.m. to _____ p.m. *Time of approving person*
Approved for Use as of: ___/___/___

Room or Area Requested _____

Special Equipment Requested _____
(basketballs, audio/visual equipment, etc.)

Purpose of Meeting _____

****In the event school is closed due to inclement weather, the building will NOT be open
It is the responsibility of the requestor to check local media for weather related closings***

The undersigned accepts responsibility to see that the building regulations are followed and be responsible for any damage incurred. A copy of the rules is attached.

A Certificate of Liability Insurance naming Menands Union Free School District as additional insured on a primary, non-contributory basis must be approved by the district prior to use of school facilities. The undersigned further agrees to indemnify and save harmless the Board of Education and/or the Menands School District, and/or any of its employees, from any and all claims that may arise through negligence or otherwise, or that may be made for damage, loss, injury or death resulting to the property; resulting from such use, directly or indirectly. Information on insurance requirements is attached.

Groups should plan to limit their meetings so that the building may be closed by 8:00p.m.

The person in charge of the group while the building is being used will be:

(Name/Relationship to Group)

(Phone/Email)

(Address)

(Secondary Phone)

.....

(Building Principal or Superintendent)

(Date)

(Business Office)

(Date)

Calendar Updated _____
O & M Copy Sent _____
Ins. Certificate _____

Client#: 7129

PRACTCOM

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/18/09

PRODUCER
Adirondack Trust Insurance
31 Church Street - 4th Floor
PO Box 336
Saratoga Springs, NY 12866

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 POLICIES BELOW.

INSURED
USER OF FACILITIES
SAMPLE ADDRESS
MENANDS, NY 12204

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Utica National Assurance Company	10687
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	INSRC	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	X	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	SAMPLE	02/17/09	02/17/10	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$50,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Per accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
		OTHER				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Certificate Holder is Additional Insured on a primary, non-contributory basis with respect to general liability arising from the Named Insured use of Holder's premises.

CERTIFICATE HOLDER

Menands Union Free School
District
Wards Lane
Albany, NY 12204

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE
Ernest J. Quirk

Dr. Maureen A. Long
Superintendent of School's
Ext 101

Antonieta Schroeder
Principal
Ext 119

Kathy Cietek
District Treasurer
Ext 105

Cheri Vandenberg
Guidance Counselor
Ext 156

Jennifer Cannavo
CSE Chairperson
Ext 155

Carin D'Ambro
School Nurse
Ext 109
Fax 434-2840

Board of Education

President
Jeff Masline

Vice President
Jennifer Wilson

Members
Joe Pustay
William Nevins
John Diefenderfer

District Clerk
Aileen Nicoll

Menands Union Free School District



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Facilities Use

Accident Procedure for Outside Groups

IF an accident should occur when your organization is using any of the Menands Union Free School District's facilities, please follow the procedure below.

1. Your organization must complete the attached Visitor Accident Report Form (please include contact information for any witness of accident)
2. Provide any photos or videos that were taken of the accident or accident scene (pictures should not be taken of individuals for privacy)
3. This Form must be completed at the time of the accident and hand-delivered to the Menands employee assigned to monitor the event at or before the event concludes. If photos or video were taken but are not yet available when form is submitted, they should be submitted within forty eight (48) hours of the conclusion of the event.
4. The Outside Organization must report the accident to its insurance carrier

If you have any questions or concerns feel free to contact:

Menands Union Free School District

Business Office at 518-465-4561 extension 105

**Menands Union Free School District
19 Wards Lane, Menands, NY 12204**

Ph: 518-465-4561 Fax: 518-465-4572 or 518-434-2840

Visitor Accident/Incident Report Form

The injured Visitor and Menands Staff should complete this form.

___ Copy to business office
___ Main office notified

INJURED PERSON INFORMATION

Name: _____ Date of Birth: _____ Phone: _____

Address: _____

City/State/Zip: _____ [] Male [] Female

ACCIDENT INFORMATION

Date of Accident: _____ Time of Accident: _____ Reported Date: _____

Reason in building/Event: _____

Location: [] Classroom: rm _____ [] Gymnasium [] Cafeteria [] Kitchen [] Hall [] Bathroom
[] Outdoor Grounds: _____ [] Other: _____

Witness (es): _____

Description of Accident; Please describe how the accident happened. (Please attach additional page if needed)

Equipment involved: _____

Other Person (s) involved: _____

Nature of Injury			Part of Body Injured		
<input type="checkbox"/> Abrasion/Scrape	<input type="checkbox"/> Cut/Laceration	<input type="checkbox"/> Puncture	<input type="checkbox"/> Head	<input type="checkbox"/> Arm R L	<input type="checkbox"/> Leg R L
<input type="checkbox"/> Asphyxiation	<input type="checkbox"/> Head injury	<input type="checkbox"/> Shock (electrical)	<input type="checkbox"/> Ear R L	<input type="checkbox"/> Hand R L	<input type="checkbox"/> Knee R L
<input type="checkbox"/> Amputation	<input type="checkbox"/> Dislocation	<input type="checkbox"/> Chest pain	<input type="checkbox"/> Eye R L	<input type="checkbox"/> Shoulder R L	<input type="checkbox"/> Ankle R L
<input type="checkbox"/> Choke	<input type="checkbox"/> Fracture	<input type="checkbox"/> Loss of Consciousness	<input type="checkbox"/> Mouth	<input type="checkbox"/> Wrist R L	<input type="checkbox"/> Foot R L
<input type="checkbox"/> Bite	<input type="checkbox"/> Open Fracture	<input type="checkbox"/> Weakness/ loss of use	<input type="checkbox"/> Nose	<input type="checkbox"/> Elbow R L	<input type="checkbox"/> Toes
<input type="checkbox"/> Bump/Swelling	<input type="checkbox"/> Pain	<input type="checkbox"/> Numbness	<input type="checkbox"/> Teeth	<input type="checkbox"/> Finger(s)	<input type="checkbox"/> Hip R L
<input type="checkbox"/> Bruise	<input type="checkbox"/> Poisoning	<input type="checkbox"/> Seizure like activity	<input type="checkbox"/> Face	<input type="checkbox"/> Back U L	<input type="checkbox"/> Abd
<input type="checkbox"/> Burn/Scald	<input type="checkbox"/> Chemical Exp	<input type="checkbox"/> Foreign Body	<input type="checkbox"/> Skull	<input type="checkbox"/> Ribs	<input type="checkbox"/> Chest
<input type="checkbox"/> Sting: _____	Type: _____			<input type="checkbox"/> Lungs	
				<input type="checkbox"/> Pelvis	

[] Medical attention received: _____

Person who provided medical attention: _____

Further medical evaluation: (Check all that apply)

911 called arrival time of EMS _____ AM/PM Hospital Evaluation Declined further medical evaluation private MD _____

Completed by: _____ Signature: _____ Date: _____