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

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.

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

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

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. Approved for Use as of: ___/___/____
Toni or approving person

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

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
Eugene D. Quirk

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

Antonietta 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

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

__ Copy to business office
__ Main office notified

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.

INJURED PERSON INOFRMATION

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		
__Abrasion/Scrape	__Cut/Laceration	__ Puncture	__Head	__ Arm R L	__ Leg R L
__ Asphyxiation	__ Head injury	__ Shock (electrical)	__ Ear R L	__ Hand R L	__ Knee R L
__Amputation	__Dislocation	__ Chest pain	__ Eye R L	__ Shoulder R L	__Ankle R L
__ Choke	__Fracture	__ Loss of Consciousness	__ Mouth	__ Wrist R L	__ Foot R L
__Bite	__Open Fracture	__ Weakness/ loss of use	__ Nose	__ Elbow R L	__ Toes
__Bump/Swelling	__ Pain	__ Numbness	__ Teeth	__ Finger(s)	__ Hip R L
__Bruise	__Poisoning	__ Seizure like activity	__ Face	__ Back U L	__ Abd
__Burn/Scald	__ Chemical Exp	__ Foreign Body	__ Skull	__Ribs	__ Chest
__Sting: _____	Type:_____			__ Lungs	
				__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:**_____