THIS FORM TO BE COMPLETED BY PHS FACILITY COORDINATOR ONLY

REDUCED FEES APPLICATION

Contact: Maury Hippenstiel	Phone: 503-320-5924				
Date of Application: 9/17/2018	Date(s) of event: All year long				
Purpose of Use: Band Practice in our band	I room				
	riteria for REDUCED' by attaching the requested velow). Also, A FACILITY USE APPLICATION				
CRITERIA					
Group must directly serve the	☐ Attach a copy of constitution (if				
Parkrose community	applicable)				
No admission, entry, or other	□ Attach a current list of				
fee will be charged to	members with addresses (if applicable)				
participants or spectators	appeaution				
participants or spectators TED FEES	CUSTOMER PROPOSED FEES				
	** *				
TED FEES	CUSTOMER PROPOSED FEES				
CILITY FEES \$ 1326.00 DUIPMENT FEES \$	CUSTOMER PROPOSED FEES - FACILITY FEES \$ Zero - EQUIPMENT FEES \$				
CILITY FEES \$ 1326.00 CUIPMENT FEES \$ CH SERVICE FEES \$ [EATER FEES \$]	CUSTOMER PROPOSED FEES - FACILITY FEES \$ Zero - EQUIPMENT FEES \$ - TECH SERVICE FEES \$ - THEATER FEES \$				
CILITY FEES \$ 1326.00 DUIPMENT FEES \$	CUSTOMER PROPOSED FEES - FACILITY FEES \$ Zero - EQUIPMENT FEES \$ - TECH SERVICE FEES \$				
CILITY FEES \$ 1326.00 CUIPMENT FEES \$ CH SERVICE FEES \$ [EATER FEES \$]	CUSTOMER PROPOSED FEES - FACILITY FEES \$ Zero - EQUIPMENT FEES \$				

History of Facility Use with Parkrose School District:

Jazz Express Big Band has been practicing at Parkrose for several years, they are a great supporter of the Band program by helping provide instruments as well as other supports. Maury and his group have always been a phenomenal group and respect the Space.

This section to be completed by PSD Administration:

PSD ADMINISTRATION APPROVED FEES			
- FACILITY FEES \$			
TOTAL RENTAL FEES \$			
Approved Denied : Building Principal/Designee Signature	Date:	9.18.18	
Administration Recommendation & Comments:			
<u>\$</u>	***************************************		
MAH	Date	9/19/18	******
Superintendent Signature	COCCUT COCCUTATIONS AND TO COCCUTATION COCCU	11 11	
Superintendent Recommendation & Comments:	***************************************		
	~~~		
BOARD ACTION: Approved  Denied  Date			

## Parkrose HIGH SCHOOL Facilities Use Application

# "Parkrose Community Groups/Non-Profit Organizations" Parkrose High School - 12003 NE Shaver Street - Portland, Oregon 97220 - Fax (503) 408-2739

		* 4111.05	c mgn o	LIIOUI 12003 ING 311	avor Street	- Poruana, Ore	gon y/220	- rax (	503) 408-27	39	
To	day's Date	: 9-1-	7-2	018		For Office Us Received by:				Date:	
Org	anization;	Jazz B	EKPI	ess Big 1	Band		ì	Non-Pro	fit Tax ID#:		
Con	itaci: Ma	wey.t	lipp	enstiel			Phone:	503	-320	-5924	
				tes Ocor	ncas	it.ne	<u> </u>			R	
Add	Ireas P. C	2. Bax	32	1	City <b>(</b>	gresho	3/00	State	OR_	Zip <b>9703</b>	30
	Date(s			Facility	~~~~	ccess Time -		verrous maria		d Attendance	]
		Mont	Lays	Bandra	201h	5:30 - 6	9:30	Pn		17	
*	See	Attac	heck	Schedul		or dat					
Fac	ility Fees	<b>;</b>				and the second second					T.
[] S	udent Center		\$204.00	x = \$	II Gw	n (2hrs)		\$ 51.0	00 x = \$		
	Kitchen (4hrs	. ,	\$204.00			stling Rm (4hrs		\$ 26.0			
	on munity Re	•	\$ 51.00			ce Room <i>(4hrs)</i>	,				
	udent Courty	, ,		x = \$							
	-			WITHOUT PROPERTY AND		ker Room (each	,	\$ 26.0	ANTHONOUS		
	and Room (4			x 26 = \$ /3 26		nis Courts (4 co	urts/2hrs)				
	hoir Room (4	-	\$ 26.00	**************************************		k <i>(p/hr)</i>			00 x= \$		
	assroom (4h	rs)	\$ 26.00		[] Foo	tball Field (2hrs	;)	\$ 51.0	10 x= \$		
() Li	brary (p/hr)		\$ 51.00	x= \$	[] Base	ball Field (2hrs	r)	\$ 51.0	0 x= \$		
[] W	cst Parking I	ot (4hrs)	\$153.00	x= \$	[] Upp	er Soccer Field	(2hrs)	\$ 51.0	0x = \$		
[] Po	ol (up to 25	people/ 2hrs)	\$102.00	x = \$	∏ NE	Soccer Complex	(2hrs)	\$ 76.0	0 x = \$		
() Pa	ol (swim med	et/ 2hrs)		x = \$	[] Soft	ball Field (2hrs,	.)	\$ 51.0	o x = \$		
*Par	krase School	l District (PSD)	Nutritio	Service Staff may be	scheduled	for all Kitchen	use at \$ 20	б.00 per	hour		
Faci	lities are cha	arged based on i	ınits abo	ve (indicated in parer	uhesis). Po	SD will not invol	ice on the	half, qu	arter, or par	tial units.	
	ilpment F		****************	·		100					***********
[] Po	dium *		\$ 6.00	X	[] Gym	Floor Cover			\$204.00	х ==	
	icrophone *		\$ 11.00	x=	[] Field	Lights (per hr)	)			x=	
	//VCR/DVD		\$ 11.00	X		eyball Net (3 ne			\$ 51.00		
	ioral Risers		\$102.00	X=		ig Baseball Fiel			\$ 51.00	January Market M	
	und System* sirs (p/chair)		\$ 26.00			J Set up & Lini			\$255.00		
	bles (p/table)			x =		ng Soccer Field : of Set up & Linin	•			x =	
	eachers (1 sid		\$ 51.00			n set up et Lini ig Football Fick			\$102.00	X ==	
] Sw	im Scoreboa	urd (p/use)	\$102.00	X =	ff Scor	eboard	-	•	\$ 26.00		
*Teci	h Service (	Customer to be c	charged 2	31.00 per hour for th	iose events	requiring techno	ology assi	stance.		Minimum discussions	
** A	ll Parkrose S	chools have pub	lic Wi-F	i throughout. Please	provide you	r own technolog	gy & equip	oment.			
	***************************************	d Requirem	<del></del>	er te manuel comment i de la		****	***************************************		000001000000000000000000000000000000000		No. of the Contract of the Con
				arkrose Nutrition Ser	vices (503-	408-2122). Adn	ninistrator	ลกภภาษา	al required if	Volt are not using	
Parkr	ose Nutrition	n Services, Addi	tionally,	a Parkrose Nutrition	Services er	mployee may be	required f	for any l	kitchen use a	t a rate of \$26.00 p.	/hr.
♦ All	food must be	e consumed and	served i	n the PSD Facilities o	lesignated a	reas.	-	•		•	
The	ater Rent	als:		den de la constante de la cons		dit a Mahan and a san a sa	***************************************	×*************************************		op derend general general de production de la companya de production de la companya de la companya de la compa	attivitude-server
(	Date(s)	Day(s) of v	Vaak	PACKAGE(s)	Aca	ess Time - E	Zwis Ti-	. 1	Vrnacta	d Attendance	7
	- 212(0)	247(3/ VI V	A COM	inchage(3)	7466	coo shiii — 2	AIL HIII	ic	Experte	u Altenuance	4
											1
- 1		***************************************					***************************************				1

# Theater Packages** & Fees: PACKAGE "A"

PACKAGE "A" This package include player(s), up to 8 star	s: Stage to mid-stage	e curtain (26' of depth), I A/V component set-up	use of front cur	ain, up to 4 micropho	nes, 4 stage monitor	speakers, house CD
[] 4 Hours	\$ 765.00 x	= \$	[] Addition	al Hour beyond 4	\$ 204.00 x	= \$
[] 8 Hours	\$1122.00 x	= \$ = \$	[] Addition	al Hour beyond 8	\$ 255.00 x	= \$
PACKAGE "B" This package include standard lighting cue [] 8 Hours	s: All of Package "A	", full stage to up-stage wes, access to dressing/	curtain (44° of o	lepth), up to 4 additio	nal microphones (8 t 2 crew members.	
and a sandanas in an analysis of district				•		The state of the s
	to 10 rigging moves,	A" & "B", full access to theater supervisor w/3 c = \$	crew.	ind system inventoric al Hour beyond 8		
C)	41577100 71		fl iraciion	ar riour beyond b	3 300.00 x	
LOAD-IN/LOA Load-In/Load Out p They co not include I [] 4 Hours [] 8 Hours	ackages include: The PSD equipment oper	e load-in or load-out of ation or cueing. = \$	your equipment	, access to facilities b	ased on above details	s, theater supervisor.
Additional Theatre [] Row of Scat Remo [] Orchestra Pit – Rer [] Vocal/Instrumenta [] Wireless Microphe [] Grand Piano (w/sta	val & Reinstall noval & Reinstall I Microphone ne	\$204.00 x = \$357.00 x = \$ 8.00 x = \$ 51.00 x = \$ \$204.00 x = \$	[] Chora		\$225.00 x \$102.00 x \$ 26.00 x \$ 3.00 x \$153.00 x	
Monday - Friday, Saturdays - 7:30an Sundays - all hour When renting the 7 ***Custodial fees mather renter. \$36 per hodules. Large events w Facilities Coordins \$29.00 x number of h	operating hours n-3:00pm s & after operating h THEATRE, Custodial y not be charged if a pur fee applies if the : vill require custodial ator will complete ours needed	Fees are included in the custodian is already on spaces rented aren't left fees.	p/hour p/hour p/hour p/hour e Theater packa a duly, Cleaning the way you for	ge price (excluding Si (set-up and break-dov and them and/or rente	undays) vn will then become t	
- Facility Fees		\$ /326			The force of the second contracts of the second contract of the second contracts of the second contrac	
- Equipment		S		*10% (\$100 minir	mum) Refundable a	deposit if event
- Technology		\$			60 days of rental da	
- Theater Fee:	S	\$		date	ing deposit due 60a	says prior to event
- Custodial Fe	ees	S.		***Remaining de *** Payment m Check – Credit	posit due 2 weeks p ethods: Cash, Cl Card Payments	heck, Cashiers
Total Ren	tal Fees	\$ 1326	The second secon	person		
······································					1 1. C.s	
Completed by:	Facul	iffes Coprdinator		DATE 7	117/18	
to meet all contractu conduct of the audic	al, insurance, depo nce in and about the to our use and occu	pplication is accepted ift and payment requir e building and for any pancy thereof. I/we ag Sec Policy KGAA).	rements during damages beyon	the agreement perio d ordinary wear an	d. I/we agree to be d tear, which occurs sed in accordance w	responsible for the s to this District ith the rules and
Organization or Indivi		an fin		2	Date 9	-17-2018
				The same of the same of the same		

♦ Individuals or organizations that use school facilities under Board Policy must complete the Hold Harmless Statement and will be required to verify insurance coverage before final authorization is granted.				
Facilities Coordinator Signature Received Proof of Insurance:  Date:				
Hold Harmless Agreement				
Organization or Individual Name Here:  agrees to indemnify, hold harmless and defend the District, its board members, agents, employees and volunteers from and against any and all fiabilities, damages, actions, costs, losses, claims and expenses (including attorney fees), on account of personal injury, death or damage to or loss of property or profits arising out of or resulting in whole or in part from any act, omission, negligence, fault or violation of law or ordinance by "Organization" or "Organization's" employees, agents, volunteers, subcontractors, speakers, exhibitors, event participants or invitees or any other person entering upon the premises with the implied or express permission of "Organization". Such indemnification by "Organization" shall apply unless such damage or injury results from the sole negligence or willful misconduct of the District.				
Organization or Individual Signature Date				
Insurance Requirements				
Commercial General Liability insurance endorsement providing coverage against claims for bodily injury or death and property damage occurring in or upon or resulting from the facilities licensed hereunder, such insurance to offer immediate protection to the limit of no less than \$2,000,000 and such insurance shall include Blanket Contractual Liability coverage which insures contractual liability under the indemnification of the Parkrose School District #3 by Licensec as set forth below.				
<ol> <li>Liceusee shall maintain a policy endorsed to include the Parkrose School District, Parkrose Elementary School, school board members, agents, employees and volunteers as additional insured's as respects to the Organizations use of District facilities. Said insurance must be primary to and non-contributory with any insurance carried by the District and include waiver of subrogation in favor of the District, its board members, agents, employees and volunteers.</li> </ol>				
<ol><li>Licensee agrees to provide all required certificates of insurance to the Parkrose School District at least fifteen (15) calendar days prior to the time of occupancy.</li></ol>				
3. The parties agree that the specified coverage of limits if insurance in no way limit the liability of the licensee.				
<ol> <li>Licensee shall provide a Certificate of Insurance containing a notice of cancellation clause not less than 30 days prior to cancellation or non-renewal of any such policy.</li> </ol>				
Laws – Rules - Regulations  1. All agents and employees connected with Licensee's use of the facility shall abide by, conform to and comply with all laws of the United States and the State of Oregon and all ordinances of the City of Portland, Oregon, and the rules and regulations of Parkrose School District, together with all rules and regulations of the Bureau of Police of the City of Portland.				
<ol> <li>The use of all tobacco, inhalants, alcoholic beverages and controlled substances are strictly prohibited in or on Parkrose School District property. Possession of firearms or dangerous weapons in or on the premises is strictly prohibited by ORS 166,370.</li> </ol>				
<ol> <li>All security services including peer group security desired by Licensee shall be arranged for by special agreement with the Parkrose School District and shall be paid for by the Licensee.</li> </ol>				
4. The Parkrose School District shall have the sole right to collect and have custody of articles left in the building.				
<ol> <li>Any decision affecting any matter not herein expressly provided for shall rest solely within the discretion of the Parkrose School District.</li> </ol>				
<ol> <li>A person operating a school-age recorded program may not operate the program without performing criminal background checks for all staff and volunteers and becoming recorded with the Office of Child Care. (Oregon Law 329A.257)</li> </ol>				
◆ Full payment and proof of insurance must be received prior to use of any facility.  ◆ Application must be completed and turned in 30 days prior to rental date for consideration of reduced fees. Religious based organizations are excluded from receiving reduced fees due to Federal Law.  ◆ All rentals are subject to availability, please check with the building administrator. Classrooms may not be rented during teacher contract hours.  ◆ Facilities may be rented on non-school days with administrator approval but paperwork may not be accepted and processed on non-school days. Administrators and secretaries get a summer break. Please be sure facility applications for use during the summer or fall are submitted prior to the end of each school year.  ◆ Any for profit video or audio recording on District property must be Superintendent approved. Superintendent Signature/Date:  ◆ Individuals or Organizations who stay beyond the times indicated on this form will be subject to \$36 per hour penalty should PSD staff have to stay late. Individuals or Organizations are also subject to any charges incurred by the outside agency overseeing PSD's security, should they be called to the site.				
We agree and understand ALL of the above. We agree that said school property will be used in accordance with the rules and regulations of the Board of Education.				
Organization or Individual Address Po Box 321 Clares Letter ORZip 97030				
Building Principal Signature: Date 9.18.18				

## Jazz Express Big Band Rehearsal Schedule Sept. 2018 – Aug. 2019

Sept. 10, 24

(2018)

Oct. 8, 22

(2018)

Nov. 5, 19

(2018)

Dec. 3, 17

(2018)

Jan. 7, 14, 28

(2019)

Feb. 11, 25

(2019)

March 11, 25

(2019)

April 8, 22

(2019)

May 6, 20

(2019)

June 3, 17

(2019)

July 1, 15, 29

(2019)

Aug. 12, 26

(2019)



### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 9/17/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES

BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) must 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 Arends Insurance Agency Inc 1910NE (AC No (x)) 503-665-4149 (AE No)503-665-4151 55 E Powell Blvd ADDRESS carends@oregoninsurance.net Gresham, OR 97030 INSURER(S) AFFORDING COVERAGE NAIC# INSURER A CBIC Farmers Insurance Company of Oregon INSURED GM & ASSOCIATES, INC. INSURER B INSURER C Navigators Insurance Company dba: GM Contractors, Inc. PO BOX 321 INSURER D GRESHAM, OR 97030 INSURER E 503-320-5924 INSURER I COVERAGES CERTIFICATE NUMBER REVISION NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY) ADDL SUBH TYPE OF INSURANCE POLICY NUMBER WSR WYD GENERAL LIADILITY EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) 100,000 X COMMERCIAL GENERAL LIABILITY 5,000 CLAIMS-MADE X OCCUR MED EXP (Any one person) 1, 000,000 05/18/2018 05/18/2019 A D11PH8574 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 1,000,000 5 GEN'L AGGREGATE LIMIT APPLIES PER: PRODUCTS - COMP/OP AGG POLICY X PRC COMBINED SINGLE LIMIT (Ea accident) 100,000 AUTOMOBILE LIABILITY BODILY INJURY (Per parson) 100,000 X ANYAUTO 09/04/2018 03/04/2019 194299972 ALL OWNED AUTOS X SCHEDULED BODILY INJURY (Per accident) \$ 300,000 В PROPERTY DAMAGE NON-OWNED AUTOS 100,000 HIRED AUTOS UMBRELLA LIAB EACH_OCCURRENCE 8 OCCUR EXCESS LIAB AGGREGATE \$ CLAIMS-MADE DED RETENTION\$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETORIPARTNERIEXECUTIVE OFFICER/MEMBER EXCLUCED? [Mandatory in NH] E.L. EACH ACCIDENT EL DISEASE - EA EMPLOYEES If you describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT \$ 04/20/2018 04/20/2019 20,000 C Oregon Bond 36-BC025965 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule of more space is required) Additional insured: Parkrose High School CERTIFICATE HOLDER CANCELLATION Parkrose High School SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN 12003 NE Shaver Street

Portland, Oregon 97220

ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHOBIZED REPRESENTATIVE

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DATE (MM/DD/YYYY)

CERTIFICATE OF LIABILITY INSURANCE 9/17/2018 THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) must 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 ileu of such endorsement(s) CONTACT NAME: PRODUCER PHONE (NO. EXI). 503-665-4149 Arends Insurance Agency Inc (AC No) 503-665-4151 E-MAIL ADDRESS carends@oregoninsurance.net 55 E Powell Blvd Gresham, OR 97030 INSURER(S) AFFORDING COVERAGE NAICA INSURER A CBIC Farmers Insurance Company of Oregon INSURED GM & ASSOCIATES, INC. INSURER B INSURER C Navigators Insurance Company dba: GM Contractors, Inc. PO BOX 321 INSURER D GRESHAM, OR 97030 INSURER E 503-320-5924 INSURER F REVISION NUMBER CERTIFICATE 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 ADDL BUBR INSR WVD LIMITS TYPE OF INSURANCE POLICY NUMBER 1,000,000 GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED 100,000 PREMISES (En occurrence) X COMMERCIAL GENERAL LIABILITY 5,000 CLAIMS-MACE X OCCUR MED EXP (Any one person) 1,000,000 05/18/2018 05/18/2019 \$ D11PH8574 PERSONAL & ADV INJURY A \$ 2,000,000 GENERAL AGGREGATE 1,000,000 PRODUCTS - COMPIOP AGG 💈 GEN'L AGGREGATE LIMIT APPLIES PER POLICY X PRO-COMBINED SINGLE LIMP (Ex accident) 100,000 AUTOMOBILE LIADILITY BODILY INJURY (Per person) 100,000 ANYAUTO 09/04/2018 03/04/2019 194299972 300,000 X SCHEDULED AUTOS NON-OWNED AUTOS BODILY INJURY (Par accident) \$ ALL OWNED AUTOS B PROPERTY DAMAGE 100,000 X HIRED AUTOS 5 FEACH OCCURRENCE UMBRELLA LIAB **OCCUR** £ AGGREGATE EXCESS LIAB CLAIMS-MADE 3 DED. RETENTIONS WORKERS COMPENSATION AND EMPLOYERS' LIABILITY E.L. EACH ACCIDENT ANY PROPRIETOR/PARTMER/EXECUTIVE OFFICER/MEMBER EXCLUDED? EL DISEASE - EA EMPLOYE \$ Mandatory in NII)
If yos, describe sinder
DESCRIPTION OF OPERATIONS belo EL DISEASE - POLICY LIMIT | \$ 04/20/2018 04/20/2019 20,000

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

36-BC025965

Additional insured: Parkrose School District

The property	PERSONAL PROPERTY.	HOLDED
1 miles	FICATE	HOLDER
Commercial		* * ***

Oregon Bond

Parkrose School District 10636 NE Prescott St. Portland, Oregon 97220

#### CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED DEPRESENTATIVE

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