

May 2012

## Community Relations

## Exhibit - Application and Procedures for Use of School Facilities

To be submitted to the Superintendent

This application must be approved before a non-school related group is allowed to use school facilities. School organizations, school-sponsored programs, and organizations whose primary purpose is to provide financial assistance to the school are all considered, for the purpose of this application, to be school-related. Use of school facilities for school purposes has precedence over all other uses.

Harvey Colts  
Organization Name

Dimitrios M. Hardwick  
Adult Supervisor from Organization (must be 21 years of age or older)

Football + Cheer  
Program/Activity

N/A  
Equipment needed

N/A  
Room arrangement, including decorations

Sandburg Field  
Requested School Facility  
(708) 965-3115  
murch-coachdoc@yahoo  
Phone/email address

7-10-17 to 11-31-17  
Date(s) and start/end time(s)

N/A  
Materials to be brought into facility

N/A  
Food service required

1. All non-school related groups must supply adequate supervision to ensure proper care and use of school facilities.
  - The non-school related group is responsible to the Board for the use and care of the school facility. All adult supervisors must have cell phones with them at all times.
  - Sufficient, competent adult supervision must be provided and the adult supervisor must ensure that no minor is left alone after the activity.
  - Only the cafeteria, auditorium, gymnasium, and athletic field, along with needed hallways and parking areas, are available for community use. Entering any room or area not in use by the group is prohibited. The adult supervisor will vacate the facility at the scheduled end time. Use of the school facility is not permitted past the agreed end time.
  - No furniture or equipment may be moved without prior approval from the Building Principal.
  - Signs, displays, or materials may not be attached, nailed, or otherwise affixed to walls.
2. All non-school related groups must agree to:
 

Indemnify and hold harmless the District and its agents and employees for and from any and all loss including attorneys' fees, damages, expense, and liability arising out of its use of

Board Approved October 2012

10/28/17  
NW

school property.

- Pay any damages to school facilities, furniture, or equipment arising out of its use of school property whether such damage was accidental or deliberate. The cost of damages will be based on the repair or replacement cost, the choice of which is at the School Board's discretion.
- Supply proof of insurance naming [insert name of the District] as an additional insured and verifying that the group maintains adequate insurance coverage against personal injury and/or property loss:

Insurance provider name and contact number

D.H.

Initial here if this is agreeable

3. All non-school related groups must pay the following fees:

Rental charge (unless waived by Board policy):

Meal and beverage service (cost as determined by the cafeteria supervisor):

D.H. Initial here if this is agreeable

4. Payment Method: ☐ Check ☐ Money Order ☐ Credit Card

If payment is by check, please make check payable to: The District

If payment by credit card, please indicate the following: ☐ Visa ☐ MasterCard

☐ Am Ex

Expiration date: \_\_\_\_\_ Credit Card No. \_\_\_\_\_ Today's date

Authorized amount: \_\_\_\_\_ Authorized signature: \_\_\_\_\_

5. All non-school related groups must agree to use appropriate emergency procedures including calling 9-1-1 for medical emergencies and whenever an AED is used.

D.H. Initial here if this is agreeable

6. All non-school related groups must agree to follow the District's Plan for Responding to a Medical Emergency at a Physical Fitness Facility, 4:170-AP6. Important: The District will not supervise the activity nor will it supply trained AED users to act as emergency responders at any time, including during staffed business hours.

☐ Activity being proposed is not in a physical fitness facility.

D.H. Initial here if this is agreeable

☐ Copy of the District's Plan for Responding to a Medical Emergency at a Physical Fitness Facility has been provided. (77 Ill.Admin.Code §§527.400(a) and 527.800(c). Important: State law encourages all non-District coaches, instructors, judges, referees, or other similarly situated non-District anticipated rescuers who use the physical fitness facility in conjunction with the supervision of physical fitness activities to complete a course of instruction that would qualify them as a trained AED user under Ill. law (410 ILCS 4/10; 77 Ill.Admin.Code §527.100).

D.H. Initial here that a copy of the Plan was received and that the Applicant has read and understands the above note.

7. If the request involves a physical fitness facility, the non-school related group must:

- Designate at least one adult supervisor who agrees to be an emergency responder. All emergency responders are encouraged to be trained in CPR and trained AED users.
- Give a copy of the District's plan for responding to medical emergencies to each designated emergency responder.
- Require that 9-1-1 be called for medical emergencies and whenever an AED is used.
- Ensure that each designated emergency responder knows the location of first aid equipment and any AED.



- Ensure that only trained AED users operate an AED, unless the circumstances do not allow time for a trained AED user to arrive.
  - Arrange for at least one emergency responder to have a tour of the facility before the activity.
  - Ensure that if an AED is used, the Superintendent is informed and all appropriate forms are completed.
- Initial here if this is agreeable

**I certify that I am authorized to act for the above-named organization. I understand that: (1) the granting of this request does not constitute recognition of my organization as a school-related group or activity, and (2) my organization may not represent itself or any of its activities as school-related.**

**I agree to: (1) abide by the conditions stated in this application, and (2) adhere to all Board policies and administrative procedures applicable to this use of the school's facility.**

  Dimitri M. Haskin  3-21-17  

The Superintendent or designee will base his or her decision on the information being provided in this application as well as other criteria deemed important. *(Note to Superintendent or designee: After approving or denying this application, return a copy of it to the person making the request, keep the original in the central office, and send a copy to the appropriate Building Principal.)*

☐ Approved    ☐ Denied

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Harvey Colts  
Organization Name

Dimitrios M. Hardwick  
Adult Supervisor from Organization (must be 21 years of age or older)

Football + Cheer  
Program/Activity

N/A  
Equipment needed

N/A  
Room arrangement, including decorations

Brooks Jr. High  
Requested School Facility

(708) 965-3115  
meecher-coach@icloud.com  
Phone/email address

7-10-17 - 11-31-17  
Date(s) and start/end time(s)

Football + DJ equipment  
Materials to be brought into facility

N/A  
Food service required

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Board Approved October 2012



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*Demetri M. Handorf 3-21-17*

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☐ Approved ☐ Denied



ACORD™

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/19/2016

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 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).

<b>PRODUCER</b> <b>Edgewood Partners Ins. Center</b> <b>27 School Street, Suite 404</b> <b>Boston, MA 02108</b> <b>617 398-5557</b>	<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext): 415 356-3900</b> <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b>																					
<b>INSURED</b> <b>HARVEY COLTS</b> <b>P.O. BOX #2612</b> <b>Harvey, IL 60426</b>	<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr> <tr> <td>INSURER A:</td><td>HCC Specialty Insurance Company</td><td></td></tr> <tr> <td>INSURER B:</td><td>AIG Insurance-Commercial Lines</td><td></td></tr> <tr> <td>INSURER C:</td><td>Great American Ins Co.(IL)</td><td></td></tr> <tr> <td>INSURER D:</td><td></td><td></td></tr> <tr> <td>INSURER E:</td><td></td><td></td></tr> <tr> <td>INSURER F:</td><td></td><td></td></tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	HCC Specialty Insurance Company		INSURER B:	AIG Insurance-Commercial Lines		INSURER C:	Great American Ins Co.(IL)		INSURER D:			INSURER E:			INSURER F:		
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## 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.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:		167003962	08/01/2016	08/01/2017	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$ COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ EACH OCCURRENCE \$ AGGREGATE \$ \$ PER STATUTE OTH-ER
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	A&H		SRG009133720	08/01/2016	08/01/2017	SEE REMARKS
C	D&O		EPP4916468	08/01/2016	08/01/2017	SEE REMARKS

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

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


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

THIS POLICY DOES NOT EXCLUDE CONCUSSIONS

(See Attached Descriptions)

## CERTIFICATE HOLDER

## CANCELLATION

<b>EVIDENCE ONLY</b>	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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## DESCRIPTIONS (Continued from Page 1)

Accidental Death, Accidental Dismemberment (AD&D) Benefit: \$10,000 Maximum amount  
Aggregate Limit: \$50,000  
Incurral Period: death or dismemberment within 365 days of the date of the accident that caused the injury

Accident Medical Expense Benefit: \$100,000  
Deductible: \$250 per accident  
Dental Maximum: \$250 per tooth/per accident  
Incurral Period: within 30 days of the date of the accident causing the Injury  
Benefit Payout Period: payable only for such charges incurred within 52 weeks after the date of the accident causing the Injury

### DIRECTORS & OFFICERS

Directors & Officers Limit \$1,000,000  
Retention \$1,000  
Aggregate Limit \$1,000,000



ACORD™

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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