

Erie County Technical School
Buildings and Grounds Use Request Form

Organization Making Request: **FAMILY FIRST SPORTS PARK**

Organization's Event: **MEMORIAL DAY CLASSIC**

Description of Event: **SOCCER TOURNAMENT**

Date(s) of Event: **SAT. MAY 23, 2009 / SUN. MAY 24, 2009**

Time Schedule of Event: **SAT. 7AM-7PM / SUN 7AM-2PM**

Sections of Buildings or Grounds to be used:
FRONT GROUNDS

It is understood that the responsibility and liability of the organization making this request includes, but is not limited to the following considerations:

1. Use of the buildings and grounds on Saturdays or Sundays, while not prohibited, is discouraged. If use of the facility is granted for a Saturday or Sunday, there will be costs in addition to any rental fee that will be assessed at an additional rate of \$25.00 per hour. (to cover payroll costs of ECTC employees that will be required on site)
2. All facility use fees and other charges for such use must be paid in full.
3. **School-related and Community Service organizations** will normally not be required to provide proof of liability insurance, but they will be requested to sign an Indemnification and Waiver of Liability form. **Non-profit organizations** are required to present proof of public liability coverage with limits of \$300,000 per accident. **Profit-making organizations** are required to present proof of public liability coverage with limits of \$500,000 per accident. The school's Operating Committee, through the recommendation of the school Director, may require higher limits of liability insurance for specific and/or unique situations.
4. Understand that the Erie County Technical School will not be held liable for injuries or illness incurred on school property by individuals directly or indirectly associated with the event taking place.
5. Provide adequate supervision to assure proper use and care of the building, grounds, equipment, and furnishings.
6. The organization is responsible for setting up, moving, dismantling, and returning furniture, equipment, and supplies to their proper place. Use of kitchen facilities requires the presence of an ECTS Food Service employee. Payroll costs for the ECTS employee(s) will be billed to the organization, in addition to any applicable usage fees per the Fee Schedule.
7. The organization is responsible for performing all custodial chores necessary to restore the facility and furniture to the condition in which it was found. A fee will be charged for special or additional set-up services required prior to or after scheduled use.

*called
ask for
(accord 25)
5/15/09
ST*

*received
5/20/09
ek*

- 12
11
10
20
80
\$3
8. To work cooperatively with the staff member(s) on duty and understand that granting of this request is limited to the facilities and equipment listed on this request form.
 9. Bringing on to school property and/or consuming alcoholic beverages or other controlled substances is specifically prohibited.

Fee Schedule

Area	Organization Type			
	School-related	Community Service	Non-profit	For Profit
Classroom	No Charge	No Charge	\$10/hour	\$20/hour
Cafeteria	No Charge	No Charge	\$10/hour	\$20/hour
Corridor	No Charge	No Charge	\$10/hour	\$20/hour
Kitchen	No Charge	No Charge	No Charge	\$25/hour
Laboratory	No Charge	\$10/hour	\$15/hour	\$25/hour
Grounds	No Charge	No Charge	No Charge	\$20/hour
Maintenance Fee (Weekend Use)	No Charge	\$25/hour	\$25/hour	\$25/hour

Other Charges:

[Redacted]

Aldo came up with this price per store 5/12/09
\$380.00

Total Amount Due: \$380.00

Organization Name: FAMILY FIRST SPORTS PARK

Address: 8155 OLIVER ROAD

Telephone: 866-5425

Representative's Name: HARRY DAVISON

Address: 8155 OLIVER ROAD

Telephone: 866-5425

Representative's Signature: Harry Davison

Request Approved: Approved

Director's Signature: [Signature]

ACORD CERTIFICATE OF LIABILITY INSURANCEDATE (MM/DD/YYYY)
05/19/2009

PRODUCER (814)868-4851 FAX (814)866-1458
 Domino Insurance Agency, Inc.
 3209 Greengarden Blvd
 Erie, PA 16508

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 Family First Sports Park Corp.
 8155 Oliver Road
 Erie, PA 16509

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: Mt. Hawley Ins Co

37974

INSURER B: Travelers Casualty Ins. Co.

19046

INSURER C: James River Insurance Co

12203

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	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A		GENERAL LIABILITY	MPE 0005067	06/14/2008	06/14/2009	EACH OCCURRENCE
		☒ COMMERCIAL GENERAL LIABILITY				\$ 1,000,000
		☐ CLAIMS MADE ☒ OCCUR				DAMAGE TO RENTED PREMISES (Ea occurrence)
						\$ 50,000
						MED EXP (Any one person)
						\$ Excluded
						PERSONAL & AD/ INJURY
						\$ 1,000,000
B		AUTOMOBILE LIABILITY	BA2746N004-09	03/10/2009	03/10/2010	COMBINED SINGLE LIMIT (Ea accident)
		☒ ANY AUTO				\$ 1,000,000
		☐ ALL OWNED AUTOS				
		☐ SCHEDULED AUTOS				
		☐ HIRED AUTOS				
		☐ NON-OWNED AUTOS				
C		GARAGE LIABILITY	00024973-1	06/14/2008	06/14/2009	AUTO ONLY - EA ACCIDENT
		☐ ANY AUTO				\$
						OTHER THAN EA ACC
						\$
						AUTO ONLY: AGG
						\$
		EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE
		☒ OCCUR ☐ CLAIMS MADE				\$ 3,000,000
						AGGREGATE
						\$ 3,000,000
						\$
						\$
						\$
						\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY LIMITS
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				OTH-ER
		If yes, describe under SPECIAL PROVISIONS below				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
 Re: Memorial Day Soccer Tournament 2009

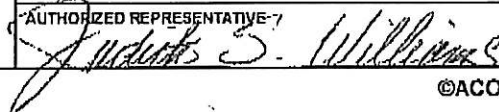
CERTIFICATE HOLDER

Erie County Technical School
 Attn: Steve Seifert
 8500 Oliver Road
 Erie, PA 16550

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL, 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE:



IMPORTANT

If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.