

Erie County Technical School
Buildings and Grounds Use Request Form

Organization Making Request: PA Automotive Association
Organization's Event: Safety and Emission Update Meeting
Description of Event: update meeting for technicians
Date(s) of Event: August 6, 2009
Time Schedule of Event: 5:30 - 8:00 pm
Sections of Buildings or Grounds to be used:
Cafeteria

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.

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:

NA

Total Amount Due: NA

Organization Name: PA Automobile Association

Address: 1925 N. Front Street
Harrisburg, PA 17102

Telephone: 717-255-8311

Representative's Name: Allison L. Mitchell onsite - Skip Wagner

Address: SAME AS ABOVE

Telephone: SAME AS ABOVE

Representative's Signature: Allison L. Mitchell

Request Approved: Approved

Director's Signature: [Signature] 5/11/2009

ISO Form Number: 3300.00.01

Revision Date: October 29, 2007

This is a controlled form. Hard copies of this form are considered uncontrolled.

ACORD™ CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 3/20/2009
PRODUCER (717) 761-4600, Fax (717) 761-6159 Tunn-Mowery Insurance Box 900 Camp Hill PA 170010900		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 PA Automotive Association P O Box 2955 Harrisburg PA 17105		INSURERS AFFORDING COVERAGE INSURER A: Millers Capital Insurance INSURER B: INSURER C: INSURER D: INSURER E:
		NAIC #

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/INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	CPP0642743	04/01/2009	04/01/2010	EACH OCCURRENCE \$ 1,000,000
	☒ COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	☐ CLAIMS MADE ☒ OCCUR				MED EXP (Any one person) \$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO- JECT ☐ LOC				PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY	CAA0661431	04/01/2009	04/01/2010	COMBINED SINGLE LIMIT (Ea accident) \$ 500,000
	☒ ANY AUTO				BODILY INJURY (Per person) \$
	☐ ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	☐ SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
	☐ HIRED AUTOS				
	☐ NON-OWNED AUTOS				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	☐ ANY AUTO				OTHER THAN EA ACC \$
					AUTO ONLY: AGG \$
A	EXCESS/UMBRELLA LIABILITY	UMB0642745	04/01/2009	04/01/2010	EACH OCCURRENCE \$ 10,000,000
	☐ OCCUR ☐ CLAIMS MADE				AGGREGATE \$
	☐ DEDUCTIBLE				\$
	☐ RETENTION \$				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT \$
	If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE \$
					E.L. DISEASE - POLICY LIMIT \$
A	OTHER BLANKET BUILDING AND CONTENTS	CPP0642743	04/01/2009	04/01/2010	LIMIT: \$6,710,000 DEDUCT \$1,000 SPECIAL/RC

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
 RE: 1925 NORTH FRONT STREET, HARRISBURG, PA 17102

CERTIFICATE HOLDER

PENNSYLVANIA DEPARTMENT OF TRANSPORTATION
 ATTN: DARLENE GREENAWALD
 400 NORTH STREET
 5TH FLOOR
 HARRISBURG, PA 17120

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

Linda Beaver/LINDA

Linda M. Beaver

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.