



Use of School Facilities Request Application

Individual or Organization Name: Angelo's Salon Development Group Inc.

Address: 1205 State Street

Telephone: 454-4917 Fax: 455-2194

Representative's Name: CHRIS FATICA

Address: SAME

Telephone: 450-2257 Fax: 455-2194

Date(s) of Event: 3-27-11

Time Schedule of Event: Set up at 9:00 AM Program 10:00 AM to 4:30

Description of Event: HAIR FINISHING CLASS

Sections of Buildings or Grounds to be used:

Cosmetology

Furniture and/or equipment needed (Tables/chairs, etc.) please itemize:

Styling CHAIRS and 1 TABLE

It is understood that the facility user applicant has read, understands and will comply with Joint Operating Committee Policy 707: Use of School Facilities

Please Note:

- The school shall be held harmless by the user for any liability that arises from use of facilities by the individual or group.
- The approved user shall be financially liable for damages to the facilities.
- Non-school related applicants must provide a Certificate of Insurance as evidence of organizational liability with limits required by school guidelines with the school as an additional named insured.
- The approved user is responsible for setting up, moving, dismantling, and returning furniture, equipment, and supplies to their proper place.
- The approved user is responsible for performing all custodial chores necessary to restore the facility and furniture to the condition in which it was found. Payroll costs will be billed to the approved user for any additional services required by school employees for such chores.

Fee Schedule

	School-related groups	Individuals and Non-profit organizations	For Profit organizations
Classroom	No Charge	\$25/hour	\$50/hour
Cafeteria	No Charge	\$40/hour	\$80/hour
Corridor	No Charge	\$10/hour	\$20/hour
Kitchen	No Charge	\$40/hour	\$80/hour
Laboratory	No Charge	\$40/hour	\$80/hour
Grounds	No Charge	\$25/hour	\$50/hour
School employee payroll costs	No Charge	Actual cost	Actual cost
Liability Insurance Certificate	N/A	Limit \$1,000,000	Limit \$1,000,000

Other Charges: _____

Applicant's Signature: Chapman J. Fester Date: 3-17-11

Use of School Facilities Request Application: Approved ☒ Denied: ☐

Total Estimated* Amount Due:

Customer Cost Only

*Actual amount will be invoiced after the event and payment is due within 30 days of the invoice date

Director's Signature:

[Signature]

Date:

3/21/11

Joint Operating Committee approval date (if required) _____

Inclusion of Faculty And/or Students
into the training "At No Cost"
has Historically Resulted in A
Favorable Fee. This Company is
Also Very Active in Our Cosmetology
DAC.

[Signature]
3/21/11

Issuing Company: Firemen's Insurance Company of Washington, D.C.

COMMERCIAL LIABILITY UMBRELLA DECLARATIONS

Policy No.: CPA 0126060 - 41

Named Insured Name and Address

Angelos Beauty Supplies
1205 State St
Erie, PA 16501

Agency Name and Address 02450

814-455-0987
Hart, McConahy & Martz Inc.
1611 Peach Street Suite 120, PO Bo x6365
Erie, PA 16512-0000

POLICY PERIOD

Policy Period: From 09/28/2010 to 09/28/2011 at 12:01 A.M. Standard Time at your mailing address shown above.

TOTAL ADVANCE PREMIUM**\$ 510****LIMITS OF INSURANCE**

Each Occurrence Limit	\$ 1,000,000	
Personal & Advertising Injury Limit	\$ 1,000,000	Any One Person or Organization
Aggregate Limit	\$ 1,000,000	
(Except "covered autos" and products-completed operations)		
Products-Completed Operations Aggregate Limit	\$ 1,000,000	

ENDORSEMENTS ATTACHED TO THIS POLICY:

See attached Schedule of Forms and Endorsements

Policy No.: CPA 0126060 - 41

1. SELF-INSURED RETENTION: \$ NONE

2. SCHEDULE OF UNDERLYING INSURANCE

Employers' Liability

Company: Acadia Insurance Company

Policy Number: WCA0126061

Policy Period: 09/28/2010 - 09/28/2011

Limits of Insurance:

Bodily injury by accident	\$ 500,000	Each Accident
Bodily injury by disease	\$ 500,000	Each Employee
Bodily injury by disease	\$ 500,000	Policy Limit

Businessowners Liability

Company: Firemen's Insurance Co of Washington DC

Policy Number: 0126060

Policy Period: 09/28/2010 - 09/28/2011

Limits of Insurance:

Each Occurrence	\$ 1,000,000
General Aggregate	\$ 2,000,000
Products-Completed Operations Aggregate	\$ 2,000,000

Commercial Auto Liability

Company: Firemen's Insurance Co of Washington DC

Policy Number: 0126060

Policy Period: 09/28/2010 - 09/28/2011

Limits of Insurance:

Each Occurrence	\$ 1,000,000
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