Angelo's Salon Development Group

Phone Number 814-454-4917
Fax Number 814-455-2194

Web Address www.angelosgroup.com
Email angela@angelosgroup.com

FAX TRANSMITTAL FORM

To: Erie County Vo Tech
Name: Andrea Lucarotti

From: Angela
Date Sent: 5-22-14
Number of Pages: 5

Message: Andrea, attached are application forms and proof of our insurance. Chris discussed the fees with Dr. Jackson over the phone. With maintenance for the Sunday date only, the total was $825.00.Thanks Again for all your Help!

Angela

Erie County Technical School

Use of School Facilities Request Application

Individual or Organization Name: Angelo's Salon Development Group

Address: 1205 State St. Erie, PA 16501

Telephone: 814-454-4917 Fax: 814-455-2194

Representative's Name: Chris or Angela Fatica

Address: Same As Above

Telephone: Same Fax: Same

Date(s) of Event: Sunday August 17 - Monday August 18 - Tuesday August 19

Time Schedule of Event: 9AM - 5PM (Each Day)

Description of Event: Hands-on Finishing Class for Local Hairdressers.

Sections of Buildings or Grounds to be used:

Cosmetology Lab Area

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

Use of Styling Stations, Tables, Chairs and Sinks in the Cosmetology Room.

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: Angelo Ezra Patricia **Date:** 5/22/14

Erie Insurance

CERTIFICATE OF INSURANCE

— THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY —

DATE ISSUED (MM/DD/YY): 5/22/14

Home Office • 100 Erie Insurance Place • Erie, Pennsylvania 16530 • 814.870.2000
Toll free 1.800.458.0811 • Fax 814.870.3126 • www.erieinsurance.com

NAME AND ADDRESS OF AGENCY
MURRAY INSURANCE LLC
10 N PARK ROW
ERIE, PA 16501-1132

(814)870-3124

AGENT'S NO.: AA1365

COMPANY(IES) AFFORDING COVERAGE
Co.: C ERIE INSURANCE COMPANY
Co.: D ERIE INSURANCE PROPERTY & CASUALTY COMPANY
Co.: E ERIE INSURANCE EXCHANGE, Erie Indemnity Co., Attorney-in-Fact (Not Applicable in NY)
Co.: F ERIE INSURANCE COMPANY OF NEW YORK
Co.: G FLAGSHIP CITY INSURANCE COMPANY

NAME AND ADDRESS OF NAMED INSURED
ANGELO'S SALON DEVELOPMENT
GROUP INC
1205 STATE ST
ERIE, PA 16501-1913

This certificate is issued for information purposes only and confers no rights on the certificate holder. It does not affirmatively or negatively amend, extend, or otherwise alter the terms, exclusions and conditions of insurance coverage contained in the policy(ies) indicated below. The terms and conditions of the policy(ies) govern the insurance coverage as applied to any given situation. Limits shown may have been reduced by claims paid. This certificate of insurance does not constitute a contract between the issuing insurer(s), authorized representative or producer and the certificate holder.

This is to certify that policies, as indicated by the Policy Number below, are in force for the Named Insured at the time that the Certificate is being issued.

CO Ltr	Add'l Ins'd	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
E	☐	GENERAL LIABILITY					
		☒ COMMERCIAL GENERAL LIABILITY	Q97 0252946	9/28/13	9/28/14	EACH OCCURRENCE	$ 1,000,000
		☐ CLAIMS MADE ☐ OCCUR				FIRE DAMAGE (Any One Fire)	$ 1,000,000
						MED EXP (Any One Person)	$ 10,000
						PERSONAL & ADV. INJURY	$ 1,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE	$ 2,000,000
		☒ POLICY ☐ PROJECT ☐ LOC				PRODUCTS-COMP/OP AGG	$ 2,000,000
	☐	AUTOMOBILE LIABILITY					
		☐ "ANY AUTO" (OWNED, HIRED, NON-OWNED)				BODILY INJURY (EACH PERSON)	$
		☐ OWNED				BODILY INJURY (EACH ACCIDENT)	$
		☐ HIRED				PROPERTY DAMAGE	$
		☐ NON-OWNED				BODILY INJURY AND PROPERTY DAMAGE COMBINED	$
		☐ GARAGE					
	☐	EXCESS LIABILITY				EACH OCCURRENCE	$
		☐ OCCURRENCE				AGGREGATE	$
		☐ RETENTION $					$
							$
		WORKERS COMPENSATION & EMPLOYERS LIABILITY				STATUTORY	
						BODILY INJURY BY ACCIDENT	$ EACH ACCIDENT
						BODILY INJURY BY DISEASE	$ POLICY LIMIT
						BODILY INJURY BY DISEASE	$ EACH EMPLOYEE
		OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
RE: AUGUST 2014 EVENT

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.

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).

NAME AND ADDRESS OF CERTIFICATE HOLDER
ERIE COUNTY TECHNICAL SCHOOL
8500 OLIVER RD
ERIE, PA 16509

AUTHORIZED REPRESENTATIVE

EIG6230 8/11

Use of School Facilities Request Application: **Approved**_____ Denied: _____

Total Estimated* Amount Due: _____

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

Director's Signature: _____Date:_____

Joint Operating Committee approval date (if required)_____