Erie County Technical School

## Use of School Facilities Request Application

Individual or Organization Name: MICROTEK

Address: 2001 BUTTERFIELD RD, SUITE 1500, DOWNERS GROVE, IL 60515

Telephone: 630-719-0202 Fax: 630-737-0845

Representative's Name: MARA XENOS (will not be onsite)

Address: _____

Telephone: _____ Fax: _____

Date(s) of Event: September 14, 2017 and November 16, 2017

Time Schedule of Event: 8:00am - 5:00pm

Description of Event: Computer Training Class (facility to supply laptops for students and instructor)

Sections of Buildings or Grounds to be used:
Eagles Nest Meeting Room

Furniture and/or equipment needed (Tables/chairs, etc.) please itemize:
Laptops (1 per person), Power for all, Internet, LCD projector, Screen, whiteboard, classroom style for 20 plus table in front for instructor

Coffee, tea, water, sodas - all day

| ISO Form Number: 3300.00.01 | Revision Date: February 24, 2011 |
|---|---|
| This is a controlled form. Hard copies of this form are considered uncontrolled. | |

**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: All fees per quote

**Applicant's Signature:** Mary Lewis **Date:** 3-29-17

Use of School Facilities Request Application: Approved_____ Denied: _____

**Total Estimated* Amount Due:** $2,265.00

*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)_____

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 3/30/2017

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).

| | |
|---|---|
| PRODUCER<br>HUB International Midwest Limited<br>55 East Jackson Boulevard<br>Chicago IL 60604 | CONTACT NAME: CSU Chicago<br>PHONE (A/C, No, Ext):<br>FAX (A/C, No):<br>E-MAIL ADDRESS: CSUChicago@hubinternational.com |
| | INSURER(S) AFFORDING COVERAGE — NAIC # |
| INSURED<br>MID VENTURES INC DBA MICROTEK<br>AND DBA CLASSROOMRENTAL.COM<br>2001 Butterfield Road Suite 1500<br>Downers Grove IL 60515 | INSURER A : Chubb Group of Ins. Companies<br>INSURER B :<br>INSURER C :<br>INSURER D :<br>INSURER E :<br>INSURER F : |

MICROTE-02

**COVERAGES** **CERTIFICATE NUMBER:** 1790752255 **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 INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|---|---|---|---|---|---|---|---|---|
| A | X COMMERCIAL GENERAL LIABILITY<br>[ ] CLAIMS-MADE [X] OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br>X POLICY [ ] PRO-JECT [ ] LOC<br>OTHER: | | | 3596-39-87 | 4/21/2016 | 4/21/2017 | EACH OCCURRENCE<br>DAMAGE TO RENTED PREMISES (Ea occurrence)<br>MED EXP (Any one person)<br>PERSONAL & ADV INJURY<br>GENERAL AGGREGATE<br>PRODUCTS - COMP/OP AGG | $1,000,000<br>$1,000,000<br>$10,000<br>$1,000,000<br>$2,000,000<br>$2,000,000 |
| A | AUTOMOBILE LIABILITY<br>ANY AUTO<br>ALL OWNED AUTOS<br>SCHEDULED AUTOS<br>X HIRED AUTOS<br>X NON-OWNED AUTOS | | | 73574937 | 4/21/2016 | 4/21/2017 | COMBINED SINGLE LIMIT (Ea accident)<br>BODILY INJURY (Per person)<br>BODILY INJURY (Per accident)<br>PROPERTY DAMAGE (Per accident) | $1,000,000<br>$<br>$<br>$ |
| A | X UMBRELLA LIAB X OCCUR<br>EXCESS LIAB [ ] CLAIMS-MADE<br>DED X RETENTION $ 10,000 | | | 79883675 | 4/21/2016 | 4/21/2017 | EACH OCCURRENCE<br>AGGREGATE | $5,000,000<br>$5,000,000 |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] N/A<br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | PER STATUTE [ ] OTH-ER<br>E.L. EACH ACCIDENT<br>E.L. DISEASE - EA EMPLOYEE<br>E.L. DISEASE - POLICY LIMIT | $<br>$<br>$ |
| A | Professional Liab.-Claims Made<br>Property | | | 3596-39-87 | 4/21/2016 | 4/21/2017 | Limit/Deductible<br>Blanket BPP | $2,000,000/$25,000<br>$2,141,200 |

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

Erie County Technical School is included as additional insureds under General Liability, when agreed in a written contract, subject to policy terms, conditions and exclusions

**CERTIFICATE HOLDER**

Erie County Technical School
8500 Oliver Rd
Erie PA 16509

**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.

AUTHORIZED REPRESENTATIVE