

FACILITY USE – Application & Permit

1. Name of Applicant: _____
(Organization, Group, Individual)
2. Address of Applicant: _____
3. Representative: _____
4. Facilities Requested: Location/Address _____
Building/Room/Grounds/Special Facilities _____
5. Dates of Intended Use:

| Dates of Use | Days of Use | Hours of Use | Persons in Charge | Description of Activity | Estimated Attendance |
|--------------|-------------|--------------|-------------------|-------------------------|----------------------|
| | | | | | |

DECLARATION OF APPLICANT:

1. Nature or type of intended use: _____
2. Applicant has received or will receive for the activities herein listed contributions, cash collections, registration fees, admission fees, tuition, donations, or other receipts estimated in amount of \$ _____. If no receipts anticipated for these activities check here. ()
3. Receipts set forth in item 2 above will be used for: _____
4. I, the undersigned, hereby certify that I will be personally responsible on behalf of the applicant for any damages sustained by the school building, furniture, equipment, or grounds occurring through the occupancy or use of said building and or grounds by the applicant, normal wear and tear excepted.
5. I hereby certify that I have received and read the rules, regulations, conditions, terms and that I and the applicant which I represent, will abide by them and will conform to all applicable provisions of the Constitution and laws of California and to all other rules and regulations of the Board of Education and its authorized agents which may be communicated to the applicant and to the best of my knowledge the school property for use of which this application is hereby made will not be used for the commission of any crime or any act which is prohibited by law.
6. It is agreed that in the event this permit is canceled by the applicant no refund will be made and that changes in date or extension of time shall be made only as specified by the rules governing use of school facilities.
7. In executing this declaration I certify that I have been duly authorized by the herein set forth applicant to act in its behalf in making application for use of said facilities.

HOLD HARMLESS & INDEMNIFICATION AGREEMENT:

THE UNDERSIGNED AGREES TO DEFEND, INDEMNIFY AND HOLD HARMLESS THE GRANT SCHOOL DISTRICT, ITS ELECTED OR APPOINTED OFFICIALS, EMPLOYEES, AGENTS AND VOLUNTEERS, INDIVIDUALLY AND COLLECTIVELY, FROM AND AGAINST ALL COSTS, LOSSES, CLAIMS, ACTIONS, AND JUDGMENTS ARISING FROM PERSONAL INJURIES, PROPERTY DAMAGE OR OTHERWISE, REGARDLESS OF CAUSE, THAT MAY ARISE IN ANYWAY FROM OR BE ALLEGED TO BE CAUSED BY THE UNDERSIGNED'S USE OR OCCUPANCY OF DISTRICT FACILITIES, FURNITURE OR EQUIPMENT. THE UNDERSIGNED FURTHER AGREES TO PROVIDE A SATISFACTORY CERTIFICATE OF INSURANCE FOR LIABILITY COVERAGES .

INSURANCE REQUIRED OF APPLICANT:

1. **Commercial General Liability** on an occurrence form with a minimum limit of **\$1,000,000 each occurrence/ \$2,000,000 general aggregate** from an insurer with a financial rating of A7 or better. Liability deductible not to exceed \$2,500.
2. **Additional Insured Provision:** The "**(Grant School District)**", its elected or appointed officials, employees, agents and volunteers shall be named as additional insured under the general liability policy, by endorsement to the Certificate. A separate endorsement attached to the Certificate of Insurance evidencing the additional insured coverage is required.
3. **Primary Insurance:** Applicants insurance shall be **primary insurance** as respects to the "**(Grant School District)**", it's elected or appointed officials, employees, agents and volunteers. Any insurance or self-insurance maintained by the "**(Grant School District)**", its elected or appointed officials, employees, agents and volunteers shall be excess and shall not contribute with it.

Signature of Applicant /Representative _____ Date _____

Applicant Address _____ Telephone (____) _____

Approved by: _____ Date _____

Grant School District
8835 Swasey Drive
Redding, CA 96001 (530) 243-0561

CERTIFICATE SPECIFICATIONS FOR FACILITY USER

INSTRUCTIONS FOR COMPLETING, EXECUTING AND SUBMITTING EVIDENCE OF INSURANCE TO:

(“Grant School District”)

Date: _____

Insured (User of Facility/Applicant): _____

Regarding Name/Location of Facility & Date(s) of Use: _____

4. **In order to reduce problems and time delays in providing evidence of insurance to the (Grant School District), you are requested to give your insurance agent or broker a copy of these instructions along with the Use of Facility – Application & Permit.**
5. **Certificate of insurance should reflect Commercial General Liability** on an occurrence form with a minimum limit of \$1,000,000 each occurrence/ \$2,000,000 general aggregate from an insurer with a financial rating of A7 or better. Liability deductible not to exceed \$2,500.
6. **Additional Insured Provision:** The “(Grant School District),”, its elected or appointed officials, employees, agents and volunteers shall be named as additional insured under the general liability policy, by endorsement to the Certificate. A separate endorsement should be attached to the Certificate of Insurance evidencing the additional insured coverage.
7. **Primary Insurance: Applicants** insurance shall be **primary insurance** as respects to the “(Grant School District), its elected or appointed officials, employees, agents and volunteers. Any insurance or self-insurance maintained by the “(Grant School District), its elected or appointed officials, employees, agents and volunteers shall be excess of the **facility users** insurance and shall not contribute with it. Endorsement/Policy wording attachment to certificate required.
8. **Sample certificate follows.**
9. **Completed certificates and endorsements must be received _____ days prior to the use date.**

Direct completed certificate and endorsements to:

Name of (Grant School District) Contact

Name of (Grant School District)

Address _____

Phone # _____

| | | |
|--|---|-------------------|
| ACORD CERTIFICATE OF LIABILITY INSURANCE | | DATE (MM/DD/YYYY) |
| PRODUCER | 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 Name of Applicant Address City CA 96001 | INSURERS AFFORDING COVERAGE | NAIC # |
| | INSURER A: Name of Insurance Company | |
| | INSURER B: | |
| | INSURER C: | |
| | 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 WDTL LTR INSR | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS |
|---|---|---------------|----------------------------------|-----------------------------------|--|
| A | GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | POLICY 111111 | 01/01/06 | 01/01/07 | EACH OCCURRENCE \$ 1,000,000 |
| | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 |
| | | | | | MED EXP (Any one person) \$ 5,000 |
| | | | | | PERSONAL & ADV INJURY \$ 1,000,000 |
| | | | | | GENERAL AGGREGATE \$ 2,000,000 |
| | | | | | PRODUCTS - COMP/OP AGG \$ 2,000,000 |
| | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | | | | COMBINED SINGLE LIMIT (Ea accident) \$ |
| | | | | | BODILY INJURY (Per person) \$ |
| | | | | | BODILY INJURY (Per accident) \$ |
| | | | | | PROPERTY DAMAGE (Per accident) \$ |
| | GARAGE LIABILITY <input type="checkbox"/> ANY AUTO | | | | AUTO ONLY - EA ACCIDENT \$ |
| | | | | | OTHER THAN AUTO ONLY: EA ACC \$ |
| | | | | | AGG \$ |
| | EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$ | | | | EACH OCCURRENCE \$ |
| | | | | | AGGREGATE \$ |
| | | | | | \$ |
| | | | | | \$ |
| | | | | | \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER | | | | WC STATUTORY LIMITS OTHER |
| | | | | | E.L. EACH ACCIDENT \$ |
| | | | | | E.L. DISEASE - EA EMPLOYEE \$ |
| | | | | | E.L. DISEASE - POLICY LIMIT \$ |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS Re: Use of (name/location) facility on The Name of NCSIG Member, its elected or appointed officials, employees, agents and volunteers are included as additional insureds per attached endorsement. Primary wording applies per attached copy of coverage form (CG001 10/01). | | | | | |

CERTIFICATE HOLDER

Name of NCSIG Member
 Attn:
 Mailing Address
 City CA 96001

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 DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

COMMERCIAL LIABILITY
CGL - ENDORSEMENTS

INSURED : Name of Applicant
POLICY NUMBER :
INSURANCE COMPANY : COMMERCIAL GENERAL LIABILITY

This Endorsement Changes The Policy. Please Read It Carefully.

**ADDITIONAL INSURED
MANAGERS OR LESSORS OF PREMISES**

This endorsement modifies Insurance provided under the following :

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

1) Designation Of Premises (Part Leased To You) :

Name/location of Facility & date(s) of use

2) Name Of Person Or Organization (Additional Insured) :

Name of NCSIG Member, its elected or appointed officials, employees, agents, and volunteers

3) Additional Premium

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the schedule, but only with respect to liability arising out of the ownership, maintenance or use of that part of the premises leased to you and shown in the schedule and subject to the following additional exclusions :

This insurance does not apply to:

- a) Any "occurrence" which takes place after you cease to be a tenant in that premises.
- b) Structural alterations, new construction or demolition operations performed by or on behalf of the person or organization shown in the schedule.

NOTE

b. If a claim is made or a lawsuit is brought against any insured, you must:

- (1) Immediately record the specifics of the claim or "suit" and the date received; and
- (2) Notify us as soon as practicable.

You must see to it that we receive written notice of the claim or "suit" as soon as practicable.

c. You and any other involved insured must:

- (1) Immediately send us copies of any demands, notices, summonses or legal papers received in connection with the claim or "suit";
- (2) Authorize us to obtain records and other information;
- (3) Cooperate with us in the investigation or settlement of the claim or defense against the "suit"; and
- (4) Assist us, upon our request, in the enforcement of any right against any person or organization which may be liable to the insured because of injury or damage to which this insurance may also apply.

d. No insured will, except at that insured's own cost, voluntarily make a payment, assume any obligation, or incur any expense, other than for first aid, without our consent.

3. Legal Action Against Us

No person or organization has a right under this Coverage Part:

- a. To join us as a party or otherwise bring us into a "suit" asking for damages from an insured; or
- b. To sue us on this Coverage Part unless all of its terms have been fully complied with.

A person or organization may sue us to recover on an agreed settlement or on a final judgment against an insured; but we will not be liable for damages that are not payable under the terms of this Coverage Part or that are in excess of the applicable limit of insurance. An agreed settlement means a settlement and release of liability signed by us, the insured and the claimant or the claimant's legal representative.

4. Other Insurance

If other valid and collectible insurance is available to the insured for a loss we cover under Coverages A or B of this Coverage Part, our obligations are limited as follows:

a. Primary Insurance

This insurance is primary except when b. below applies. If this insurance is primary, our obligations are not affected unless any of the other insurance is also primary. Then, we will share with all that other insurance by the method described in c. below.

b. Excess Insurance

This insurance is excess over:

- (1) Any of the other insurance, whether primary, excess, contingent or on any other basis:
 - (a) That is Fire, Extended Coverage, Builder's Risk, Installation Risk or similar coverage for "your work";
 - (b) That is Fire insurance for premises rented to you or temporarily occupied by you with permission of the owner;
 - (c) That is insurance purchased by you to cover your liability as a tenant for "property damage" to premises rented to you or temporarily occupied by you with permission of the owner; or
 - (d) If the loss arises out of the maintenance or use of aircraft, "autos" or watercraft to the extent not subject to Exclusion g. of Section I – Coverage A – Bodily Injury And Property Damage Liability.
- (2) Any other primary insurance available to you covering liability for damages arising out of the premises or operations for which you have been added as an additional insured by attachment of an endorsement.

Grant School District
 8835 Swasey Drive
 Redding, CA 96001
 (530) 243-0561

SCHEDULE OF FEES FOR USE OF SCHOOL FACILITIES

| FACILITY | DIRECT COST FEE Per Hour (Includes Energy Use Fees) | FAIR RENTAL FEE Per Hour (Includes Energy Use Fees) |
|---|--|--|
| Multi-Purpose Room | \$25 2 hour minimum (each additional hour = \$12) | \$50 2 hour minimum (each additional hour = \$25) |
| Junior High Gym | \$40 2 hour minimum (each additional hour = \$20) | \$80 2 hour minimum (each additional hour = \$40) |
| K – 8 Classroom | \$12 2 hour minimum (each additional hour = \$6) | \$20 2 hour minimum (each additional hour = \$10) |
| Kitchen (Kitchen equipment cannot be used without cafeteria personnel present) | \$50 | \$100 |
| * Custodial Fee | *\$35 | \$35 |
| Alarm Fee (Disarm/Arm) | \$45 | \$45 |

FREE USE: The Grant Governing Board has directed that there shall not be a charge of any rental fees for the use of classroom facilities by nonprofit organizations, clubs or associations organized to promote youth and school activities. *Custodian charges will be levied as applicable.

DIRECT COST FEES: Activities other than those specified for Free-Use or Fair Rental value shall be charged the Direct-Cost Fee. The following activities shall be charged Direct-Cost Fees:

- a. Services conducted by religious groups
- b. Charitable fund-raising activities which do not benefit youth or activities of the district
- c. An event sponsored by community or religious groups, except those which qualify for free use

FAIR RENTAL VALUE FEE: Groups shall be charged Fair Rental value when using school facilities or grounds for entertainment or meetings where admission is charged or contributions solicited and net receipts are not to be expended for charitable purposes or for the welfare of the district's students. (Education Code 40043)

***CUSTODIAL FEE:** Use of the facility may necessitate use of a custodian, which is *\$35.00 an hour.