

Minimum Insurance Requirements

All users are required to maintain, in addition to any insurance required by law:

Comprehensive Liability insurance, in an amount not less than \$1,000,000 per occurrence. Morris School District must be named as an additional insured on this policy. A certificate of insurance as described must be provided before the facility is used.

Failure to enforce the required production of the certificate will not void users' obligation to provide the insurance as aforesaid.

In addition, by making this application, user agrees, that should this application be granted, user will indemnify, hold harmless, and defend the District against any and all demands, claims, damages, fees, cost and liabilities of any kind (including but not limited to attorney's fees) to the fullest extent permitted by law.

Concussion statute mandatory language

Morris School District shall not be liable for the injury or death of a person due to the action or inaction of persons employed by, or under contract with, a youth sports team organization that operates on school grounds, if the youth sports team organizations provides the district with the following:

- (1) proof of an insurance policy of an amount of not less than \$50,000 per person, per occurrence insuring the youth sports team organization against liability for any bodily injury suffered by a person;
- (2) a statement of compliance with the school district policies and regulations for the management of concussions and other head injuries. As used in this section, a "youth sports team organization" means one or more sports teams organized pursuant to a nonprofit or similar charter or which are member teams in a league organized by or affiliated with a county or municipal recreation department.

ACOR™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)

PRODUCER EMAR GROUP INC 354 EISENHOWER PARKWAY LIVINGSTON, NJ 07039-0459 973 994-3131	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 Your Company Name	INSURERS AFFORDING COVERAGE	NAIC #
	INSURER Insurance Company A INSURER Insurance Company B INSURER INSURER INSURER	

COVERAGES

E:

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.

INSURER	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"/> OCCU <input checked="" type="checkbox"/> Incl. Contractual Liab. GEN'L AGGREGATE LIMIT APPLIES PER.POLIC <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC				EACH OCCURRENCE 1,000,000. FIRE DAMAGE (Any one) 100,000. MED EXP (Any one person) 5,000. PERSONAL & ADV INJURY 1,000,000. GENERAL AGGREGATE 2,000,000. PRODUCTS -COMP/OP 1,000,000. AGG
	AUTOMOBILE LIABILITY <input checked="" 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) 1,000,000. 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 AC&GG
	A EXCESS LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION				EACH OCCURRENCE AGGREGATE
	A WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				<input checked="" type="checkbox"/> WC STATU- O T HE E.L. EACH ACCIDENT 500,000. E.L. DISEASE - EA 500,000. EMPLOYERS - POLICY 500,000.
	OTHER Participant Accident				\$50,000 per occurrence

DESCRIPTION OF OPERATIONS/LOCATIONS/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

Morris School District (Certificate Holder) is named as Additional Insured on a primary basis under General Liability and Automobile Liability with respect to:

CERTIFICATE HOLDER Morris School District 31 Hazel Street Morristown, NJ 07960 Attn: Michele Dyer	ADDITIONAL INSURED;INSURER LETTER: _____ CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> 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
--	--