

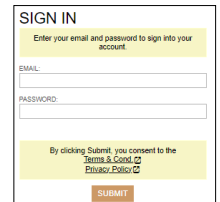
CCPS Use of Facilities


HOW TO REGISTER AN ORGANIZATION

In order to request space, your organization needs to be registered with Carroll County Public Schools.

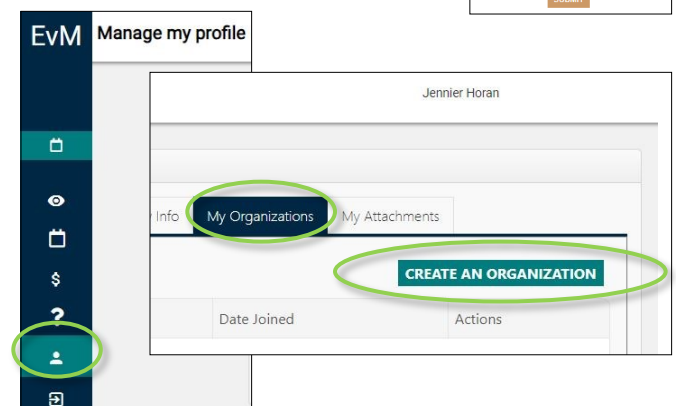
Follow these directions to register your organization

Go to the [Community Organization Calendar Page](#), click on “SIGN IN” at the top right, then in the “SIGN IN” box, use the credentials that were established when you created your Event Manager (EvM) account.

A screenshot of the 'SIGN IN' form. It has a title 'SIGN IN' and a subtitle 'Enter your email and password to sign into your account'. There are two input fields: 'EMAIL:' and 'PASSWORD:'. Below the fields is a checkbox with the text 'By clicking Submit, you consent to the Terms & Conditions & Privacy Policy'. At the bottom is a 'SUBMIT' button.

Once in EvM dashboard, click on the “My Profile” icon:  The “Manage my profile” box will pop up. Go to the “My Organizations” tab, then click “CREATE AN ORGANIZATION”

“Create a New Organization” screen will appear.



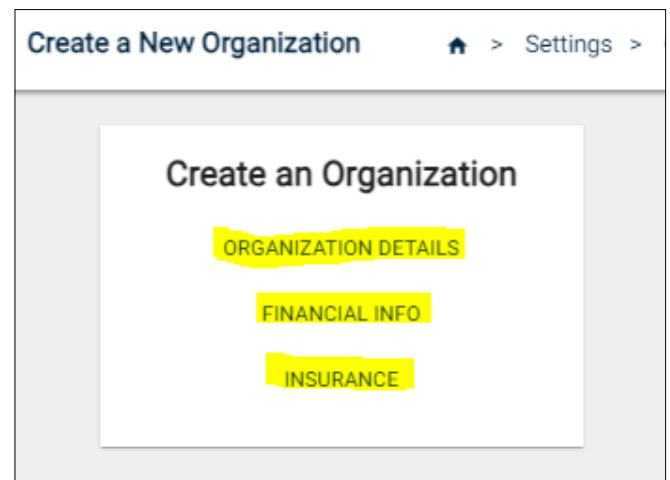
Information about ORGANIZATION DETAILS, FINANCIAL INFO, and INSURANCE

Fill in all details with asterisks and other information to the best of your ability.

If you have questions about how to fill out “Financial Info” please call 410-751-3113.

Your organization will not be approved without a Certificate of Insurance (COI). Please use the example on page two of this document when obtaining your COI from your insurance carrier. **PLEASE NOTE** when you put in the dollar amount under “Coverage Amount,” do not add commas: if you do it will not allow you to submit the form.

Your organization submission goes to CCPS’s Facilities Management for approval. You will receive an email from <notifications@mail.dudesolutions.com> once it has been approved.

A screenshot of the 'Create a New Organization' form. The title is 'Create a New Organization'. Below the title are three sections: 'ORGANIZATION DETAILS', 'FINANCIAL INFO', and 'INSURANCE'. Each section is highlighted with a yellow background.

Once approved, your organization can now request space.

TO LEARN HOW TO REQUEST SPACE PLEASE DOWNLOAD

CCPS Use of Facilities | HOW TO REQUEST SPACE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/9/2022

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 have ADDITIONAL INSURED provisions or 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 Insurance Incorporated 10461 Mill Run Circle, Suite 1000 Owings Mills, MD 21117	CONTACT NAME: PHONE (A/C, No, Ext): (410) 753-1900		FAX (A/C, No): (410) 753-1899
	E-MAIL ADDRESS:		
INSURED Your Organization's Name Your Organization's Address	INSURER(S) AFFORDING COVERAGE		NAC #
	INSURER A: United States Liability Insurance Company		25895
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		

COVERAGES

CERTIFICATE NUMBER:

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	ADOL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		Required	Required		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"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE CDD <input type="checkbox"/> RETENTION \$			XL 1593460C	2/1/2022	2/1/2023	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

Event: Art and Wine Festival on Saturday May 6th 2023 from 7am to 5:30pm. CCPS is included as Additional Insured as respects to General Liability, as required by a written executed contract.

IMPORTANT

CERTIFICATE HOLDER

CANCELLATION

Carroll County Public Schools
125 North Court Street

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

Signed