



Literati Book Fairs

Thank you for inspiring a school-wide love of reading and hosting a Literati Book Fair!

We look forward to partnering with you to bring your students—and your entire school community—a uniquely wonderful reading experience.

This Memo of Understanding outlines the terms of the partnership between PARADISE ELEMENTARY SCHOOL (“**School**”) and Literati Book Fairs (“**Literati**”). **School** is scheduled to run a Literati Book Fair: 2025-03-12 - 2025-03-20.

FAIR PLANNING

Literati will:	School will:
<ul style="list-style-type: none"> • Provide a Literati Event Coordinator to help you plan your fair from beginning to end. 	<ul style="list-style-type: none"> • Provide a Book Fair Coordinator who will be the primary contact between School and Literati. The Book Fair Coordinator will be responsible for recruiting and leading volunteers to assist with the fairs. • Provide access to an electrical outlet and Ethernet or Wi-Fi.

FAIR DELIVERY AND PICKUP LOCATION

Literati will:	School will:
<ul style="list-style-type: none"> • Deliver your fair up to three days prior to the start date and pick up no later than three days after the end date. <p><i>All Literati team members have passed a pre-employment background check and drug screen as a condition of employment.</i></p> <p><i>All Literati vehicles, owned or leased, will be properly insured in accordance with all applicable laws and regulations. All legally required documentation will be present on all vehicles.</i></p>	<ul style="list-style-type: none"> • Provide a location on the first floor of the school building or access to an elevator for upper-level delivery. This is necessary to safely deliver your fair. • Ensure fair location provided has access to an electrical outlet.

MARKETING

Literati will:	School will:
<ul style="list-style-type: none"> • Provide creative and fun marketing materials to publicize and promote your fair. • Provide ideas and strategies to build excitement and involvement at your fair to generate a successful and engaging literacy event. 	<ul style="list-style-type: none"> • Agree to promote the book fair through various communication channels (social media, school webpage, newsletters, provided print marketing, etc.).

PRODUCT

Literati will:	School will:
<ul style="list-style-type: none"> Partner with School to provide a fair that is appropriate to your enrollment, grade span, reading levels, and interests, with tabletop display selections that best fit your school community. Provide cases and pre-merchandised displays that will be simple to set up and display in your chosen location. 	<ul style="list-style-type: none"> Agree that Literati will be the sole provider of books being sold during the scheduled fair date. Set up the fair upon delivery and repack upon completion. Return all unsold items. Provide the Literati cash registers access to a live Ethernet port or secure Wi-Fi network connection. Acknowledge the Literati Book Fair is not tax-exempt. Tax will need to be collected at time of purchase.

FINANCIAL PROCESS AND WRAP-UP

Literati will:	School will:
<ul style="list-style-type: none"> Provide a Point-of-Sale System (POS), which will allow you to easily track sales and take multiple payment forms, including all major credit cards, cash, checks, and Literati gift cards. Walk you through all financial paperwork and assist School with choosing the best rewards. 	<ul style="list-style-type: none"> Collect sales tax if required by state law. Verify Literati as an approved vendor in advance of conducting your book fair. Complete fair closeout and remit payment within 10 business days of the fair. Complete a feedback survey providing Literati with a recap of improvement opportunities.

CUSTOMER REWARDS

Literati will:
<ul style="list-style-type: none"> Provide School with the easiest fair setup, saving you time to dedicate to your students. Literati will provide expertly curated stories and artistic displays to spark imaginations, strengthen literacy skills, and inspire a school-wide passion for reading that will last well beyond your Book Fair week. Help you determine the best profit and rewards options based on the specific needs of your students. Speak with your Literati Representative for additional details.

Literati reserves the right to update and modify the rewards program without notice. For the latest information, please talk to your Literati Representative.

*Changes to this Memo of Understanding may be made at the discretion of **Literati** as business conditions deem appropriate.*

As this is your Book Fair, we would like to schedule time to review your fair to better understand the opportunities to serve you.


Please sign below and return to your Literati Representative to ensure your fair is scheduled. We appreciate the opportunity to be your partner on this literacy journey.

DocuSigned by:


 BOOK FAIR Coordinator/School Principal

4/4/2024 | 11:06 AM

 Date

DocuSigned by:


 LITERATI Representative

4/2/2024 | 9:10 AM

 Date

S25 MAR Paradise Valley PA

 School Name

This Memo of Understanding will expire 30 days from date sent.

Form **W-9**
 (Rev. October 2018)
 Department of the Treasury
 Internal Revenue Service

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest informatoin.

Print or type See Specific Instructions on page 3	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Literati, Inc		
	2 Business name/disregarded entity name, if different from above		
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ▶ _____		
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>		
	5 Address (number, street, and apt. or suite no.) See instructions. 1145 w 5th Street	Requester's name and address (optional)	
	6 City, state, and ZIP code Austin, TX 78703		
	7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)																					
Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> , later.																					
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Note: If the account is in more than one name, see the instructions for line 1. Also see <i>What Name and Number To Give the Requester</i> for guidelines on whose number to enter.																					

Part II Certification
Under penalties of perjury, I certify that:
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.
Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶ <i>Michael Eason</i>	Date ▶ 1/16/2024
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/1/2023

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 Marsh & McLennan Agency LLC 2500 Bee Cave Rd, Bldg. 1, Ste. 125 Austin TX 78746	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">CONTACT NAME: Randy Thole</td> </tr> <tr> <td>PHONE (A/C No. Ext): 512-226-7903</td> <td>FAX (A/C, No):</td> </tr> <tr> <td colspan="2">E-MAIL ADDRESS: randy.thole@marshmma.com</td> </tr> <tr> <td colspan="2" style="text-align: center;">INSURER(S) AFFORDING COVERAGE</td> </tr> <tr> <td>INSURER A: Twin City Fire Insurance Company</td> <td style="text-align: right;">NAIC # 29459</td> </tr> <tr> <td>INSURER B: Progressive County Mutual Insurance Co</td> <td style="text-align: right;">29203</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	CONTACT NAME: Randy Thole		PHONE (A/C No. Ext): 512-226-7903	FAX (A/C, No):	E-MAIL ADDRESS: randy.thole@marshmma.com		INSURER(S) AFFORDING COVERAGE		INSURER A: Twin City Fire Insurance Company	NAIC # 29459	INSURER B: Progressive County Mutual Insurance Co	29203	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURED Literati Inc. 1145 W. 5th Street Austin TX 78703	LITER																				

COVERAGES **CERTIFICATE NUMBER:** 1347834920 **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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> CLAIMS-MADE</td> <td><input checked="" type="checkbox"/> OCCUR</td> </tr> </table> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:	<input type="checkbox"/> CLAIMS-MADE	<input checked="" type="checkbox"/> OCCUR			46SBAAF2386	8/1/2023	8/1/2024	<table style="width: 100%; border: none;"> <tr> <td>EACH OCCURRENCE</td> <td style="text-align: right;">\$ 1,000,000</td> </tr> <tr> <td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td> <td style="text-align: right;">\$ 1,000,000</td> </tr> <tr> <td>MED EXP (Any one person)</td> <td style="text-align: right;">\$ 10,000</td> </tr> <tr> <td>PERSONAL & ADV INJURY</td> <td style="text-align: right;">\$ 1,000,000</td> </tr> <tr> <td>GENERAL AGGREGATE</td> <td style="text-align: right;">\$ 2,000,000</td> </tr> <tr> <td>PRODUCTS - COMP/OP AGG</td> <td style="text-align: right;">\$ 2,000,000</td> </tr> <tr> <td></td> <td style="text-align: right;">\$</td> </tr> </table>	EACH OCCURRENCE	\$ 1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000	MED EXP (Any one person)	\$ 10,000	PERSONAL & ADV INJURY	\$ 1,000,000	GENERAL AGGREGATE	\$ 2,000,000	PRODUCTS - COMP/OP AGG	\$ 2,000,000		\$
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	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N <input type="checkbox"/>	N / A				<table style="width: 100%; border: none;"> <tr> <td style="text-align: right;">PER STATUTE</td> <td style="text-align: right;">OTH-ER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td style="text-align: right;">\$</td> </tr> </table>	PER STATUTE	OTH-ER	E.L. EACH ACCIDENT	\$	E.L. DISEASE - EA EMPLOYEE	\$	E.L. DISEASE - POLICY LIMIT	\$								
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Additional Insured form #SS0008 edition 04/05 applies to the General Liability policy.
 Waiver of subrogation form #SS0008 edition 04/05 applies to the General Liability policy.
 Primary & Non-Contributory General Liability form #SS0008 edition 04/05.

The General Liability policy includes a blanket additional insured endorsement to the certificate holder only when there is a written contract between the named insured and the certificate holder that requires such status.

The General Liability policy contains an endorsement with "Primary and NonContributory" wording that may apply only when there is a written contract between See Attached...

CERTIFICATE HOLDER <p style="text-align: center;">For Information Purposes Only</p>	CANCELLATION <p style="text-align: center;">SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p style="text-align: center;">AUTHORIZED REPRESENTATIVE</p> <div style="text-align: center;"> </div>
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AGENCY CUSTOMER ID: LITER

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY Marsh & McLennan Agency LLC		NAMED INSURED Literati Inc. 1145 W. 5th Street Austin TX 78703	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

the named insured and the certificate holder that requires such wording.

The General Liability policy contains a blanket waiver of subrogation endorsement that may apply only when there is a written contract between the named insured and the certificate holder that requires such wording.