

TICONDEROGA CENTRAL SCHOOL DISTRICT

5 CALKINS PLACE
TICONDEROGA, NY 12883

USE OF FACILITIES - INSURANCE AGREEMENT

1. Notwithstanding any terms, conditions or provisions, in any other writing between the parties, the facility user hereby agrees to effectuate the naming of the District as an Additional Insured on the facility user's insurance policies, except for workers' compensation and N.Y. State Disability insurance.
2. The policy naming the District as an Additional Insured shall:
 - a. Be an insurance policy from an A.M. Best A- rated or better insurer, licensed to conduct business in New York State. A New York licensed and admitted insurer is strongly preferred.
 - b. State that the organization's coverage shall be primary and non-contributory coverage for the District, its Board, employees and volunteers including a waiver of subrogation in favor of the District for all coverages including workers compensation.
 - c. Additional insured status for General Liability coverages shall be provided by standard or other endorsements that extend coverage to the District (CG 20 26) or equivalent. A completed copy of the endorsements must be attached to the Certificate of Insurance to include General Liability, Auto Liability (where applicable) and Umbrella/Excess coverages.
3. The facility user agrees to indemnify the District for applicable deductibles and self-insured retentions.
4. Minimum Required Insurance:
 - a. **Commercial General Liability Insurance**
\$1,000,000 per Occurrence/ \$2,000,000 Aggregate, **with no exclusions for Athletic Participants**
\$2,000,000 Products and Completed Operations
\$1,000,000 Personal and Advertising Injury
\$100,000 Fire Damage
\$10,000 Medical Expense
 - b. **Automobile Liability (*When an organization's vehicle is brought onsite*)**
\$1,000,000 combined single limit for owned, hired, borrowed and non-owned motor vehicles.
 - c. **Workers' Compensation and NYS Disability Insurance (*For Organizations with Employees*)**
Statutory Workers' Compensation (C-105.2 or U-26.3); and NYS Disability Insurance (DB-120.1) for all employees. Proof of coverage must be on the approved specific form, as required by the New York State Workers' Compensation Board. ACORD certificates are not acceptable. A person seeking an exemption must file a CE-200 Form with the state. The form can be completed and submitted directly to the WC Board online.
 - d. **Umbrella/Excess Insurance**
General Use
\$2 million each Occurrence and Aggregate. Umbrella/Excess coverage shall be on a follow-form basis or provide broader coverage over the required General Liability coverages.
5. The facility user acknowledges that failure to obtain such insurance on behalf of the district constitutes a material breach of contract and subjects it to liability for damages, indemnification, and all other legal remedies available to the district. The facility user is to provide the District with a certificate of insurance, evidencing the above requirements have been met, prior to the event.