Rye Neck Schools

310 Hornidge Road
Mamaroneck, NY 10543
P: 914-777-5200 F: 914-777-5201

APPLICATION FOR USE OF DISTRICT FACILITIES

Completed application and all required insurance must be received by the business office at least three weeks before the event.

Today's date:_____ Date(s) requested: _____

Building(s) requested _____Room(s):_____

Name of organization or individual: _____

Grade(s) attending: _____ Time: _____ to: _____

Supervisor in charge: _____

Email address: _____ Cell phone: _____

Purpose of use of facilities: _____

_____

Total participants expected Adults: _____ Children: _____
Is equipment required? (Please check one) Yes _____ No _____

If "Yes", state what type of equipment and for what purpose (example: tables, chairs, speakers, etc.):

_____

_____

Number of overtime custodians/groundsmen requested: _____
Duties to be performed: _____

_____

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Number of security staff requested: _____

Duties to be performed: _____

INDEMNIFICATION AGREEMENT

_____does covenant and agree to defend(with counsel of the Rye Neck
(*Name of facility user*)
School District's choice), indemnify and hold harmless the Rye Neck Union Free School District, its' Board, employees and volunteers from and against any and all liability, loss, damages, claims or actions (including costs and attorney's fees) for bodily injury and/or property damage, to the extent permissible by law, arising out of or in any way connected with the actual or proposed use of or access to Rye Neck Union Free School District property, facilities and/or services, including but not limited to bodily injury to any employee, invitee, guest, spectator, contractor or subcontractor of
_____.
(Name of facility user)
_____understands and agrees that its use of or access to
(*Name of facility user)*
Rye Neck Union Free School District's property and facilities includes, but is not limited to, all areas identified in the application and/or permit, and sidewalks, walkways, parking lots, entrances, stairs, and all other areas incidental to and/or connected with the use of the premises (hereinafter referred to as "incidental areas").
_____agrees that its indemnity and insurance obligations extend
(*Name of facility user*)
to the areas identified in the application and/or permit and any all incidental areas.

The undersigned has the actual authority to legally bind the organization(s) or individual(s) requesting use of facilities.

_____ _____
Signature of Organization's Representative Date

_____
Organization's Representatives Email and Telephone Number

_____ _____
Signature of Principal/Administrator Date

_____ _____
Signature of Superintendent Date

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FACILITY USE REQUIREMENTS

The use of all District facilities shall be subject to the approval and rules of the Board of Education administered by the Building Principal or other Board designee.

1. Organizations wishing to use District facilities shall first apply to the building Principal/Athletic Director on the prescribed form. The Superintendent or designee has final authority on approval.
2. **Organization must notify the building custodian (listed below) no later than one hour in advance of field usage if the organization is canceling for part or all of a day. Failure to do so will result in the organization being billed for any related custodial overtime.**
3. In the event of inclement weather, the Superintendent or designee has the final authority on whether facilities are usable.
4. Intoxicants shall not be brought onto District facilities at any time.
5. All posted rules must be adhered to.
6. Profanity, objectionable language, disorderly acts or illegal activities of any kind are absolutely prohibited, and those violating this prohibition will be ejected from the premises.
7. Any damage to District facilities shall be promptly repaired at the user's expense. No Exceptions. If maintenance personnel are not available, ensure all doors are locked and lights are turned out when leaving.
8. Organizations using the facilities must clean-up afterwards.
9. Permits may be revoked at any time.
10. Any organization with youth under 18 years old requires the presence of adequate adult supervision at all times.
11. The fee for use, if applicable, is payable before use begins.
12. The emergency telephone number for police and fire is 911.
13. Smoking, use of tobacco products or e-cigarettes is not allowed on District property.
14. Facilities are not available if in conflict with school use. No unauthorized vehicles are allowed on school property. No field or building alterations (lining of fields or gymnasiums, erecting permanent goal posts or structures, etc.) are allowed without written prior approval.
15. The District does not discriminate on the basis of race, color, national origin, physical impairment, gender, gender identity, or sexual orientation in its educational programs or employment services.
16. Prior to the start of the event, an announcement should be made to your group regarding emergency evacuation procedures. For example, pointing out posted procedures, directions for exiting, how to respond to a fire alarm, etc.
17. In the event of an accident, please notify the custodian on duty and immediately e-mail Carolyn Mahar at cmahar@ryeneck.org.

Senior Custodians:
High/Middle School – Stephen Mcloughlin 914-309-2350
F E Bellows School – Joe Quintero 914-497-0948
Daniel Warren School – Bobby Scatenato 914-482-5832

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INSURANCE REQUIREMENTS

PLEASE show this insurance section to your insurance company to ensure that the proper insurance requirements are issued.

All facility users must provide the following insurance prior to using facilities. **FAILURE TO DO SO PRIOR TO USE WILL RESULT IN REVOCATION OF YOUR PERMIT:**

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 Rye Neck UFSD (District), 310 Hornidge Rd., Mamaroneck, NY 10543, as an Additional Insured on the user's policies, except for workers compensation and NY State Disability Insurance.

2. The policy naming the Rye Neck UFSD, as an additional insured shall:

   a. Be an insurance policy from an A.M. Best A- rated or better, 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 coverage 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 any applicable deductibles or 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. **<u>Automobile Liability</u> (when an organization's vehicle is brought onsite)**
$1,000,000 combined single limit for owned, hired, borrowed and non-owned motor vehicles.

c. **<u>Workers' Compensation and NYS Disability Insurance</u> (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 with this link: http://www.wcb.ny.gov/content/ebiz/wc_db_exemptions/requestExemptionOvervie w.jsp

see step-by-step instructions attached to apply for CE-200

d. **<u>Umbrella/Excess Insurance</u>**
General Use
$1 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.
Fun Days with Inflatables/Other Inflatable
Use Events $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
Organized Athletic Leagues
$3 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.
Athletic/Recreational Camps
$5 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.
Carnivals and Firework Displays, etc.
$10 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 before the event.

NEW YORK STATE OF OPPORTUNITY. Workers' Compensation Board

Certificate of Attestation of Exemption

Instructions for obtaining and filing a Certificate of Attestation of Exemption from Workers' Compensation and/or Disability and Paid Family Leave Benefits (CE-200) through New York Business Express

Follow these steps:

1. Go to **businessexpress.ny.gov**.
2. Select Log in/Register in the top right-hand corner. A NY.gov Business account is required.
3. If you do not have a NY.gov business account, go to step 4 to set up your account.
   If you have a NY.gov log-in and password, go to step 16.
4. Select Register with NY.gov under New Users.
5. Select Proceed.
6. Enter the following:
   - First and Last Name
   - Email
   - Confirm Email
   - Preferred Username (check if username is available)
7. Select I'm not a robot.
   - You may have to complete a Captcha Verification before proceeding.
8. Select Create Account.
   - If you already have a NY.gov account, the screen will display your existing accounts, either Individual or Business.
   - Do one of the following:
     - If the account(s) shown is a NY.gov Individual account, select Continue.
     - If the account(s) shown is a NY.gov Business account, select Email Me the Username(s).
9. Verify that the account information is correct.
   - Select Continue.
10. An activation email will be sent.
    - If you do not receive an email, see the No Email Received During Account Creation page.
11. Open your activation email and select Click Here.
    - Specify three security questions.
    - Select Continue.
12. Create a password (must contain at least eight characters).
13. Select Set Password. You have successfully activated your NY.gov ID.
14. Select Go to MyNy.
    - At the top of the screen select Services.
    - Select Business.
    - Select New York Business Express.
    - Select Log in/Register.
15. On the New York Business Express home page, do one of the following:
    - Scroll down to Top Requests and select Certificate of Attestation of Exemption, or
    - Search Index A-Z for *CE-200*.
16. Under How to Apply:
    - Select Apply as a Business, or
    - Select Apply as a Homeowner (applies to those obtaining permits to work on their residence).
17. Complete application screens.
18. Review Application Summary.
19. Attest and submit.

You will receive an email when your certificate has been issued.

To view your certificate:
- Select **Access Recent Activity** from your email, or
- Access **businessexpress.ny.gov**, and then access your **Dashboard** (under your login name on right).

Print and sign the *Certificate of Attestation of Exemption*.

Submit your *CE-200* for your license, permit or contract to the issuing Agency.

businessexpress.ny.gov

Questions? Call the NYBE Contact Center: (518) 485-5000

WCB-Exemption-Instr-4-v2.2-19