



Events Questionnaire

All contracts must have a minimum of 2 weeks lead time to coordinate all appropriate District staff. You must also take into account District breaks in your lead time.

[After school/recess dates/weekend events]: Contact Facilities at facilityrentals@susd.org or 480-484-8502 **[Daytime events]:** Julie Anderson at julieanderson2@susd.org or 480-484-6154

For the safety and security of students and faculty, outside user organization events cannot be held on a school campus during normal operating hours. This exception does not apply to Parent Teacher Organizations participating and supporting school activities.

School: _____ School Contact: _____ Date of Event: _____

Name of Person Completing Questionnaire: _____ Title: _____

Phone Number: _____ Email Address: _____

Purpose of your event: _____

1. Will you be using outside vendors (food trucks, DJs, etc.) on District property? Yes ___ No ___

If Yes, per District policy, all vendors must provide a certificate of insurance (COI). The COI must be submitted with your rental contract. Please list all vendors participating in your event:

2. Will you be using a vendor for inflatables (bounce houses, carnival games, etc.)? Yes ___ No ___

Vendor's Name (also requires a COI): _____

If Yes, please initial that you have read the **Guidelines for Planning Events**, are aware of and understand the restricted items, including the height requirements for inflatables with components **over 10 feet [not permissible on SUSD property]**. Initial: _____

3. Are you using a field that is normally scheduled by the City of Scottsdale? Yes ___ No ___

If Yes, please initial that you have approval from the City/ Efrain Enriquez, 480-312-7968. Initial: _____

4. Will you be purchasing your own food or beverages to serve at your event? Yes ___ No ___

If Yes, what will you be serving, and how will you be keeping food/beverages hot and/or cold? _____ / _____

If items are not individually pre-packaged, please provide the food handlers card for the individual(s) serving the food items.

5. Will the PTO/Boosters be holding a game of chance (Bingo, Raffle, etc.)? Yes ___ No ___

If Yes, please advise what you are planning: _____

6. Will your event include a petting zoos/animals? Yes ___ No ___

If Yes, please initial that you have read the following statement: Petting zoos may only bring the following small animals on campus: goats, sheep, bunnies, pullets, hens, and exotic ducks. No pigs are allowed. No large animals are allowed, including but not limited to servals, llamas, horses, ponies, and cows. For obvious health reasons, no kissing of any animals is allowed. Any exceptions must be approved in writing by Julie prior to reserving, ordering or purchasing with the vendor. Initial: _____

7. Will you be showing a movie? Name of Movie: _____ Yes ___ No ___

You must have a movie license for each and every movie you show. See the [iDrive/Legal](#) for information on how to obtain a movie license. **You may not advertise you are showing a movie until your license has been obtained and submitted. Your event will not be approved until your license has been submitted.**



Sample of a Certificate of Insurance (COI)

1. **Insured** – Name of insured should match Name of Renter on the rental contract (or “DBA” the renter’s name).
2. **Addl Insr** – Additional Insured--this column must have a “Y” or “X” to indicate SUSD has been added as an additional insured on the policy.
3. **Policy Exp.** – This date should reflect those specified on the contract, the current academic year from July 1 through June 30 of the following year, or the date of your event.
4. **Limits** – The District requires \$1M General Liability per occurrence and \$100K for Rented Premises/Fire.
5. **Description** – List the specific agreement or activity taking place at the District.
6. **Certificate Holder** – SUSD 8500 E Jackrabbit Rd. Scottsdale, AZ 85250 should only be listed (not your specific school). This cannot be blank.

OP ID: BS

DATE (MM/DD/YYYY)
10/03/2017

ACORD **CERTIFICATE OF LIABILITY INSURANCE**

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 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	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL: ADDRESS: PRODUCER CUSTOMER ID #:	FAX (A/C, No):
INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
①	INSURER A:	
	INSURER B:	Y
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

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	ADDITIONAL INSURED	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY ☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR	X		10/03/2017	10/03/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/POD AGG \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PROJ ☐ LOC					
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ ALL OWNED AUTOS ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ☐ NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (PER ACCIDENT) \$ \$ \$
	UMBRELLA LIAB ☐ OCCUR EXCESS LIAB ☐ CLAIMS-MADE					EACH OCCURRENCE \$ AGGREGATE \$ \$
	DEDUCTIBLE \$ RETENTION \$					
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NF)	Y/N	N/A			WC STATUS ☐ TOTL ☐ ER
A	Abuse/Molestation			10/03/2017	10/03/2018	E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ 100,000

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

⑤

CERTIFICATE HOLDER ⑥ Scottsdale USD 7575 E Main St Scottsdale, AZ 85251	CANCELLATION 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
--	--

© 1988-2009 ACORD CORPORATION. All rights reserved.