<u>Application for School Facilities</u>
Submittal of this form in no way constitutes approval of this request

| Please PRINT or TYPE | | | | | | | |
|---|---|---|----------------------------------|----------------------|-------|-----------|--|
| Building Name Liberty | Room/Field Requested Foctor (Comes Application Date 10/20114 | | | | | | |
| Reservation Date(s) 6126/19 - 6/27/15 Day of Week Fr Swfwlw/ Start Time 7 am - 6/26 End Time | | Reservation Date(s) b 1 20 / 15 Day of Week Saturaly Start Time Z 00 pm End Time C m 1 4 4 | | Reservation Date(s) | | | |
| | | | | Day of Week | | | |
| | | | | Start Time | | | |
| | | | | End Time | | | |
| - 8 m 61 | 129 | _ 810 | 0 1/1 | | | | |
| Requested by Loke S | | LPS Employee? Yes□ No ☑ | | | | | |
| E-Mall Address luke. See Canceriorg | | | Phone 816-218-72 | 75 cell 816-839-0220 | | | |
| Address 1100 Panylvania Ave | | | city KC | | st MO | zip 64105 | |
| Organization Name Angricum Cancor Saloty | | | Name of Event Relay For Life | | | | |
| Number Attending 500 -600 | | | Admission Charge | | | | |
| Special Arrangements | | | | | | | |
| My signature acknowledges that I have read, understand, and adhere to the rules and regulations adopted by the Liberty Board of Education regarding the facilities listed above and owned by the Liberty Public School District #53 (LPS). I also agree to be responsible for any damage to the building or contents, caused by members, their guests, or other persons attending the above listed event. | | | | | | | |
| (Signature) | | | | | | | |
| A VALID CERTIFICATE OF LIABILITY INSURANCE MUST ACCOMPANY THIS APPLICATION | | | | | | | |
| Insurance Certificate: The Certificate of Insurance must name Liberty Public School District # 53, 650 Conistor, Liberty, MO. 64068 as the insurance certificate holder and Liberty Public Schools must be listed as additional insured. The insurance coverage must be in the amount of one million dollars. | | | | | | | |
| Schools will not be available for use on holidays, teacher staff development days or in times of inclement weather. | | | | | | | |
| Gym use during the summer is generally limited to daytime hours. | | | | | | | |
| Organizations will be invoiced after the event occurs. The full amount is due upon receipt of the invoice, | | | | | | | |
| LPS must have at least 48 hours notice if an event is cancelled. In the event of a cancellation, notify the building where the event was scheduled. If LPS is notified of the cancellation, there will be no charge. If the event is cancelled and the organization falls to notify LPS, the full amount will be charged | | | | | | | |
| You MUST call the Nutritional Services Department to request use of kitchens. 736 - 5875 | | | | | | | |
| LPS reserves the right to alter and or cancer dates of arrangement not less than five days in advance in order to allow for school-related activities. | | | | | | | |
| Principal / Director Approval: Am March Date: 1/5/15 | | | | | | | |
| District Administrator Approval: Date: | | | | | | | |
| Billing Information (District Use Only) | | | | | | | |
| Utilitles | Hours; | \$12 per hour | | | \$ | | |
| Custodial Personnel | Hours: | \$5 per hour (dur | | | \$ | | |
| Custodial Personnel | Hours: | \$25 (weekends a | nd when school is not in session | n) | \$ | | |
| Miscellaneous Fees | | | | | \$ | | |
| Fields | Hours: | \$10 per hour | | | \$ | | |
| TOTAL | | | | | \$ | | |



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/17/2014

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). CONTACT Alexander Mortimer PRODUCER Commercial Lines - (404) 923-3700 PHONE (A/C, No, Ext): 404-923-3732
E-MAIL slevander mor FAX (A/C, No): 877-362-9069 Wells Fargo Insurance Services USA, Inc. alexander.mortimer@wellsfargo.com 3475 Piedmont Road NE, Suite 800 NAIC # INSURER(S) AFFORDING COVERAGE 20281 Atlanta, GA 30305-2886 Federal Insurance Company INSURER A: INSURED INSURER B : American Cancer Society, Inc. INSURER C: 250 Williams Street INSURER D: INSURER E: Atlanta, GA 30303 INSURER F CERTIFICATE NUMBER: 8407327 REVISION NUMBER: See below COVERAGES 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. POLICY EFF POLICY EXP ADDL SUBR LIMITS TYPE OF INSURANCE POLICY NUMBER 1,000,000 EACH OCCURRENCE COMMERCIAL GENERAL LIABILITY 9/1/2014 9/1/2015 35943463 A DAMAGE TO RENTED PREMISES (Ea occurrence) 300,000 CLAIMS-MADE X OCCUR 2,500 MED EXP (Any one person) 1,000,000 PERSONAL & ADV INJURY \$ 25,000,000 GENERAL AGGREGATE \$ GEN'L AGGREGATE LIMIT APPLIES PER: 2,000,000 PRODUCTS - COMP/OP AGG \$ JECT X POLICY OTHER: COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY BODILY INJURY (Per person) ANY AUTO BODILY INJURY (Per accident) ALL OWNED SCHEDULED AUTOS NON-OWNED PROPERTY DAMAGE (Per accident) HIRED AUTOS AUTOS EACH OCCURRENCE UMBRELLA LIAB OCCUR AGGREGATE **EXCESS LIAB** CLAIMS-MADE RETENTION \$ DED STATUTE WORKERS COMPENSATION AND EMPLOYERS' LIABILITY
ANY PROPRIETOR/PARTNER/EXECUTIVE
OFFICER/MEMBER EXCLUDED? E.L. EACH ACCIDENT NIA E.L. DISEASE - EA EMPLOYEE (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Re: Relay for Life of Liberty / Liberty High School / June 26-27, 2015 Certificate holder is included as an additional insured in accordance with the terms and conditions of the general liability policy. CANCELLATION CERTIFICATE HOLDER SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE Liberty Public Schools THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. Attn: Trica Middleton 200 Blue Jay Drive Liberty, MO 64068 AUTHORIZED REPRESENTATIVE

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