

## ***USE OF FACILITIES***

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/BOCES 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/BOCES 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/BOCES, its Board, employees and volunteers including a waiver of subrogation in favor of the District/BOCES 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/BOCES (CG 20 26) or equivalent. The decision to accept an endorsement rests solely with the District/BOCES. 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/BOCES 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**

\$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.

**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/BOCES 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.