



Building and Pool Rental Application

City School District of Albany
 Kathy Futia, Coordinator
 33A Essex St., Albany, NY 12206
 Phone: (518) 475-6161 Fax: (518) 475-6162



Full payment and proof on insurance is required no later than ten (10) days prior to the date of the event. If the activities run longer than planned, the District will follow-up with an invoice for any outstanding balance.

Liability insurance is required as outlined on page 4, Selection Process and Insurance Requirements section.

Applications for use are required 30 days in advance. It is recommended that use for the spring, summer, and fall seasons should be submitted no earlier than February 1st or later than February 28th of the calendar year.

Organization Name: _____
 Contact Name: _____ Contact Person at Event: _____
 Phone: (home) _____ (work) _____ (cell) _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Email: _____ Estimated Attendance: _____
 Are you charging admission? _____ Admin. Fee Charged: _____

Activity (Include time requested for set-up and cleanup.)	Date	Day	Start Time	End Time	Total Hours

Facility Desired: (1st Choice) _____ (2nd) _____ (3rd) _____

Equipment/Special Request(s): _____

HOURLY RATES

Basic Hourly Rate Charge - \$60.00/Hour.

This fee may be waived for programs and events exclusively serving students of the City School District of Albany when the building is already scheduled to be open.

Additional charges are applicable for the following items, rates are hourly per staff member assigned:

___ Audio Visual Staff (set-up and equipment rental)	\$40/Hour
___ Custodial Staff (waived if building is scheduled to be open)	\$40/Hour
___ Food Service Staff \$25/Hour ___ Lifeguard Staff \$25/Hour	
___ Security Staff	\$40/Hour
___ Supervisory Staff	\$40/Hour
___ Technical Staff (District staff required to operate lights, score boards, and sound)	\$35/Hour
___ Auditorium Space	\$15/Hour ___
Gymnasium Space	\$15/Hour ___
Outdoor Space	\$15/Hour ___
Swimming Pool Space (District provided or preapproved life guard)	\$25/Hour

Please indicate above the number of staff and space that you are requesting.

For District Use Only:

Date Received: _____ Group # _____ Approval # _____

Notifications

Use Dates Approved: _____ Director: _____

Rental Fee: _____ Building Principal: _____

Insurance Certificate Received: _____ Director of Security: _____

Director of Bldg. & Grounds: _____
Building Head Custodian: _____

Building and Pool Use Rules

All applicants must review District Policy 1500 prior to submitting the application. All applications must be signed by an authorized agent of the group or organization requesting use. The applicants signature the application shall attest to the group or organization's intent to comply wit all Board policies and regulations and to use District facilities strictly in accordance with the use described in the application. Additionally, the following items are prohibited.

1. Animals
2. Burning materials of any kind
3. The use of sharp objects
4. Profane language, boisterous behavior, or other objectionable behavior is prohibited

I have read the rules relating to building use.

Signature: _____ Date: _____

Definition of Groups for Selection Process

Group I District Related Groups

Examples: School sponsored teams, intramurals, PTA, Booster Clubs

Group II Albany Community Based Groups

Example: Student and adult recreational groups, local town events, YMCA, PAL
(Must have at least **75%** of home team participates residing in Albany School District)

Group III Non-residents

Examples: Recreational groups, towns and other agencies, not located within Albany boundaries. (Colleges are in this group)

Availability, Selection Process and Insurance Requirements

The Board of Education recognizes that the buildings and grounds are a valuable community resource and believes that this resource should be available to the community for specific uses that will not interfere with educational activities or disrupt district operations such as renovation or maintenance.

The district reserves exclusive and non-reviewable judgment to determine if a requested use would interfere with or disturb the district's educational programs or operations, or be difficult to schedule adequate staffing, and if so to deny the request.

The requests for field usage will be reviewed and approved with preference given to Group I, Group II, and Group III, respectively. A preference will also be given to student groups. Submittals will be reviewed with preference to the Groups in the order given above, student groups and the date of the submission.

A liability policy naming the City School District of Albany as an additional insured, in the amount of one million dollars (\$1,000,000.00) for personal injury, and two hundred and fifty thousand dollars (\$250,000.00) for property damage, must be forwarded to the Facilities Use Coordinator at the above address upon receiving approval of this application.

Revised: 7/19/2018



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/22/2019

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 have ADDITIONAL INSURED provisions or 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 Bears Insurance Agency, 670 Pleasant Street Brookton MA 02301	CONTACT NAME: WASHWILLIAMS	INSURER(S) AFFORDING COVERAGE	NAIC #
	PHONE (A/C, No. Ext): (508) 500-2400	FAX (A/C, No.): (508) 500-2700	
	E-MAIL ADDRESS: WILLIAMS@BARSINSURE.COM		
INSURED	INSURER A: AmCoast Insurance Company		
	INSURER B: Ammerico Insurance		
	INSURER C: Am American Insurance Company		
	INSURER D: Travelers Insurance Company		
	INSURER E:		

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 I TR	TYPE OF INSURANCE	ADDL SUBR INSR I WCD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	<input checked="" type="checkbox"/>		07/02/2019	07/02/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea. occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ INCL GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY			07/02/2019	07/02/2020	COMBINED SINGLE LIMIT (Ea. accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ INCL
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED. RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NY) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	09/19/2018	09/19/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER EL EACH ACCIDENT \$ 1,000,000 EL DISEASE - EA EMPLOYEE \$ 1,000,000 EL DISEASE - POLICY LIMIT \$ 1,000,000
C	Errors & Omissions			07/02/2019	07/02/2020	Each Claim Limit 2,000,000 Aggregate Limit 4,000,000 Retention 5,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required):
City School District of Albany, its officers, employees, and assigns shall be named as additional insured parties on a primary and non-contributory basis on the general liability.

CERTIFICATE HOLDER	CANCELLATION	AT 040322
City School District of Albany 1 Academy Park Albany NY 12207	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 	