



BEDFORD CENTRAL SCHOOL DISTRICT
THE FOX LANE CAMPUS □ P.O. BOX 180
MOUNT KISCO, NEW YORK 10549
2019-2020

Dear Prospective Applicants,

Please be advised that use of facilities in the Bedford Central School District is contingent upon compliance with the following insurance requirements and receipt of the following documents. **Failure to do so prior to use will result in revocation of your permit.**

- A. The Applicant hereby agrees to name the District an additional insured on the Applicant's policy.
- B. The policy naming the District as an additional insured shall:
- ❖ be an insurance policy from an A.M. Best-rated "Secure" or better insurer, licensed in New York State;
 - ❖ state that the Applicant's coverage shall be primary and non-contributory coverage for the District, its Board, employees, and volunteers;
 - ❖ **list the District as an additional insured using endorsement CG2026 or equivalent. A completed copy of the endorsement must be attached to the certificate of insurance; A description of what you will be doing at this event must be on the Certificate of Insurance as well as the following language: Bedford Central School District is named as an added insured on a primary and non-contributory basis.**
 - ❖ At the District's request, the Applicant shall provide a copy of the declaration page of the liability and umbrella policies with a list of endorsements and forms.
- C. The Applicant agrees to indemnify the District for any applicable deductibles and selfinsured retentions;
- D. Required Insurance:
Commercial General Liability Insurance - \$1,000,000 per occurrence/\$2,000,000 aggregate;
- E. Applicant 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 user is to provide the District with a certificate of insurance, evidencing the above requirements have been met. The failure of the District to object to the contents of the certificate or the absence of same shall not be deemed a waiver of any and all rights held by the District.

Please complete all forms and return them with your Certificate of Insurance to:

Lisa Cocomello
Secretary to School Administrator
Business Office
Telephone: (914) 241-6177
E-mail address: facilityuse@bcsdny.org