

	<b>Lakeview Public Schools</b> <b>R.H. Schaublin Auditorium</b> <b>Facility Use Request</b>	<b>Date Submitted:</b> <u>6-13-18</u>
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All individuals and organizations should use this form for requests. Please use a separate form for each event.

Organization/Individual Requesting Space St. Isaac Jogues Catholic School

Contact Name: Carolyn Maniaci E-mail: Cmaniaci@Saintisacjogues.com

Address: 21100 Madison Phone: 586-771-3525

City, State, Zip: S.C.S., MI 48081 FAX: 586-778-8183

Event: <u>Christmas Concert</u>	Time Requested
Date Requested: <u>Dec. 17, 2018</u>	Set-up start time: <u>5:00</u>
	Event start time: <u>6:30</u>
Estimated Attendance: <u>350</u>	Event end time: <u>8:00</u>

Facility to be used: (Check all that apply)

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Auditorium w/Dressing Rooms & Lobby | <input type="checkbox"/> Band Room          |
| <input type="checkbox"/> Room A19                                       | <input type="checkbox"/> Choir Room         |
| <input type="checkbox"/> Commons (Hall between lobby and A19)           | <input type="checkbox"/> Classroom(s) _____ |

Equipment Requested	Count	Comments
Chairs	20	for band students - quality may change
Tables		
Microphones	2	
Follow Spot(s)	2	
LCD Projector		
Mirror Ball		
Fog Machine		
Sound Shell		
Risers	3	
Podium		
Upright/Grand Piano		
Other		

Approved     Denied    Building Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

Auditorium Manager: \_\_\_\_\_ Date: \_\_\_\_\_

ST. ISAAC JOGUES 12-17-18 LABOR ONLY

- Any non-district event user, person(s), group(s), or organization(s) are required to have Comprehensive General Liability Insurance coverage, in amounts not less than \$1 million, for any liability for injury or damage to property, in effect during their entire use of the facility. Licensee must obtain an endorsement to its liability insurance policy naming Lakeview School District, its employees, officers, and directors as additional insured's under the policy and insuring Licensee's obligation under this Agreement, and must provide the auditorium manager with a copy of such endorsement as well as a certificate of insurance at least forty-eight (48) hours prior to the set up date. LAKEVIEW SCHOOL DISTRICT WILL CANCEL EVENTS WITHOUT THE PROPER INSURANCE ON FILE.
- Written notification of cancellation must be received at least 5 business days prior to the event date. Failure to do so will result in forfeiture of deposit
- Within one week of completion of an event, a final invoice will be sent to the Licensee. Payment is due within 30 days of the date of the final invoice. Any past due invoices are subject to a finance charge.
- When the Lakeview School District is closed due to inclement weather conditions, the auditorium is closed for use. Please listen to WWJ, CKLW, and WJR radio stations for school closings. In the event of emergencies, administration will determine the availability of the facility.
- **NO SMOKING IS ALLOWED.** Lakeview District Schools are, by law, "Drug Free School Zones." Use of tobacco products and alcohol beverages are prohibited on school grounds and within 500 feet of school property (includes school parking lots). Use or possession of illegal and controlled substances within the drug free zone will carry additional penalties under the law. Abuse of this law will also cause eviction and loss of Facility Use.
- **HEALTH AND FIRE REGULATIONS MUST BE FOLLOWED.** Pulling a false fire alarm or placing a false 911 call will be reported to the St Clair Shores Police Department for arrest and prosecution. Fines may be incurred to cover the costs of dispatching emergency vehicles.

I, the undersigned, do affirm that I have read the regulations pertaining to the use of Lakeview High School's R.H. Schaublin Auditorium and it's facilities and hereby agree to comply with the rules and regulations of the Lakeview School District governing the use of such facilities and further agree to be responsible for any damages that may occur to the facilities during such use. I understand that any charges are to be paid in advance or upon presentation of an invoice.

Signature Carolyn Maniaci Date: 6-14-18

Q Approved      d Denied      Building Administrator \_\_\_\_\_

Date: .

Auditorium Manager \_\_\_\_\_

Date: \_



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/4/2018

**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).**

<b>PRODUCER</b> Arthur J. Gallagher Risk Management Services, Inc. 300 Ottawa NW, Suite 301 Grand Rapids MI 49503	<b>CONTACT NAME:</b> PHONE (A/C, No., Ext): 616-233-0910      FAX (A/C, No): 616-233-0923 E-MAIL ADDRESS:  <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;">INSURER(S) AFFORDING COVERAGE</td> <td style="text-align: center; border: none;">NAIC #</td> </tr> <tr> <td style="border: none;">INSURER A : Princeton Excess &amp; Surplus Lines Ins Co</td> <td style="border: none;">10786</td> </tr> <tr> <td style="border: none;">INSURER B : Safety National Casualty Corporation</td> <td style="border: none;">15105</td> </tr> <tr> <td style="border: none;">INSURER C :</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">INSURER D :</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">INSURER E :</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">INSURER F :</td> <td style="border: none;"></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Princeton Excess & Surplus Lines Ins Co	10786	INSURER B : Safety National Casualty Corporation	15105	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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<b>INSURED</b> Michigan Catholic Conference ST ISAAC JOGUES, ST CLAIR SHORES 1452 510 S. Capitol Ave. Lansing MI 48933															

**COVERAGES**      **CERTIFICATE NUMBER: 434860013**      **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	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			N2-A3-EX-0000006-05 R2A3FF000000915	7/1/2018 7/1/2018	7/1/2019 7/1/2019	EACH OCCURRENCE
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		\$ 10,000,000				
	<input checked="" type="checkbox"/> Add'l Ins Form#		DAMAGE TO RENTED PREMISES (Ea occurrence)				
	<input checked="" type="checkbox"/> PESFG1161 01/05		\$				
GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:							MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ Included GENERAL AGGREGATE \$ 10,000,000 PRODUCTS - COMPOP AGG \$ 10,000,000 \$
A A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY			N2-A3-EX-0000006-05 R2A3FF000000915	7/1/2018 7/1/2018	7/1/2019 7/1/2019	COMBINED SINGLE LIMIT (Ea accident)
	<input checked="" type="checkbox"/> ANY AUTO		\$ 10,000,000				
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		\$				
<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$							BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ EACH OCCURRENCE \$ AGGREGATE \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			SP4056930	7/1/2017	7/1/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A A	Misc Professional Liability Dir & Off/Counselors E&O Claims Made Retro Date			N2-A3-EX-0000006-05 R2A3FF000000915	7/1/2018 7/1/2018	7/1/2019 7/1/2019	Occ/Claims Made Aggregate 7/1/1985 \$10,000,000 \$10,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**\*\*LIMITS ARE INCLUSIVE OF DEFENSE & INSURED RETENTION\*\***  
 CERTIFICATE HOLDER NAMED ADDITIONAL INSURED REGARDING GENERAL LIABILITY PER FORM PESFG1161 01/05 FOR  
 USE OF FACILITIES FOR CHRISTMAS CONCERT ON DECEMBER 17, 2018

<b>CERTIFICATE HOLDER</b>  LAKEVIEW HIGH SCHOOL AUDITORIUM 21100 EAST 11 MILE ROAD SAINT CLAIR SHORES MI .	<b>CANCELLATION</b>  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 
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