

Quasi Entities Application 2023/2024 Fund YearGeneral Liability Insurance Additional Insured Application for Board of Education Booster Clubs, Foundations and other affiliated entities

Sponsoring Board of Educa		
Name of Booster Club/Four	ndation	
Main Contact Person		
Address		
City	Zip Code	Email:
Phone #	Fax #	
ORGANIZATIONAL IN	FORMATION	
	nave its own General Liabilit	y Policy?
If yes, please provide	a certificate of insurance sho	owing full limits
and naming the spons	oring Board of Education as	an additional insured.
2. Does the entity employ	and staff directly?	
	y corporate sponsorship?	
4. Is the entity filed as a 50	01c3 of the Internal Revenue	· Code?
5. Estimated total revenue		
6. Is the entity involved w	ith any childcare activities?	
<u>*</u>	any activities where alcohol	is supplied?
• •	formally approved by the spo	
•	to any hold harmless agreement	
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ii yes, piease provide	details.	
		
Please list all activities plan	ned for the next 12 months.	
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Authorized signature is the	manan dasianatad ta maasiya	all notices from the Fund on their outhorized
representative concerning the	-	all notices from the Fund or their authorized
representative concerning ti	ie msurance.	
Authorized Signature	Date	
Name	Titl	e
Address		<u> </u>

QUASI ENTITY ATHLETIC GROUP SUPPLEMENTAL APPLICATION

I. GENERAL INFORMATION

Activ □		# of	# of	# of	# of Officials/
_	rity	Participants	Teams	Coaches	Umpires
_	Football				
Ц	Baseball				
	Soccer				
	Basketball				
	Field Hockey				
	Skiing				
	Volleyball				
	Ice Hockey				
	Track				
	Softball				
	La Crosse				
	Swimming				
	Cheerleading				
	Other				
Desci	nide:				
	riba safaty pragaution				
Desci	libe safety precaution	s taken for the safety o	f spectators:		
Are p	participants ever trans	s taken for the safety of ported to/from practice lease describe:	s or competitions l	by organization men	mbers?
Are p Yes [Are V	oarticipants ever transp ☐ No ☐ If Yes, p Waiver/Release or Co.	ported to/from practice	s or competitions l	by organization men	mbers?
Are pyes I Are V Pleas Does If so, insura Are a	Participants ever transparticipants ever transparticipants ever transparticipants or Co. If Yes, possible procedure the organization provide eviderance).	ported to/from practice lease describe: nsent Forms signed by and attach copy of form vide accidental medical nace of coverage (This is rtified? Yes Nor for the athletic group	participants? Yes n(s): insurance for part s mandatory in ord to be eligible for t	by organization med S	No □ roup to be eligible for
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