



Magnolia School District
 District Service Center
 10850 Berry Ave. Anaheim, CA 92804
 714-527-4525

APPLICATION AND PERMIT FOR USE OF DISTRICT FACILITIES

APPLICANT INFORMATION

Date of Application:	Completed Application must be submitted AT LEAST 15 DAYS prior to date of use		
Name of Person Submitting Application:	Name of Organization Applying for Use:		Non-Profit? <input type="checkbox"/> YES <input type="checkbox"/> NO (check one)
Address:	Address:		
City/Zip:	City/Zip:		
Phone:	Phone:		
Email:	Email:		

EVENT INFORMATION

Event/Activity Name:	K-6 th Usage Only? <input type="checkbox"/> YES <input type="checkbox"/> NO	No. of Attendees
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Detailed Description of Activity:

Is any admission fee or other monetary contributions collected for the activity? <input type="checkbox"/> YES <input type="checkbox"/> NO	If "yes", amount \$ _____	What is the purpose for the fee or monetary contribution?
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Will food be served? YES NO **Will food be sold?** YES NO If YES, Describe food served/sold:

For what purposes will the proceeds be used? _____

Does Applicant/Organization plan on using an ***Outside Vendor** or ****Equipment** (i.e. Food Trucks, Entertainment, Inflatables, etc.)?
 YES NO If YES, provide specifics (i.e. name of vendor, type of equipment, specific activity):

**Outside Vendor must also provide a Certificate of Insurance naming Magnolia School District as an Additional Insured (AI), and provide AI Endorsement. **Inflatable Bounce Houses are PROHIBITED; Inflatable Obstacle Courses are ACCEPTABLE*

Will flyers be distributed to advertise this event? YES NO (If yes, please attach a copy of the flyer, subject to approval by Ed Services)

Event to be held (check one):			Day(s) of the week event to be held (check days that apply):						
<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> OneTime	<input type="checkbox"/> Sunday	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday

Start Date	Ending Date	Arrival Time (for set-up) ____ <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Activity Start Time ____ <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Activity End Time ____ <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	End Time (for cleanup) ____ <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
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FACILITIES REQUESTED

SITE	<input type="checkbox"/> Baden-Powell	<input type="checkbox"/> Low	<input type="checkbox"/> Maxwell	<input type="checkbox"/> Salk	<input type="checkbox"/> Walter
	<input type="checkbox"/> Disney	<input type="checkbox"/> Marshall	<input type="checkbox"/> Pyles	<input type="checkbox"/> Schweitzer	<input type="checkbox"/> District Office
FACILITIES	<input type="checkbox"/> Multi-Purpose Rm	<input type="checkbox"/> Restroom(s) _____	<input type="checkbox"/> CBET Room	<input type="checkbox"/> Field	<input type="checkbox"/> Other:
	<input type="checkbox"/> *Kitchen	<input type="checkbox"/> Staff Dining Room	<input type="checkbox"/> D.O. Board Room	<input type="checkbox"/> Playground	
FURNITURE/ EQUIPMENT	# MPR Tables _____	# Benches _____	<input type="checkbox"/> P.A. System	<input type="checkbox"/> Projector/Screen	<input type="checkbox"/> SMARTBoard
	# Chairs _____	<input type="checkbox"/> Stage			

*Are kitchen facilities requested? YES NO If "yes", check items needed (*To open/use kitchen facilities, a Food Service staff member must be present, and there will be an additional charge to applicant/organization for kitchen use and staff over-time*)

Stove Ovens Sink/Dishwasher Cooking Utensils Silverware Trays

MSD USE ONLY _____ Booths (up to 10) _____ 8 ft. tables (rental) _____ Chairs (rental) _____ Portable Stage (\$175 min. charge)

Budget #:

REQUIRED CERTIFICATION:

- To the fullest extent permitted by law, Applicant shall defend, indemnify and hold harmless Magnolia School District (District) and its Board, officers, agents and employees, and volunteers against any and all claims, demands, losses, damages, court costs, attorney fees, expenses, or costs arising out of Applicant's use of District facilities.
- Attach a Certificate of Insurance verifying that the Applicant has general liability insurance applicable to bodily injury and property damage with a limit of liability of at least \$1,000,000 per occurrence, \$2,000,000 annual aggregate, and sexual abuse and molestation coverage with a limit of liability of at least \$2,000,000 per occurrence, \$3,000,000 minimum general aggregate. Attach a copy of an endorsement naming the District as an additional insured on the Applicant's general liability insurance policy for liability arising from Applicant's use of the District's premises, facilities and equipment (Refer to District Insurance Requirements form). Forms CG 2026 or CG 2011 or equivalent required. For purposes of the CG 2011 only, the Facilities Use Agreement shall be deemed to be a lease.
- Applicant hereby certifies that he has received and read the rules, regulations, conditions, terms and that he and the applicant which he represents, will abide by them and will conform to all applicable provisions of the Constitution and laws of California and to all other rules and regulations of the Board of Education and its authorized agents which may be communicated to the applicant and to the best of my knowledge the school property for use of which this application is hereby made will not be used for the commission of any crime or any act which is prohibited by law.
- Any use, by any individual, society, group, or organization for the commission of any act intended to further any program or movement the purpose of which is to accomplish the overthrow of the government of the United States by force, violence or other unlawful means shall not be permitted or suffered. Any individual, society, group, or organization which commits any act intended to further any program or movement the purpose of which is to accomplish the overthrow of the government by force, violence, or other unlawful means while using school property pursuant to the provisions of this chapter is guilty of a misdemeanor. Per Education Code Section 38135.

Signature of Applicant: _____ Date _____

DISTRICT USE ONLY	
APPROVAL	MOTF CHECKLIST
<input type="checkbox"/> Denied <input type="checkbox"/> Approved, subject to the following provisions: _____ _____ Fee: _____ Invoice attached <input type="checkbox"/> <input type="checkbox"/> Certificate of Insurance (COI) provided, naming Magnolia School District as Additional Insured, with proper coverage limits and Endorsements as stated above and on the "Insurance Requirements" form. The COI must be received in the Business Office 10 working days prior to the event. Other: _____ By: _____ Date: _____ <p style="text-align: center;">Facilities Signature</p> _____ Food Services, if applicable	-Date available <input type="checkbox"/> -Certificate of Insurance <input type="checkbox"/> -Emailed applicant <input type="checkbox"/> -Include invoice <input type="checkbox"/> -Emailed school <input type="checkbox"/> -Added to calendar <input type="checkbox"/> -Reminder for extra cust/pay <input type="checkbox"/> -Extra staff confirmed <input type="checkbox"/> -Received payment <input type="checkbox"/> -Work order <input type="checkbox"/> -Other _____ <input type="checkbox"/>

NO TOBACCO, ALCOHOL OR DRUG USE ON SCHOOL DISTRICT PREMISES



Magnolia School District

2705 W. Orange Avenue, Anaheim, CA 92804 • (714)761-5533

INSURANCE REQUIREMENTS

To Agencies/Individuals doing business with Magnolia School District, and/or for use of District facilities, please provide this list of insurance requirements to your Insurance Agent when requesting a Certificate of Insurance (COI).

Certificates of Insurance and Endorsements must include the following:

1. The General Liability certificate of insurance (COI) (Acord 25 or similar form) is to be issued by the third party's insurance company or broker (Producer), which reflects the District as the Certificate Holder and include the District's address.

Certificate Holder Information:

Magnolia School District
2705 W. Orange Avenue
Anaheim, CA 92804

2. The COI must cover the dates of the event/contract. Coverage must be in force for the complete term of the contract. If the coverage(s) expire during the term of the contract, the District must receive a new COI and Additional Insured Endorsement at least ten (10) days prior to the expiration of the policy(ies).
3. Insurer/Insurers Affording Coverage must maintain an A or better rating with A.M. Best.
4. The COI must include policy the number.
5. The COI must have the Commercial General Liability and Occurrence boxes checked, "Any Auto" under Automobile Liability checked, Workers' Compensation box must have "Statutory Limits" checked and \$1,000,000 limit for Employer's Liability for "Each Accident", "Disease - Ea Employee", and Disease - Policy Limit"
6. Description of Operations: A brief description of the event or activity, location and date(s).
7. An Additional Insured endorsement specifically naming the Magnolia School District and its Board Members, Officers, Employees, Agents, Consultants, Contractors, Representatives & Successors to and Assignees as Additional Insureds, or a blanket Additional Insured endorsement applicable "when required by written contract or agreement".
8. A Primary, Non-contributory endorsement in favor of the Magnolia School District and its Board Members, Officers, Employees, Agents, Consultants, Contractors, Representatives & Successors to and Assignees, or a blanket Primary, Non-contributory endorsement applicable "when required by written contract or agreement".

Required Limits:

The District has the right to re-evaluate the following limits to determine whether or not they are suitable based on the nature of the event/activity/contract.

General Liability:

\$1,000,000 minimum limit per occurrence \$2,000,000 minimum general aggregate

Sexual Abuse/Molestation (May be included under General Liability):

\$2,000,000 minimum limit per occurrence \$3,000,000 minimum general aggregate

Automobile Liability:

Personal transportation vehicles that are driven onto and parked on school property. The California State minimum requirements for private passenger vehicles:

\$15,000 injury/death to one person

\$30,000 injury/death to more than one person

\$5,000 damage to property

Commercial vehicles that are used to provide services (Food Services):

\$1,000,000 minimum limit per occurrence

Workers' Compensation and Employers Liability:

Proof of Workers' Compensation coverage with statutory limits is required if the vendor/consultant has employees.

Insurance Options:

If the Vendor/Contractor is a Sole-Proprietor (no employees), and does not have Business coverage, other options may be used:

1. Include coverage with Homeowners Policy, or purchase one-time coverage:
2. TULIP (*Tenet User Liability Insurance Program*)
<http://www.bene-marc.com/> (800) 247-1734 ext 315
3. Event Insurance
www.rvnuccio.com
4. SPARTA Insurance Programs (*for Service Providers, Artisan and Trade Activities Programs, Special Events Liability Insurance*).
<https://www.2sparta.com> (800) 420-0555
5. Or, another provider of the Agency's, Individual's choice.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/23/2017

PRODUCER ABC Insurance 1234 Apple Street Orange, CA 12345 Jane Smith	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
	INSURERS AFFORDING COVERAGE	NAIC #
INSURED Name of Organization/Company Street Address City, ST ZIP	INSURER A: ABC Insurance Company	#1234
	INSURER B: DEF Insurance Company	#5678
	INSURER C: GHI Insurance Company	#8910
	INSURER D:	
	INSURER E:	

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	<input checked="" type="checkbox"/>	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> _____ <input type="checkbox"/> _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	AB123456789	07/01/17	07/01/18	EACH OCCURENCE	\$1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000
						MED EXP (Any one person)	\$N/A
						PERSONAL & ADV INJURY	\$1,000,000
						GENERAL AGGREGATE	\$2,000,000
						PRODUCTS - COMP/OP AGG	\$1,000,000
							\$
A	<input checked="" type="checkbox"/>	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> _____ <input type="checkbox"/> _____	AB123456789	07/01/17	07/01/18	COMBINED SINGLE LIMIT (Each Occurrence)	\$1,000,000
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/>	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURENCE	\$
						AGGREGATE	\$
							\$
							\$
							\$
B	<input checked="" type="checkbox"/>	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	CW123456789	07/01/17	07/01/18	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	
						E.L. EACH ACCIDENT	\$1,000,000
						E.L. DISEASE - EA EMPLOYEE	\$1,000,000
						E.L. DISEASE - POLICY LIMIT	\$1,000,000
C	<input checked="" type="checkbox"/>	OTHER Sexual Abuse/Molestation	AB567894	07/01/17	07/01/18	EACH OCCURENCE	\$2,000,000
						GENERAL AGGREGATE	\$3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Insert a brief description of the event or activity, location, and dates if at all possible.

Note: If third party is providing a blanket Additional Insured Endorsement to the District, you may see the following verbiage under this section:

Magnolia School District is added as an Additional Insured as required by written contract.

CERTIFICATE HOLDER

Magnolia School District
 2705 W. Orange Avenue
 Anaheim, CA 92804

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE INSURER AFFORDING COVERAGE WILL MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT.

AUTHORIZED REPRESENTATIVE

John Doe

IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.