

ROSTER OF AUXILIARY SUPPORT CLUBS INSURANCE PROGRAM ASCIP-B COVERAGE

Program Year 2017/2018: July 1, 2017 through June 30, 2018

District Name: _____ School Site Name: _____ Insured Name: _____

Contact: _____ Phone: _____ Fax: _____ E-Mail: _____

***If insured is a non parent-run foundation, please check here ____ .

Event Types - Candy Sales, Car Wash, etc.	Events per Year	Gross Revenue From All Events
1. _____	_____	_____
_____	_____	_____
2. _____	_____	_____
_____	_____	_____
3. _____	_____	_____
_____	_____	_____
4. _____	_____	_____
_____	_____	_____
5. _____	_____	_____
_____	_____	_____
6. _____	_____	_____
_____	_____	_____

(Please attach additional pages as needed.)

By the signature below, District requests binding of this coverage for policy period July 1, 2017 through June 30, 2018. The roster above may not be exhaustive of each event and does not include dates, but it represents an accurate characterization of the types and frequencies of events, and the approximate composite annual gross revenue generated by each organization for which the District is purchasing coverage.

Authorizing District Official: _____ Date: _____

For additional information on the ASCIP-B Program, please contact Sue Ellen DaSilva at ASCIP (562) 404-8029.