

Operations Memorandum

To:	New Haven Board of Education Finance and Operations Committee
From:	Mark Sweeting, Principal of Hillhouse High School
Date:	May 15, 2023
Re:	Agreement with SFC Lisa Rodriguez as an Instructor of the JROTC Program at Hillhouse High School

Answer all questions and have a representative ready to present the details of each question during the Finance & Operations meeting or this proposal may not be advanced for consideration by the full Board of Education.

Company Information					
Vendor Name: Department of the Army, 2 nd ROTC Brigade U.S. Army Cadet Command					
Doing Business as: (DBA)					
Vendor Address: 21 Barrows St, Stratford, CT 06614					
Vendor Contact Name: SFC. Lisa Rodriguez					
Vendor Contact Email: Lisa.Rodriguez@new-haven.k12.ct.us					
Is the contractor a minority or women owned small business? N/A					
Agreement/Contract Information					
New or Renewal Agreement/Contract? Agreement					
Effective Dates: (mm/dd/yy) Multi-yrs. require Board of Aldermen approval	From July 1, 2022 To June 30, 2023				
Total Amount: If Multi-yr. include yr. to yr. breakdown					
Funding Source Name: Acct. #:	2023-2024 Operating Budget 190-43362-50135				
Contract #: (Local or State)					



Key Questions:

1. What specific service will the contractor provide:

The JROTC program is designed to teach high school students the value of citizenship, leadership, service to the community, personal responsibility, and a sense of accomplishment, while instilling in them self-esteem, teamwork, and self-discipline.

2. How was the contractor selected.	2.	How was the contractor selected?	*Attach appropriate supporting documents
-------------------------------------	----	----------------------------------	------------------------------------------

Sealed Bid # _____

□ Sole Source # _____

□ RFP#	£

State Contract #_____

- Exempt Professional
 - \Box Accountant
 - □ Actuary
 - \Box Appraiser

 - □ Artist

 - Engineer
 - Expert Professional Consultant
 - \Box Land Surveyor

□ Lawyer

 \Box Physician/Medical Doctor

3. If the vendor was selected through Solicitation (Bid/RFQ/RFP) process; answer the following:

a. Please explain how the vendor was chosen? *Attach Vendor Proposal

The Department of Defense fills a need for school districts that has developed a contract to have the JROTC program in high schools. The process goes through a rigorous vetting certification for exemplary retired military personnel prior to interviewing.

b. Who were the members of the selection committee? (Minimum 3 members required)

N/A – Federal program



Key Questions: - Continued

4. If this is a renewal with a current vendor, has the vendor has met all obligations under the existing agreement/contract?

All requirements were met and standards exceeded. The JROTC program has created a culture of family with the students and staff the JROTC instructors have demonstrated their dedication to Hillhouse and our community in New Haven.

5. If this agreement/contract is a Renewal, has the cost increase? If yes, by how much? *Attach Renewal Letters

No increase from previous year. Salary is comprised of the following:

Army Portion: \$42,222.24 BOE Portion: \$50,477.57 For a total amount not to exceed \$92,699.81

6. If this new agreement/contract, has cost for service increased from previous years? If yes, by how much?

N/A - renewal

7. Is this a service that existing staff could provide? Why or why not?

No, not only do the instructors have to be retired from the military, their curriculum focuses on leadership and soft skills that enhances the opportunities in today's workforce. The relationships developed and maintained with our JROTC program and our community, are long-lasting and beneficial for community service graduating requirements, future potential scholarships and internships.



Agreement/Contract Processing Checklist

To ensure timely processing of the submitted Agreement/Contract it is imperative to collect and provide all of the required documentation noted below and provide with submission to board.

Forms/Documents are available in: Drive <u>G:\F&O Agenda Minutes\Agreement_Contract_Checklist\2022-2023</u>

1. Has	this vendor performed service(s) in prior fiscal years?	
If	Yes, Vendor #	
If No or New, Vendor must provide completed W9		
2. A qu	ots or proposal submitting regarding the agreement/contract.	
If I	RFP Attach Vendor Submitted	
0	ther Copy of State Contract, Quotes, etc.	
	ificates of Liability Insurance (COI) are required for ALL agreements/contracts, read ollowing and select the applicable Rider.	ad
It is the s submissi	submitters responsibility to request the COI from the vendor and attach with on; the COI from the Vendor <u>must match rider specifications outlined</u> . to obtain or incorrect COIs will be returned for revision and will delay its processing.	g.
Rider 300	Professional Services – Onsite Umbrella; w/ Auto; w/ Workers Compensation	
Rider 305	Professional Services – Onsite Umbrella; No Auto; No Workers Compensation	
Rider 310	Professional Services – Onsite Umbrella; w/ Auto; No Workers Compensation	
Rider 315	Professional Services – Onsite Umbrella; w/ Youth under 21	
Rider 320	Professional Services – Offsite; No Auto; No Workers Compensation	
Rider 325	Professional Services – Offsite; No Auto; No Workers Compensation; w/ Youth under 21	
Rider 330	Professional Services – Offsite Attorney; No Auto; No Workers Compensation	
Rider 335	Professional Services – Onsite; Physician/Dentist; No Auto	
Rider 340	Professional Services – Onsite Physician/Dentist w/ Youth under 21	
Rider 345	Professional Services – Onsite Temp Nurses	
Rider 350) Professional Services – Cyber – Onsite	
Rider 355	Professional Services – Cyber – Offsite	
	City of New Haven requires the information requested in the <u>Disclosure Affidavit</u> before any agency, department, or city official seeking agreement/contract shall obtain them, notarized.	
	osures are acceptable.	

James Hillhouse High School U.S. Army JROTC The *Bulldog* Battalion

We devote many after school hours to run our three different competitive teams: Drill Team, Color Guard and Raiders. We provide color guards throughout the city of New Haven, at various sporting events to include the Yale Bowl, Mayor's inauguration ceremony, New Haven Memorial Day and Veteran's Day ceremonies, St. Patrick's and Veteran's Day parades. We also take twenty cadets to Devens, Massachusetts for a five day/night leadership camp at the end of the school year, every year.

We have partnered with King-Robinson over the past ten years and my cadets have taught the Junior Achievement Program to kindergarten through second grade students. We have also assisted with their end of year field days, walk-a-thons, read aloud day, and provided a mentorship for students. The JROTC cadets have provided community service at the VA Hospital, Homes for the Brave, Soup Kitchen, Boys and Girls Club, and the New Haven Road Race. They also made and distributed necessity bags for the homeless at Columbus House and on the New Haven Green.

The mission of JROTC is *To Motivate Young People to be Better Citizens*. Cadets learn a wide variety of topics to support that mission. They learn leadership skills, how to resolve conflicts, team building, goal setting, how to study/take tests and resume writing. They are also taught classes about first aid, healthy eating, physical fitness, addressing prejudices', and citizen rights.

Hillhouse JROTC cadets historically have had better attendance, higher GPAs, and higher graduation rates. I have continued to not only meet but exceed the required enrollment in the program, which is a minimum of 10% of the school population, in order for the program to continue its existence at Hillhouse. I have also continued to ensure that the Hillhouse JROTC program has received Honor Unit with Distinction on our bi-annual accreditation inspection from our higher headquarters. This distinction gives our program the ability to nominate candidates for acceptance into the Military Service Academies. This nomination ability is equivalent to a recommendation from a Senator or a Congressman.

ATTACHMENT A

Job Description

- (1) Duties of a JROTC Instructor JROTC officers and non-commissioned officers observe the same military courtesies and general roles they did on active duty, but there is no practical distinction between their major duties: a typical unit has only two personnel, and both must be fully capable of meeting all requirements. It is incumbent upon every new instructor to gain full personal proficiency in all JROTC responsibilities as rapidly as possible. Major curricular, extra-curricular and other tasks performed by instructors:
 - Conduct the JROTC program in accordance with applicable law, and Army and Cadet Command regulations and policies.
 - Prepare any annual operational plan. Develop a schedule for the year reflecting school activities and JROTC objectives and activities. Include cadets in the planning. Organize cadets and resources toward objectives.
 - Perform administrative tasks. Maintain student records; provide enrollment and other student reports as specified by Cadet Command; meet school administrative requirements.
 - Carry out logistics tasks. Prepare requisitions. Maintain arms and supply operations in accordance with Army security requirements and other regulations.
 - Recruit new students. Market the JROTC program. Maintain at least the minimum enrollment of 100 cadets or 10% of the school's total student enrollment, whichever is less. Conduct a public relations program in the school and community.
 - Teach JROTC cadets. Achieve the curricular requirements and learning standards of the Program of Instruction. Attain and improve proficiency in all military and other subjects taught. Continuously improve JROTC instruction by staying abreast of new and alternative instructional and motivational techniques. Recommend changes to the curriculum.
 - Counsel students on their academic performance and as members of the Corps of Cadets. Assist interested students in applying for Senior ROTC scholarships and completing service academy applications.
 - Accomplish required school tasks. Participate in staff meetings, school committees and student activities. Perform tasks required of all other teachers in the school.

Job Description Page 2

- Plan, organize and conduct extra-curricular activities; color guard marksmanship (optional), drill teams, adventure training, and JROTC social activities, such as an annual ball.
- Conduct risk assessment for all activities; observe and enforce all Army and school safety guidelines.
- Develop professional qualifications. Participate in recurring instructor conferences and other professional development opportunities. Meet any continuing education requirements of the state or school district.
- Prepare the unit for official visits and formal inspections.
- Coordinate summer camp attendance by cadets, attend camp, and conduct training and other activities as prescribed by the camp commander.
- Provide an outstanding personal example of professional, social and personal behavior and appearance for cadets, colleagues and the community.
- Provide an outstanding personal example of professional, social and personal behavior and appearance for cadets, colleagues and the community.
- Perform other duties assigned.

(2) Physical Duties and Time Required

<u>Curricular Instruction</u>

Conduct Instruction, generally 4-5 hours per day, plus related administrative time. Usually 5 days per week, or as addressed in the instructor contract with the school. Generally, these are the same days and hours as for the other teachers under contract by the school. A teacher's basic pay is compensation for conducting curricular instruction

<u>Extra-Curricular Activities</u>

These activities reinforce classroom instruction and offer cadets the opportunity to enhance their personal skills, discipline, teamwork and self-esteem. They require instruction supervision, participation or instruction, are not part of the academic curriculum, and are conducted in addition to the hours of classroom and administrative duties. The school's pay system determines whether compensation is due, and in what amount, for the conduct of these activities. For Junior ROTC instructors, they are not limited to, but may include:

Job Description Page 3

- Color Guard
- Drill Team
- > Marksmanship

(3) The Program of Instruction

- (a) The POI is designed to provide a systematic progression of learning and development during each year of high school. The curriculum for each grade level consists of 180 hours, of which 108 are for required subjects, and the remaining hours are chosen by the instructor from a list of Army approved subjects. Instructors have considerable flexibility in shaping their program to best meet the educational, vocational and other developmental needs of their students.
- (b) The following is a sampling of the subjects offered in four years of JROTC:
 - American citizenship
 - Techniques of Communication
 - Leadership (learning to assume a leadership role)
 - Leadership Labs (demonstrating leadership)
 - Drug Abuse Prevention
 - > Map Reading
 - Developing a Career Exploration Strategy
 - First Aid and Hygiene
 - Technology Awareness
 - Command and Staff Procedures (for senior cadet leaders)
- (c) Desired learning outcomes. To aide their success in school and after graduation.

CITY OF NEW HAVEN

New Haven, Connecticut 06510



DISCLOSURE & CERTIFICATION AFFIDAVIT

EVERY SECTION MUST BE COMPLETED				
For help completing this form contact 203-946-8201				
Contractor/Vendor Name:	Lisa Rodriguez			
Address: 21 Barrows Street Stratford, CT 06614				
Telephone and/or Fax #: (475)220-7553				
Email Address:	lisa.rodriguez@new-haven.k12.ct.us			
Contact Person:	Lisa Rodriguez			

For the purposes of this Disclosure and Certification Affidavit, the following definitions apply:

"Person" means one (1) or more individuals, partnerships, corporations, associations, or joint ventures. (a) "Contract" means any agreement or formal commitment entered into by the city to expend funds in return for work, labor, services, supplies, equipment, (b) materials or any combination of the foregoing, or any lease, lease by way of concession, concession agreement, permit, or per agreement whereby the city leases, grants or demises property belonging to the city, or otherwise grants a right of privilege to occupy or to use said property of the city. "City" means any official agency, board, authority, department office, or other subdivision of the City of New Haven. (c)

"Affiliate Entity" means any entity listed in sections 9 or 10 below or any entity under common management with the Contractor. (d)

Sta	te of	Connecticut	Co	unty of	1	en taver
I,	122. 128	Rodriguez		being fire	st du	ly sworn, hereby deposes and says that:
		(type or print your name above)				
1.				f making s	statem	nents under oath; I understand that the City of
Х	New	Haven is relying on my representations herein.				¥
2a.		I am the corporate secretary or majority ov	vner			
		(including sole proprietorship	o) of			Insert Company Name above
2b.		Or I am an individual and my nam	e is:			Lisa Rodriguez
Х						if an individual, insert your name above
3. X		ally informed regarding the preparation and terms of the ab thereto.	ove ref	ferenced agr	reemer	t (the "Agreement") and of all pertinent circumstances
4.			es or, i	f none of th	ne belo	w are accurate, attach an explanation of the status of
	the re	levant tax obligations to this Affidavit (mark an "X" in	the ap	propriate b	ox or "	'NA" if none apply).
4a.	N/A	As required by Conn. Gen. Stat. §12-41, the Contractor (and ea	ch owner, pa	artner,	officer, authorized signatory or Affiliate Entity of the
		Contractor) has filed a list of taxable personal property with	ith the	City of New	Haven	for the most recent grand list and all taxes are current.
4b.	The Contractor (including any owner, partner, officer or authorized signatory thereof) is not required to file a list of taxable personal property with the City of New Haven for the most recent grand list and does not owe any back taxes to the City of New Haven, either directly or				of) is not required to file a list of taxable personal property	
	N/A	through a lease or other agreement.	and do	es not owe	any ba	ck taxes to the City of New Haven, either directly of
4c.	NI/A	The Contractor or an owner, partner, officer, representati	ve. ade	ent or Affiliate	e Entity	of the Contractor either i) has a PILOT agreement with
	IN/A the City of New Haven or ii) owes back taxes and has executed an agreement with the City of New Haven to pay said back taxes in					
	installment payments. Such agreement is attached and incorporated herein by reference and the payments under said agreement					
		are not in default. Other than as may be described in section 4 above, the 0		tes l'astudia		where extrem effects other outhorized signatory or
5.	N/A	Affiliate Entity) does not have any outstanding monetary				
6.	Please	e select the applicable representation about the Contractor	's busi	ness registra	ation:	
6a.	NI/A	Contractor is a Connecticut corporation, partnership, limit			ny or so	le
	N/A	N/A proprietorship and its Connecticut Secretary of the State Business ID #:		Insert State Registration # above		
6b.		Contractor is a foreign corporation, partnership, limited lia				
	N/A	proprietorship but is registered to do business in the Stat		onnecticut. T	The	Insert State Registration # above
		Contractor's Connecticut Secretary of the State Business				
6c.	N/A	Contractor is a foreign corporation, partnership, limited				
		proprietorship and is not registered to do business in the Contractor is registered in the State of:				Please insert State hame above
		Contractor has confirmed with the Connecticut Secretary of the S	tate tha	t the services	it will pr	ovide pursuant to the Agreement do not constitute doing business
		in the State of Connecticut and no registration with the Connectic Connecticut registrations, certificates or approvals relevant to the				

7. The following list is a list of the names of <u>all</u> persons affiliated with the business of the Contractor who are also affiliated with the City of New Haven. For purposes of this Affidavit, "affiliated with the business of the Contractor" includes any current or former employee (including officers) of the Contractor or any owner, board member or agent of the Contractor, or of any subsidiary or parent company of the Contractor, and "affiliated with the City of New Haven" means any employee, agent, public official, board member, commissioner or any other person serving in an official capacity for or on behalf of the City of New Haven. If none state none. Use additional sheet if necessary (<u>must be on company letterhead and notarized</u>):

Name	City Affiliation Role & Time Frame	Contractor Affiliation Role & Time Frame	DOB
¹ None			
² None			

8. The following list is a list of all contracts in which either the Contractor, any person affiliated with the business of the Contractor or an Affiliate Entity of the Contractor provides, or has provided, services or materials to the City within one (1) year prior to the date of this disclosure. If none, state none. Use additional sheet if necessary (must be on company letterhead and notarized):

Name of Contractor or Affiliate	Affiliation (if applicable)	Contract Number	DOB	
¹ None				
² None				

 The Contractor possesses an ownership interest in the following business organizations, if none, state none. Use additional sheet if necessary (must be on company letterhead and notarized):

Organization Name	Address	Type of Ownership
¹ None		
² None		

10. The following persons and/or entities possess an ownership interest in the Contractor. If the Contractor is a corporation, list the names of each stockholder whose shares exceed twenty-five (25) percent of the outstanding stock. If none, state none. Use additional sheet if necessary (must be on company letterhead and notarized):

	Name	Title	% of Ownership	DOB
1	None	3		
2	None			

11. If the Contractor conducts business under a trade name, the following additional information is required: the place where such entity is incorporated or is registered to conduct such business; and the address of its principal place of business, if none, state none. Use additional sheet if necessary (must be on company letterhead and notarized):

TRADE NAME	PLACE OF INCORPORATION/REGISTRY	PRINCIPAL PLACE OF BUSINESS
¹ None		
² None		

I hereby certify that I am duly authorized to sign this Affidavit and that the person who will sign the Agreement with the City on behalf of the Contractor will be duly authorized to execute the same. I hereby further certify that the statements set forth above are true and complete on the date hereof and that I, or another authorized individual of the Contractor, will promptly inform the City, in writing, if any of the information provided herein changes or is otherwise no longer accurate at any point during the execution of the above referenced Agreement. I understand that any incorrect information, omission of information or failure of the Contractor to update this information, as described in the foregoing sentence, may result in the limediate termination of any and all agreements the Contractor has with the City of New Haven and disqualification of the Contractor to further contract, with the City.

				S. Mar
Signature & Title of person col	mpleting this form:			E AS COLOURS Y
	Show h	Troit	Instruct	tra
,	/ _	\bigcirc		
THIS FORM MUST BE	OTARIZED	(NO	TARY SEAL (if av	/allable)
Signature of Not	tary: Dio	an		, , , , , , , , , , , , , , , , , , ,
Subscribed and sworn to, be	fore me on this:	12K Day	of May	2023
My Commission Exp	ires: 08/3	112027	\bigcirc	

This form should be mailed or emailed to the contracting department or included with a specific solicitation.

(This form shall be updated if the Agreement contemplated hereby is not executed within six months of the date hereof.)



City of New Haven - Disclosure & Certification Affidavit (Form #142)



KBERGLUND

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/30/2022

EXCH OCCORRENCE 3				Sector Sector			an stologik – s posto			1	1/30/2022
If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this conflicted does not conferringhts to the certificate holder in fleu of such and orgenment(). PRODUCER PRODUCER Hollis D. Seguri Inc. SQLMC*** (Kimberly Berglund UR Research Pkwy, Ste. 400 MSURER A, Pennsylvala Bauketurer's Association Insurance Company (PM 12262 INSURER A, Pennsylvala Bauketurer's Association Insurance Company (PM 12262 INSURER A, Pennsylvala Bauketurer's Association Insurance Company (PM 12262 INSURER A, PENNSY Ste. 400 INSURER A, Pennsylvala Bauketurer's Association Insurance Company (PM 12262 INSURER A, PENNSY Ste. 400 INSURER A, Pennsylvala Bauketurer's Association Insurance Company (PM 12262 INSURER A, PENNSY Ste. 400 INSURER A, PENNSY Ste. 400 INSURER A, PENNSY Ste. 400 INSURER A, PENNSY Ste. 400 INSURER A, PENNSY Ste. 400 INSURER A, PENNSY Ste. 400 INSURER A, PENNSY Ste. 400 INSURER A, PENNSY Ste. 400 INSURER A, PENNSY Ste. 400 INSURER A, PENNSY Ste. 400 INSURER A, PENNSY Ste. 400 INSURER A, PENNSY Ste. 400 INSURER A, PENNSY Ste. 400 INSURER A, PENNSY Ste. 400 INSURER A, PENNSY Ste. 400 INSURER A, PENNSY Ste. 400 INSURER A, PENNSY Ste. 400 INSURER A, PENNSY Ste. 400 <	CE BE	RTIFICATE DOES NOT AFFIRMAT LOW. THIS CERTIFICATE OF IN	SUR	ANCE	R NEGATIVELY AMENI DOES NOT CONSTIT	D, EXTE	ND OR ALT	FER THE CO	OVERAGE AFFORD	ED BY TH	E POLICIES
PRODUCER COVERAGES CAX, No:: NUIS D. Seguri Inc. 10 Research Pkwy, Sts. 400 MSURER J. (203) 699-4565 CAX, No:: Wallingford, CT 06452 MSURER J. (203) 699-4565 CAX, No:: INSURER J. (203) 699-4565 CAX, No:: MAC # INSURER J. (203) 699-4565 MSURER J. (203) 699-4565 MAC # INSURER J. (203) 699-4565 MSURER J. (203) 699-4565 MAC # INSURER J. (203) 699-4565 MSURER J. (203) 699-4565 MAC # INSURER J. (203) 699-4565 MSURER J. (203) 699-4565 MAC # INSURER J. (203) 699-4565 MSURER J. (203) 699-4565 MAC # INSURER J. (203) 699-4565 MSURER J. (203) 699-4565 MAC # INSURER J. (203) 699-4565 MSURER J. (203) 699-4565 MAC # INSURER J. (203) 699-4565 MSURER J. (203) 699-4565 MAC # INSURER J. (203) 699-4565 MSURER J. (203) 699-4565 MSURER J. (200) 600-000 COVERAGES CERTIFICATE NUMBER: INSURATION MARKER SUBJECT TO ALL THE TEND. (200) 600 000 MSURER J. (200) 600 000 COVERAGES COUNTINUTY FERSONAL GAVERADIA MAY HAVE BEEN REDUCED BY FADI COUNTING MARKER J. (200) 600 000 MSURET J. (200) 600 000 COVERAGES COUNT MARKER J. (200) 600 0000 MSURE	If S	SUBROGATION IS WAIVED, subje	ct to	the	terms and conditions of	of the po	licy, certain	policies may	NAL INSURED prov require an endorse	isions or l ment. A s	e endorsed. statement on
Holies D. Segurinc. UR Research Provises See See See See See See See See See	Contraction of the			э сеп	ifficate holder in lieu of s				•		
Wallingford, CT 06492 MSURERA 1-PROFINE COM Wallingford, CT 06492 MSURERA 1-PROFINE COM Insurera MSURERA 1-PROFINE COVERACE NAIC # Insurera MSURERA 1-PROFINE COVERACE NAIC # Insurera MSURERA 1-PROFINE COVERACE NAIC # Insurera MSURERA 1-PROFINE COM MSURERA 1-PROFINE COM 200 Orange Street New Haven & New Haven Board of Education MSURERA 1-PROFINE COM 200 Orange Street New Haven, CT 06510 MSURERA 1-PROFINE COM 200 Orange Street New Haven, CT 06510 MSURERA 1-PROFINE COM 200 Orange Street New Haven, CT 06510 MSURERA 1-PROFINE COM 200 Orange Street New Haven, CT 06510 MSURERA 1-PROFINE COM 200 Orange Street New Haven, CT 06510 MSURERA 1-PROFINE COM 200 Orange Street New Haven RA 1-PROFINE COM MSURERA 1-PROFINE COM 200 Orange Street New Haven RA 1-PROFINE COM MSURERA 1-PROFINE COM 200 Orange Street New Haven RA 1-PROFINE COM MSURERA 1-PROFINE COM 200 Orange Street New Haven RA 1-PROFINE COM SUBJECT TO ALL THE TERNS 200 Orange Street MSURERA 1-PROFINE COM MSURERA 1-PROFINE COM 200 Orange Street MSURERA 1-PROFINE COM SUBJECT TO ALL THE TERNS 200 Orange Street MSU	12.2					NAME:	<pre>Kimberi;</pre>	y Bergiuna			
Wallingford, CT 06492 Kottess, Klo@hdsegu Insures Nature of the second of Education insurance Company (PM 12262 Insures Natures, Primary/Innia Manufacturers' Association insurance Company (PM 12262 Insures Natures, Primary/Innia Manufacturers' Association insurance Company (PM 12262 Insures Natures, Primary/Innia Manufacturers' Association insurance Company (PM 12262 Insures Natures 200 Grange Street Natures Natures Natures Natures Natures Insures Excision Numbers COVERAGES CERTIFICATE NUMBER: Insures Revision Numbers Insures Revision Numbers Insures Octoor Print Insures Natures Insures Revision Numbers Insures Revision Number	10 Re	search Pkwy, Ste. 400				(A/C, No	o, Ext): (203)	699-4585	(A/C	, No):	
MSURER A: Pennsylvania Manufacturen' Association Insurance Company (PM 12262 INSURER A: Pennsylvania Manufacturen' Association Insurance Company (PM 12262 INSURER A: Pennsylvania Manufacturen' Association Insurance Company (PM 12262 INSURER A: Pennsylvania Manufacturen' Association Insurance Company (PM 12262 INSURER A: Pennsylvania Manufacturen' Association Insurance Company (PM 12262 INSURER C: Insurance Company (PM 12626) INSURAnce Company (PM 12626) INSURAnce Company (PM 12626) INSURAnce	Wallin	ngford, CT 06492				E-MAIL ADDRE	_{ss:} klb@hds	segur.com			
INSURED INSURED INSURER 0: INSURER 0: INSURER 0: INSURER C: INSURER C: INSURER C: INSURER C: INSURER C: INSURER C: INSURER C: INSURER C: INSURER C: INSURER C: INSURER C: INSURER C: INSURER C: INSURER C: INSURER C: INSURER C: INSURER C: INSURER C: INSURER C: INSURER C: INSURER C: INSURER C: INSURER C: INSURER C: INSURER C: INSURER C: INSURER C: INSURER C: INSURER C: INSURER C: INSURER C: INSURER C: INSURER C: INSURER C: INSURER C: INSURER C: INSURER C: INSURER C: INSURER C: INSURER C: INSURER C: INSURER C: INSURER C: INSURER C: INSURER C: INSURER C: INSURER C: INSURER C: INSURER C: INSURER C: INSURER C: INSURER C: INSURER C: INSURER C: INSURER C: INSURER C: INSURER C: INSURER C: INSURER C: INSURER C: INSURER C: INSURER C: INSURER C: INSURER C: INSURER C: INSURER C: I	1						IN	SURER(S) AFFO	RDING COVERAGE		NAIC #
INSURED INSURED INSURER 0: INSURER 0: INSURER 0: INSURER C: INSURER C: INSURER C: INSURER C: INSURER C: INSURER C: INSURER C: INSURER C: INSURER C: INSURER C: INSURER C: INSURER C: INSURER C: INSURER C: INSURER C: INSURER C: INSURER C: INSURER C: INSURER C: INSURER C: INSURER C: INSURER C: INSURER C: INSURER C: INSURER C: INSURER C: INSURER C: INSURER C: INSURER C: INSURER C: INSURER C: INSURER C: INSURER C: INSURER C: INSURER C: INSURER C: INSURER C: INSURER C: INSURER C: INSURER C: INSURER C: INSURER C: INSURER C: INSURER C: INSURER C: INSURER C: INSURER C: INSURER C: INSURER C: INSURER C: INSURER C: INSURER C: INSURER C: INSURER C: INSURER C: INSURER C: INSURER C: INSURER C: INSURER C: INSURER C: INSURER C: INSURER C: INSURER C: INSURER C: INSURER C: INSURER C: I						INSURE	RA: Pennsylva	nia Manufacture	rs' Association Insurance	Company (PN	12262
The City of New Haven & New Haven Board of Education 200 Orange Street New Haven, CT 06510 INSURER 0 : INSURER 0 : INSURE 0 : IN	INSUR	ED									
200 Orange Street New Haven, CT 06510 Insurer E: Insurer F: Insurer E: Insurer F: COVERAGES CERTIFICATE NUMBER: REVISION NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURER THE POLICY PERIOD INSURER TEXT REVISION NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURER TO ROTHER DOCUMENT WITH REPOLICY PERIOD INSURER TEXT REVISION NUMBER THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE AFFORDED BY THE DOLORS DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, INSURER TAWN BESTON NAME AFFORDED BY THE DOLORS DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOW NAME AFFORDED BY THE DOLORS DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, INSURERCIAL EXEMPTION AND CONDITIONS OF SUGP POLICY NUMBER POLICY THAT THE POLICY DESCRIPTION OF DUCK SET FOR DOLORS. NEW CLUSTOR NOT SUBJECT TO ALL THE TERMS, INSURERCIAL EXEMPTION AND CONDITIONS OF SUGP POLICY NUMBER POLICY THAT THE POLICY DESCRIPTION OF DUCK SET FOR DOLORS. NTR TYPE OF INSURANCE NOT SUBJECT TO ALL THE TERMS, INSURERCIAL EXEMPTION SUBJECT TO ALL THE TERMS, INSURERCIAL EXEMPTION A Y TORONERCIAL EXEMPTION POLICY FEE DOLOR DOLOR NUMP SUBJECT TO ALL THE TERMS, INSURERCIAL EXEMPTION SET DOLOR DESCRIPTION OF OPERATIONS SUBJECT TO ALL THE TERMS, INSURERCIAL EXEMPTION SET DOLOR DESCRIPTION OF OPERATIONS SUBJECT TO ALL THE TERMS, INTER CLUSTON DESCRIPTION OF OPERATIONS DOLOR DESCRIPTION OF OPERATIONS DOLOR DESCRIPTION OF OPERATIONS DOLOR DESCRIPTION OF OPERATIONS DOLO		The City of New Haven & N	w H	avon	Board of Education						
New Haven, CT 06510 Insurer E: Insurer E: COVERAGES CERTIFICATE 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 PERIVAN. 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 CLAMS. New Free OF INSURANCE ADD. SUBR POLICY NUMBER POLICY PER POLICY PER POLICY PER POLICY PER EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAMS. NEW Free OF INSURANCE ADD. SUBR POLICY NUMBER POLICY PER POLICY PER POLIC			544 116	aven	Board of Education						
INSURER F: COVERAGES CERTIFICATE NUMBER: COVERAGES CERTIFICATE NUMBER: CERTIFICATE NUMBER: CERTIFICATE NUMBER: CERTIFICATE MADE SUBJECT TO THE 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 VIVILOH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTIAN, THE INSURANCE DESCRIBED 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 CLAMS. ATTRO OF UNDERCINA CENERAL LIABILITY ANY AUTO CLAMS-MADE X OCCUR B222001351519 7/1/2022 7/1/2023 7/1/2023 PERCENTERLIABILITY ANY AUTO COMBINED SINGLE LIMIT S OCUME COMBINED SINGLE LIMIT S OCUM COMPORATION											
COVERAGES CERTIFICATE NUMBER: 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. NOTWITTSTANDING ANY PREDUIREMENT. TERM OR CONDITION OF ANY CONTRACT OR OTHER POLICUMENT WITH RESPECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LINIT'S SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. INSUE TYPE OF INSURANCE ADDL SURE MADD WYD POLICY NUMBER POLICY EXP LINIT'S INSUE TYPE OF INSURANCE ADDL SURE MADD WYD POLICY NUMBER POLICY NUMBER POLICY EXP LINIT'S INSUE TYPE OF INSURANCE ADDL SURE MADD WYD POLICY NUMBER POLICY EXP LINIT'S INSUE THIS SUGE OF INSURANCE ADDL SURE MADD WYD POLICY NUMBER POLICY EXP LINIT'S INSUE WYD CLAIMS-MADE X COCUMENT WITH AT PHUES PER: POLICY IS (ADD WYD) 10,000,000 GENL AGGREGATE LINIT APPLIES PER: POLICY IS (ADD WYD) SOCIED// S											
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDUCATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUED BY THE POLICY DESCRIPTION OF SUCH POLICY BEND OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUED BY THE POLICY DESCRIPTION OF SUCH POLICY BEND OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUED BY THE POLICY DESCRIPTION OF SUCH POLICY BY DEDIES AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUED BY THE POLICY DESCRIPTION OF SUCH POLICY BY DEDIES AND CONDITIONS OF SUCH POLICY NUMBER POLICY NUMBER POLICY NUMBER POLICY NUMBER POLICY NUMBER POLICY NUMBER FACH OCCURRENCE \$ 10,000,000 MAND ALTO INSO WORD POLICY NUMBER POLICY NUMBER POLICY NUMBER FACH OCCURRENCE \$ 10,000,000 GENUL AGGREGATE LIMIT APPLIES PER: POLICY NUMBER POLICY NUMBER POLICY NUMBER \$ 10,000,000 POLICY JEEC LOC POLICY NUMBER COMBINED SINGLE LIMIT \$ 10,000,000 GENUL AGGREGATE LIMIT APPLIES PER: POLICY BODILY INURY (Per porson) \$ 00,000,000 AVTOS ONLY SUPPONE SUPPONE S 00,000 PRODUCTS - COMPION AGG \$ 10,000,000 AVTOS ONLY SUPPONE SOULY INURY (Per porson) \$ 00,000,000 POLICY INTROPHY <t< td=""><td>001</td><td></td><td></td><td></td><td></td><td>INSURE</td><td>RF:</td><td></td><td></td><td></td><td></td></t<>	001					INSURE	RF:				
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 TYPE OF INSURANCE ADD. SUBPR POLICY NUMBER POLICY NUMBER POLICY REP POLICY R	-										
LTR TYPE OF INSURANCE INSU WYD POLICY NUMBER (MM0DD/TYY) (MM0DD/TYY) LIMITS A X COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE \$ 10,000,000 GENL AGGREGATE LIMIT APPLIES PER: B222001351519 7/1/2022 7/1/2023 DAMAGE TO RENTED \$ POLICY JEECT LOC IOC DESCRIPTIONOGE \$ 10,000,000 GENL AGGREGATE LIMIT APPLIES PER: DOC DOC PERSONAL & ADV INJURY \$ 10,000,000 OTHER: LOC DOC DESCRIPTIONOGE \$ 0,000,000 AUTOMOBILE LIABILITY LOC SCHEDULED \$ 0,000,000 PRODUCTS: COMPOP AGG \$ 10,000,000 AVITOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY SCHEDULED \$ \$ MURDES COMPREARINGE COMPREARINGE SCHEDULED SCHEDULED \$ \$ \$ MURDES COMPREARINGE COMPREARINGE COMPARINGE SUBJECT SCHEDULED \$ \$ \$ \$ MAUTOS ONLY MURDES COMPARINGE SUBJECT SCHEDULED \$ \$ \$ \$ MURDES COM	CEF	ICATED. NOTWITHSTANDING ANY F RTIFICATE MAY BE ISSUED OR MAY	PER	TAIN, CIES.	ENT, TERM OR CONDITION THE INSURANCE AFFOR LIMITS SHOWN MAY HAV	ON OF A RDED BY	NY CONTRA THE POLIC REDUCED BY	CT OR OTHER IES DESCRIE PAID CLAIMS	R DOCUMENT WITH R	ESPECT TO	WHICH THIS
A X COMMERCIAL GENERAL LUBILITY CLAIMS-MADE X OCCUR B222001351519 7/1/2022 7/1/2023 PARAGE TO RENTED DAMAGE TO RENTED S 10,000,000 GENL AGGREGATE LIMIT APPLIES PER: POLICY JEC 1000 POLICY JEC LOC AUTOMOBILE LABILITY S 0000,000 AUTOMOBILE LIABILITY S 0000,000 AVITOS ONLY SCHEDULED S AUTOS ONLY AUTOS ONLY SCHEDULED AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY SCHEDULED AUTONOBILE LIABILITY S S AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS AVA PROPERSTONENSATION AUTOS S AVA PROPENSATION S CLAIMS-MADE EACH OCCURRENCE VORKE	LTR	TYPE OF INSURANCE	ADDI	SUBR WVD	POLICY NUMBER		POLICY EFF	POLICY EXP		LIMITS	
CLAIMS-MADE X OCCUR 8222001351519 7/1/2022 7/1/2023 PARAGE TO RENTED PREMISES (Eacourrence) \$ 10,000,000 GENL AGGREGATE LIMIT APPLIES PER: POLICY PED 10,000,000 GENERAL AGGREGATE \$ 10,000,000 GENL AGGREGATE LIMIT APPLIES PER: POLICY PED LOC 10,000,000 GENERAL AGGREGATE \$ 10,000,000 OTHER: LOC PRODUCTS - COMPIOP AGG \$ 10,000,000 AUTOMOBILE LIABILITY SCHEDULED S 000112 INJURY (Per penson) \$ AUTOS ONLY AUTOS SCHEDULED BODILY INJURY (Per penson) \$ AUTOS ONLY AUTOS ONLY AUTOS ONLY SCHEDULED \$ AUTOS ONLY AUTOS ONLY AUTOS ONLY \$ BODILY INJURY (Per penson) \$ BODILY INJURY (Per penson) \$ SCHEDULED \$ \$ AUTOS ONLY AUTOS ONLY AUTOS ONLY \$ \$ MURE ELA LIAB OCCUR \$ \$ \$ EXCESS LIAB CLAIMS-MADE \$ \$ \$ WORKERS COMPENSATION * \$ \$ \$ MORE EL DISEASTION * \$ \$ \$ MORE COMPRENDER ANDERE XECULUDEO? *		COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	s	10,000,000
MED EXP (Any one person) \$ GENL AGGREGATE LIMIT APPLIES PER: PERSONAL & ADV INJURY \$ POLICY PERSONAL & ADV INJURY \$ GENL AGGREGATE \$ 10,000,000 GENERAL AGGREGATE \$ 10,000,000 OTHER: COMBINED SINGLE LIMIT \$ AUTOMOBILE LIABILITY (Cas accident) \$ AVTOS ONLY AUTOS BODILY INJURY (Per person) \$ AUTOS ONLY AUTOS BODILY INJURY (Per person) \$ AUTOS ONLY AUTOS BODILY INJURY (Per person) \$ AUTOS ONLY AUTOS \$ \$ MUBRELLA LIAB OCCUR \$ \$ EXCESS LIAB CLAIMS-MADE \$ \$ DED RETENTION \$ \$ \$ WORKERS COMPRISATION \$ \$ \$ \$ MOD EMPLOYERS LIABILITY Y N A \$ \$ AUTOS ONLY Y N A \$ \$ \$ MUBRELLA LIAB OCCUR \$ \$ \$ MUBRELE CLAILA \$ \$ \$ \$ <td></td> <td>CLAIMS-MADE X OCCUR</td> <td></td> <td></td> <td>8222001351519</td> <td></td> <td>7/1/2022</td> <td>7/1/2023</td> <td></td> <td></td> <td>10,000,000</td>		CLAIMS-MADE X OCCUR			8222001351519		7/1/2022	7/1/2023			10,000,000
GENL AGGREGATE LIMIT APPLIES PER: PERSONAL & ADV INJURY \$ 10,000,000 GENL AGGREGATE LIMIT APPLIES PER: LOC POLICY PERSONAL & ADV INJURY \$ AUTOMOBILE LIABILITY LOC PRODUCTS - COMPIOP AGG \$ 10,000,000 ANY AUTO SCHEDULED S \$ \$ AUTOMOBILE LIABILITY COMBINED SINGLE LIMIT \$ \$ ANY AUTOS OWNED BODILY INJURY (Per person) \$ AUTOS ONLY AUTOS ONLOWNED BODILY INJURY (Per person) \$ MURELLA LIAB OCCUR BODILY INJURY (Per person) \$ \$ UMBRELLA LIAB OCCUR S \$ \$ VORKERS COMPENSATION NAMADE \$ \$ \$ DED RETENTION \$ Y/N N/A \$ \$ AND EMPLOYER' LIABILITY N / A \$ \$ \$ \$ AND EMPLOYER' LIABILITY N / A PER S \$ \$ \$ OPERCENTIONS VORKERS COMPRENSATION N / A \$ \$ \$ \$ OPERCENTION OF O										St. Same	
GENL AGGREGATE LIMIT APPLIES PER: I0,000,000 POLICY JECT LOC OTHER: COMBINED SINGLE LIMIT \$ AUTOMOBILE LIABILITY COMBINED SINGLE LIMIT \$ ANY AUTO SCHEDULED \$ AUTOSONLY AUTOS SCHEDULED AUTOSONLY AUTOSONLY SCHEDULED AUTOSONLY AUTOSONLY SCHEDULED AUTOSONLY AUTOSONLY SCHENTY AUTOSONLY BODILY INJURY (Per accident) S PERCETY DAMAGE BODILY INJURY (Per accident) S S MARCHALALIAB OCCUR S S VORKERS COMPENSATIONS CAMENTINE SCHENCE S MADE MENTOR/PARTNER/EXECUTIVE											10.000.000
POLICY PRODUCT PRODUCT PRODUCTS - COMP/OP AGG \$ AUTOMOBILE LIABILITY SCHEDULED \$ COMBINED SINGLE LIMIT \$ AUTOMOBILE LIABILITY SCHEDULED BODILY INJURY (Per person) \$ AUTOS ONLY AUTOS SCHEDULED BODILY INJURY (Per person) \$ AUTOS ONLY NUTOS ONLY BODILY INJURY (Per person) \$ AUTOS ONLY NUTOS ONLY SCHEDULED \$ MUTOS ONLY NUTOS ONLY BODILY INJURY (Per person) \$ MUTOS ONLY NUTOS ONLY SCHEDULED \$ MUTOS ONLY SCHEDULED											
OTHER: \$ AUTOMOBILE LIABILITY \$ ANY AUTO COMBINED SINGLE LIMIT OWNED SCHEDULED ANY AUTOS ONLY AUTOS AUTOS ONLY AUTOS ONLY AUTOS ONLY NOA-OWNED BODILY INJURY (Per accident) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$ VIDES ONLY AUTOS ONLY BODILY INJURY (Per accident) \$ BODILY MURPHONERS CLAIMS-MADE BODILY (INTON S \$ WORKERS COMPENSATION \$ </td <td></td> <td></td> <td></td> <td>1 1</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>				1 1							
AUTOMOBILE LIABILITY COMBINED SINGLE LIMIT S ANY AUTO SCHEDULED AUTOS ONLY AUTOS ONLY BODILY INJURY (Per person) S BODILY INJURY (Per accident) S BODILY INJURY (Per accident) S HIRED NON-QWNED BODILY INJURY (Per accident) S UMBRELLA LIAB OCCUR S EXCESS LIAB CLAIMS-MADE S DED RETENTION \$ AGGREGATE WORKERS COMPENSATION S S ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE N / A DESCRIPTION OF OPERATIONS bolow N / A DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101. Additional Remarks Schedule, may be attached if more space is required)									PRODUCTS - COMP/OP	AGG Ş	,,
ANY AUTO OWNED AUTOS ONLY AUTOS ONLY A									COMBINED SINGLE LIMI	Т	
OWNED AUTOS ONLY SCHEDULED AUTOS ONLY SCHEDULED AUTOS ONLY S HIRED AUTOS ONLY AUTOS ONLY BOOLT HUGHY (Per accident) S PROPERTY DAMAGE S S UMBRELLA LIAB OCCUR S EXCESS LIAB CLAIMS-MADE S DED RETENTION \$ AGGREGATE WORKERS COMPENSATION AND EMPLOYERS LIABILITY OFFICER/MERE EXCLUDED? Y/N N/A N/A PERCENTION S STATUTE S WORKERS COMPENSATION AND EMPLOYERS LIABILITY OFFICER/MERE EXCLUDED? N/A STATUTE VI'N OFFICER/MERE EXCLUDED? N/A STATUTE S DESCRIPTION OF OPERATIONS below N/A E.L. EACH ACCIDENT S DESCRIPTION OF OPERATIONS below E.L. DISEASE - EA EMPLOYEE S DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)		and the second se									
HIRED NON-OWNED PROPERTY DAMAGE \$ UMBRELLA LIAB OCCUR \$ \$ EXCESS LIAB CLAIMS-MADE \$ \$ DED RETENTION \$ \$ \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N OFFICER/MEMBER EXCLUDED? N / A If yes, describe under DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) DESCRIPTION OF OPERATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)											
UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE N / A UBSCRIPTION OF OPERATIONS below N / A DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)										dent) \$	
UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION \$ AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE N/A Uffigure Y/N N/A PER OFFICER/MEMBER EXCLUDED? N/A Uffigure N/A Uffigure N/A DESCRIPTION OF OPERATIONS below N/A DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)	-	AUTOS ONLY AUTOS ONLY							(Per accident)	\$	
EXCESS LIAB CLAIMS-MADE 3 DED RETENTION \$ AGGREGATE \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N PER STATUTE S ANY PROPRIETOR/PARTNER/EXECUTIVE N / A PER STATUTE EL. EACH ACCIDENT \$ If yes, describe under DESCRIPTION OF OPERATIONS below N / A E.L. DISEASE - EA EMPLOYEE \$ \$ DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Acord Data / Additional Remarks Schedule, may be attached if more space is required) \$			-	-						\$	
DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N N/A ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N/A If yes, describe under DESCRIPTION OF OPERATIONS below N/A	-								EACH OCCURRENCE	\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N AND EMPLOYERS' LIABILITY Y/N STATUTE PER ER ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N/A E.L. EACH ACCIDENT \$ If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$		EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
ANY PROPRIETOR/PARTNER/EXECUTIVE T/N OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)										\$	
ANY PROPRIETOR/PARTNER/EXECUTIVE T/N OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)	M A	ORKERS COMPENSATION							PER O STATUTE E	TH-	
OFFICER/MEMBER EXCLUDED? OFFICER/MEMBER EXCLUDED? If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - EA EMPLOYEE S	A	NY PROPRIETOR/PARTNER/EXECUTIVE									
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)	8	Mandatory in NH)	NIA								
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)	l If	yes, describe under									
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Evidence of Insurance for US Army Cadet Command									E.L. DISEASE - FOLIGT L	1MII 3	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Evidence of Insurance for US Army Cadet Command											×
	DESCR Evider	IPTION OF OPERATIONS / LOCATIONS / VEHIC nee of Insurance for US Army Cadet C	LES (/	ACORD	101, Additional Remarks Sched	lule, may be	attached if mor	e space is requir	ed)		
	CERI	TIFICATE HOLDER				CANC	ELLATION				
CERTIFICATE HOLDER CANCELLATION		US Army Cadete Command 2BDE JROTC				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
US Army Cadete Command 2BDE JROTC SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.	ĺ.					AUTHOR	ZED REPRESE	TATIVE			
US Army Cadete Command 2BDE JROTC 5212 Maryland Ave						1.	(B.				
US Army Cadete Command 2BDE JROTC 5212 Maryland Ave						Kink	My Regland				

© 1988-2015 ACORD CORPORATION. All rights reserved.