

# Placentia-Yorba Linda Unified School District

1301 E. Orangethorpe Avenue, Placentia, California 92870  
Telephone (714) 986-7000 Fax (714) 524-3034

Dennis M. Smith, Ed.D.  
Superintendent

Board of Education  
Carol Downey  
Karin Freeman  
Judy Miller  
Eric Padget  
Jan Wagner

To: All Requestors  
From: Joan Velasco, Director of Fiscal Services/Risk Management  
Date: November 1, 2011

Welcome to PYLUSD. Thank you for choosing our facilities for your event. We know your event is important to you and we will work together to see that your permit approval process works smoothly. We ask that you assist us with the process by following the steps and procedures listed on the attached check-off sheet. If you have any questions in the process, please call Susan La Rue at (714) 985-8429 with general use of facilities questions. Call Sharon Lynch, Risk Management, at (714) 985-8476 for all insurance-related information.

Please review the check-off sheet and attach it to your Use of Facilities request form. Your signature indicates that you have read the procedures and have forwarded all information and documentation. Use of Facilities permits cannot be issued without all documentation in file prior to the beginning of your event. A list of all vendors participating in your event must be included in your packet. For the approval of the distribution or sales of food items, including rolling food truck vendors, a copy of the vendor's health permit must be attached.

Our insurance requirements are very specific. All outside vendors coming on to PYLUSD school sites must provide insurance that complies with the requirements. Risk Management will review all insurance and help you obtain the correct information if necessary.

The school sites will reserve your requested date for you during the approval process. The District will review the activity, insurance and status for billing and return a signed permit to you. The signed permit is your approval to be at the school site. Our process can take up to two weeks due to the time required for gathering all information. Please allow enough time for the request to be reviewed.

Our goal is to work together to provide you with the requirements, guidelines and PYLUSD policies to assure an event experience in the safest environment for our students and community.



Joan Velasco  
Director of Fiscal Services and  
Risk Management

**PLACENTIA-YORBA LINDA UNIFIED SCHOOL DISTRICT**  
**APPLICATION, AGREEMENT AND PERMIT – USE OF FACILITIES**

Date \_\_\_\_\_

Application Fee \$15.00 Paid \_\_\_\_\_

**APPLICANT INFORMATION:**

Name \_\_\_\_\_

E-mail \_\_\_\_\_

Billing Address \_\_\_\_\_

Daytime Phone \_\_\_\_\_

City/State \_\_\_\_\_ ZIP \_\_\_\_\_

Organization \_\_\_\_\_

Booster Club \_\_\_\_\_ ASB \_\_\_\_\_ PTA \_\_\_\_\_

Are you non-profit under 501c3? Y\_\_\_ N\_\_\_  
(Official Documentation Required)

Non-profit Tax I.D. # \_\_\_\_\_

Are 60% of the participants residents of the District? Y\_\_\_ N\_\_\_  
(Roster of participants required)

Are you an all-volunteer organization, including coaches, instructors, and speakers? Y\_\_\_ N\_\_\_

Verification of Insurance Y\_\_\_ N\_\_\_ Date of Expiration: \_\_\_\_\_

See PYLUSD requirements. If certificate expires during time of use, renewal must be provided.

**APPLICANT REQUEST:**

Site/Venue: \_\_\_\_\_

Event: \_\_\_\_\_

Days: M\_\_\_ T\_\_\_ W\_\_\_ Th\_\_\_ F\_\_\_ Sat\_\_\_ Sun\_\_\_

Date(s) of use: \_\_\_\_\_

Times: Start: \_\_\_\_\_

End: \_\_\_\_\_

District equipment requested: Y\_\_\_ N\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FACILITY:**

\_\_\_ Classroom(s) # \_\_\_\_\_

\_\_\_ Multi-Purpose Room (MPR)

\_\_\_ Kitchen - Food Services Personnel required

\_\_\_ Theater - AV Tech(s) required

\_\_\_ Forum - AV Tech(s) required

\_\_\_ Stadium - Custodian(s) required

\_\_\_ Field - City approvals required

\_\_\_ Pool - Red Cross/Lifeguard Certification required  
(attach copy to this form)

\_\_\_ Other \_\_\_\_\_

Custodian(s) may be required

Site Notes: \_\_\_\_\_

**FEES: Schedule of fees is reviewed annually. All increases reflect changes in costs associated with direct costs of operations, maintenance and utilities. See PYLUSD-Use of Facilities Fee Schedule**

All groups are charged an hourly rate for services provided by custodians, AV-techs and food services personnel. Group classifications determine placement on the fee schedule. Invoices are based on time requested. Applicants are required to provide written notification to school sites and the District office of any cancellation at least ten (10) business days prior to the cancelled event. All previous invoices must be paid prior to future use.

By signing this application, I hereby declare my authority to act as a responsible party and Applicant for the above named Organization. I certify that the information given above is true and correct. I have read and agree to comply with all terms and conditions of this Application, Agreement, and Permit, including the information, insurance requirements and hold harmless agreement on the reverse of this form.

Signature of Applicant: \_\_\_\_\_ Date \_\_\_\_\_

School Site: \_\_\_\_\_

District Administrator: \_\_\_\_\_  
(Signature required for permit) (Signature)

Grounds: \_\_\_\_\_

Date of Permit Issued: \_\_\_\_\_

City: \_\_\_\_\_

Kitchen: \_\_\_\_\_

**Insurance Provisions:**

1. Applicant shall provide evidence of continuous valid General Liability insurance providing coverage for District for all activities of Applicant conducted on District property for no less than \$1,000,000 per occurrence, \$2,000,000 general aggregate, for bodily injury, personal injury, and property damage.
2. Applicant shall provide an Additionally Insured Endorsement from the Organization naming the Placentia-Yorba Linda Unified School District and Southern California School Risk Management JPA as additional covered parties. The following verbiage is required in the endorsement: The Placentia Yorba Linda Unified School District, its Board and its officers, agents and employees shall be named an Additional Insured, by separate endorsement. Any insurance maintained by (Applicant/Organization) shall be primary and any insurance or self-insurance maintained by the District shall be excess and non-contributing.
3. This endorsement must stipulate thirty (30)-day written cancellation or reduction in coverage notification.
4. Certificate Holders and Additional Insureds:

Placentia-Yorba Linda Unified School District 1301 E. Orangethorpe Ave. Placentia, CA 92870	and Southern California Schools Risk Management JPA 1950 South Sunset Lane, Suite 100 San Bernardino, CA 92408
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All vendors contracted by the Applicant must provide evidence of continuous valid General Liability insurance as described above and a signed hold harmless agreement.

5. The District’s insurance company will not accept certificates written after the date of the event.

**Hold Harmless:**

All activities conducted on District property by Applicant shall be at the risk of the Applicant exclusively. Applicant shall indemnify and hold District, its officers, officials, agents, employees and volunteers harmless against any and all losses, damages, liability, claims, demands and causes of action arising out of or in any way connected with the use by the Applicant of District property, including premises liability. Applicant shall owe this indemnity obligation to the District, its officers, agents and employees even if loss, damage, liability, claim, demand or cause of action resulted from District’s alleged or actual negligent act or omission, regardless of whether such act or omission is active or passive. However, Applicant shall not obligate under this agreement to indemnify District respect to willful misconduct of District, its officers, agents or employees. District assumes no responsibility whatsoever for any property placed on the premises. Applicant further agrees to waive all rights of subrogation against the District.

**Right of Cancellation:**

The District, at its discretion, shall have the right to cancel and terminate a permit immediately and without notice upon its discovery of a violation of any term, condition, or provision of the permit on the part of the permittee. Should any such violation occur, the District, at its discretion, shall have the right to deny any future requests by the permittee for the use of any facilities.

**Damage to School Property:**

School property must be protected from damage and mistreatment, and ordinary precautions must be taken. Organizations shall be responsible for the condition in which school facilities and grounds are left. Should school property be damaged or abused beyond normal wear, such damage will be paid for by the group involved and shall be sufficient cause for cancellation for future meetings and functions.

**Right to Deny Use of Facility:**

PYLUSD reserves the right to deny use of facility for any reason, including but not limited to non-payment or delinquent payment of a prior use or service; mistreatment of facility or personnel; or misconduct of any user or any user’s invited or uninvited guest(s).

**Statement of Information:**

Applicant hereby agrees to uphold the state and federal constitutions and certifies that Applicant does not intend to use school premises to commit unlawful acts. Applicant acknowledges that the Use of Facilities and Regulations for the Placentia-Yorba Linda Unified School District have been made available to said Applicant and agrees to abide by these regulations.

## **SECTION 2**

### **USE OF FACILITIES CHECK LIST**

Please return this with your packet at least 14 days prior to your event. Some events, especially Carnival and Food Truck events require more time for processing. Please plan ahead.

Use of Facilities requests must be submitted with the appropriate documents to be approved. All vendors brought on school sites must provide Certificates of Insurance that meet the requirements of the District.

### **CALENDAR DATE, FORMS, LISTS, SIGNATURES:**

- \_\_\_\_\_ Confirm availability of date at school site (school site will list any exceptions to time and dates requested on the Use form). School site is responsible for securing all custodial services when needed.
- \_\_\_\_\_ Complete the PYLUSD Use of Facilities Form and return it to the school site for signature.
- \_\_\_\_\_ Attach a complete list of all vendors participating in the event, e.g. food trucks, carnival equipment suppliers, merchandise sellers.

### **NON-PROFIT DOCUMENTATION:**

- \_\_\_\_\_ Non-profit Organizations must provide a non-profit tax I.D. # as well as the Letter of Determination from the State of California or Department of the U.S. Treasury assigning the I.D. # for your group. Non-profit fees can be applied only with the documentation requested.

### **IDENTIFICATION:**

- \_\_\_\_\_ ASB, Booster Club and PTA activities: Please clearly mark the sponsoring group on the Use of Facilities form in the space provided.  
ASB must list a Staff member on the school site as a contact on the Use form.  
Booster Clubs must list a Booster parent as a contact on the Use form.

### **FIELD USE:**

- \_\_\_\_\_ After school hours and on weekends: City Parks & Recreation signatures are required. Sports clubs must work with the City Departments (Placentia or Yorba Linda) to be assigned fields. Independent sports clubs must complete the Use of Facilities form and provide all insurance documents requested by the District. Field assignments can only be made when all other community groups and sports teams have been placed.

**INSURANCE REQUIREMENTS:** Please contact Risk Management for assistance with your insurance (714-985-8476).

- \_\_\_\_\_ Contact your insurance provider and request a Certificate of Liability Insurance in the amount \$1,000,000 per occurrence, \$2,000,000 aggregate for BOTH Certificate Holders named below:

Placentia-Yorba Linda USD  
1301 E. Orangethorpe Ave.  
Placentia, CA, 92870

Southern California Schools Risk Mgmt JPA  
1950 So. Sunset Lane, Suite 100  
San Bernardino, CA 92408

\_\_\_\_\_ REQUIRED: Additional Insured endorsements. Endorsements are separate documents that are attached to the Certificates of Insurance that add the Certificate Holders to your policy. Both Certificate Holders, Placentia-Yorba Linda USD and Southern California Schools Risk Management JPA, need to be added to your insurance policy as Additional Insureds with the following wording:

The Placentia Yorba Linda Unified School District, its Board and Officers, agents and employees shall be named an Additional Insured, by separate endorsement. Any insurance maintained by (insert your group's name) shall be primary and any insurance or self-insurance maintained by the District shall be excess and non-contributing.

Current insurance policies must be provided each year. Renewal is the responsibility of the group. If the expiration date of your policy occurs while your group is using the facility, send a current copy of the insurance and follow up with a renewal (original) when it is received by your group.

All insurance policies on file must be original policies. We can accept a fax as proof of insurance to expedite the approval of the request. However, an original must be received within five (5) business days of the acceptance of the fax.

### **FOOD PREPARATION AND DISTRIBUTION:**

\_\_\_\_\_ Attach a list of all food vendors to your Use of Facilities request.

\_\_\_\_\_ All food truck vendors and vendors providing services from a portable food stall will need to provide a copy of their Health Permit for the Orange County Department of Health. The permit must be sent to the district office for review. The copy of the Health Permit may be a photo of the permit displayed in the window of the food truck.

Please see SECTION 5 and SECTION 9 of this guidebook for additional information regarding Food Health and Safety Guidelines.

### **SWIMMING POOL USE:**

\_\_\_\_\_ Current Senior Life Guard, CPR and Water Safety Instructor's Certificates required for all personnel on pool deck and must be provided with each application for each use of facility. All insurances must be provided as requested.

School sites will forward all completed forms and attachments to the District Office, Accounts Payable/Use of Facilities Department.

NO GROUP HAS PERMISSION OR APPROVAL TO BEGIN USING A FACILITY WITHOUT DISTRICT APPROVAL. PLEASE BE AWARE OF YOUR TIMELINE.

I have read the requirements for the permit process.

\_\_\_\_\_  
Requestor

\_\_\_\_\_  
Date

## **SECTION 4**

### **Placentia-Yorba Linda Unified School District**

#### **District Insurance Requirements for the Use of Facilities.**

The District requires proof of insurance from all individuals, organizations and businesses who apply for the use of any District facility. When you contact your insurance company, please give them this document that shows the District's insurance requirements.

All Applicants and Vendors must provide the District with a Certificate of Insurance naming the District and the JPA as Additional Insureds, by separate endorsements, for at least \$1,000,000 per occurrence, \$2,000,000 aggregate. Endorsements are separate documents that are attached to the Certificates of Insurance that add the Certificate Holders, the District and the JPA, to your policy.

The Certificate Holders and Additional Insureds are both:

Placentia-Yorba Linda Unified School District  
1301 E. Orangethorpe Ave.  
Placentia, CA 92870

And

Southern California Schools Risk Management (SCSRM) JPA  
1950 South Sunset Lane, Suite 100  
San Bernardino, CA 92408

The following wording is required in the endorsements:

The Placentia Yorba Linda Unified School District, its Board and its officers, agents and employees shall be named an Additional Insured, by separate endorsement. Any insurance maintained by (insert the name of the Organization, Individual or Vendor using the facility) shall be primary and any insurance or self-insurance maintained by the District shall be excess and non-contributing.

The District's insurance company will not accept certificates written after the date of the event.

If you need assistance with your insurance, please contact the Risk Management Department at 714-985-8476.

**Reproduction of ACCORD, Inc. Form**

**EXAMPLE OF CERTIFICATE OF LIABILITY INSURANCE**

Date: (MM/DD/YYYY)

The above notice confirms the provisions of the California Insurance Code, §384. Other states have similar provisions. It states that the policy, not the certificate governs coverage. The Additional Insured endorsement page **MUST** be attached to this Certificate.

<b>PRODUCER</b> <i>Name of Insurance Company</i>	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.	
<b>COVERED PARTY</b> <i>Applicant/Name of Organization applying for use of facility</i>	INSURER A	<i>The Insurer will be identified here. The Insurer letter appears again near the left margin under "Type of Coverage" to show which insurer provides which coverage</i>
	INSURER B	
	INSURER C	

THIS IS TO CERTIFY THAT THE COVERED PARTY NAMED ABOVE IS PROVIDED WITH THE COVERAGES LISTED BELOW FOR THE 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 COVERAGE DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS, AND CONDITIONS OF SUCH COVERAGE. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS (*This notice states that the policy supercedes the certificate form.*)

INS. LTR.	TYPE OF COVERAGE				POLICY NO	EFFECTIVE (MM/DD/YYYY)	EXPIRATION (MM/DD/YYYY)	LIMITS	
	<b>GENERAL LIABILITY</b>				<p><i>These two columns show inception and expiration dates for policies identified. Pay special attention that coverage does not expire before and during your lease or event.</i></p>			EA OCCURRENCE	\$1,000,000
X	COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED PREMISES (EA OCCUR)	\$1,000,000
		CLAIMS MADE		OCCUR				MED EXP (ANY ONE PERSON)	\$
X	WRONGFUL ACTS							PERSONAL & ADV INJURY	\$1,000,000
X	ERRORS & OMISSIONS							GENERAL AGGREGATE	\$2,000,000
	<b>GENERAL AGGREGATE LIMIT APPLIES PER</b>							PRODUCTS – COMP/OP AGG	\$
		POLICY		PROJECT					
	<b>AUTOMOBILE LIABILITY</b>				<p><i>The columns under "Type of Coverage" show what is provided through the Agent or Broker identified above. If the insured uses more than one Broker, this certificate will not identify all existing.</i></p>			COMB SINGLE LIMIT (EA ACCIDENT)	\$
	ANY AUTO							BODILY INJURY/PER INDIV	\$
	ALLOWED AUTOS							BODILY INJURY/PER ACCID	\$
	SCHEDULED AUTOS							PROPERTY DAMAGE	\$
	HIRED AUTOS								
	NON-OWNED AUTOS								
	<b>GARAGE LIABILITY</b>							AUTO ONLY – EA ACCIDENT	\$
	ANY AUTO						OTHER THAN EA ACC	\$	
							AUTO ONLY AGGR	\$	
	<b>EXCESS/UMBRELLA LIABILITY</b>							EA OCCURRENCE	\$
		OCCUR		CLAIMS MADE			AGGREGATE	\$	
								\$	
	DEDUCTIBLE							\$	
	RETENTION \$							\$	
	<b>WORKERS' COMPENSATION AND EMPLOYERS LIABILITY</b>							WC STAT	OTHER
	Any Proprietor/Partnership/Executive Officer/Member Excluded? If yes, explain under Special Provisions							E.L. EACH ACCIDENT	\$
								E.L. DISEASE – EA EMPL	\$
								E.L. DISEASE – POLICY LIMIT	\$

*The above columns to the right identify limits per occurrence and aggregate for each type of coverage afforded.*

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY

ENDORSEMENT /SPECIAL PROVISIONS

*This section may be used to restrict coverage to a specific lease or event.*

**CERTIFICATE HOLDER**

*Placentia-Yorba Linda USD  
1301 E. Orangethorpe Ave.  
Placentia, CA 92870*

*Southern California Schools RM JPA  
1950 S. Sunwest Lane, Suite 100  
San Bernardino, CA 92408*

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL \_\_\_\_\_ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

**AUTHORIZED REPRESENTATIVE (Signature)**

*The authorized representative of the insurer should be an employee, unless the agent or broker is specifically authorized to sign on behalf of the company.*

POLICY NUMBER: xx-xxxxxxxxxxx

COMMERCIAL GENERAL LIABILITY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR  
CONTRACTORS – (FORM B)

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART:

SCHEDULE

Name of Persons or Organizations:

Placentia-Yorba Linda USD  
1301 E. Orangethorpe Ave.  
Placentia, CA 92870

Southern California Schools RM JPA  
1950 S. Sunwest Lane, Suite 100  
San Bernardino, CA 92408

The Placentia-Yorba Linda USD, its Board and its officers, agents and employees shall be named as Additional Insured, by separate endorsement.

Any insurance maintained by (Name of Applicant/Organization) shall be primary and any insurance or self-insurance maintained by the District shall be excess and non-contributing.

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability arising out of “your work” for that insured by and for you.

EXAMPLE