

PLYMOUTH PUBLIC SCHOOLS
Application for Use of School FACILITIES

1330
FORM 2

School Facility Requested: Plymouth Center Harry S. Fisher Eli Terry Terryville High
(Circle)

Facility of School Requested: Gym Café Kitchen* Auditorium** Library
(Circle) Classroom Other _____

*Cafeteria workers are required for all kitchen use

**BOE Light & Sound Technician may be required for Auditorium Use

Date(s) of Activity:

Day: _____ **Date:** _____ **From** _____ **am/pm** **To** _____ **am/pm**
Set Up Time _____ **Actual Event Time** _____

Day: _____ **Date:** _____ **From** _____ **am/pm** **To** _____ **am/pm**
Set Up Time _____ **Actual Event Time** _____

Rehearsal Day: _____ **Date:** _____ **From** _____ **am/pm** **To** _____ **am/pm**

Organization Making Request _____

Contact Person _____ **Telephone #** _____

Address: _____

Email: _____

Names and Addresses of Persons Who Will Supervise the Activity:

_____ **Telephone#** _____

_____ **Telephone#** _____

Purpose for which Building is to be used: _____

If a flyer/printed information will be distributed on this event it must be attached.

Special requests: _____

The authorized agent for the organization above, and whose signature appears below, agrees that his/her organization will abide by the rules and regulations pertaining to the use of school facilities as prescribed by Plymouth Public Schools. The organization further agrees that any damage whatsoever to the building or any part thereof shall be repaired at the expense of the organization using the facilities. Please make certain all contact information is complete and accurate. If school is closed due to vacations or emergency cancellation, all events in school facilities are cancelled. In order to procure the use of facilities or grounds, the adult leasing the facility must be a resident of the Town of Plymouth and the activity must involve at least 51% of residents of the Town of Plymouth. A roster of participants with name and address also must be submitted prior to approval. We, the undersigned assume legal and financial responsibility for the above request:

Authorized Signature: _____ **Date:** _____

Do Not Complete – Office Use Only

Authorized Signature: _____
(Business Office)

Approved: _____ **Date:** _____

Not Approved: _____ **Date:** _____

Remarks: _____

Fees: Building _____
Custodian _____
Cafeteria Worker _____
Lights/Sound (If required) _____

Required: Police _____
Fire _____
*Certificate of Insurance _____ (REQUIREMENTS ATTACHED)
Other _____
Roster Attached _____
Flyer/brochure Attached _____

Approved Copies will be sent to the following:
Building Secretary _____ Building Head Custodian _____
Director of Maintenance _____ Technology Director (If using THS Auditorium) _____
Cafeteria Director (If using Kitchen) _____

Revised: October 13, 2021

Standard Insurance Requirements

_____ shall agree to maintain in force at all times during the contract the following minimum coverages and shall name the **Town of Plymouth and Plymouth Board of Education** as an Additional Insured on a primary and non-contributory basis to all policies except Workers

Compensation. All policies should also include a Waiver of Subrogation. Insurance shall be written with Carriers approved in the State of Connecticut and with a minimum AM Best's Rating of "A-" VIII. In addition, all Carriers are subject to approval by the **Town of Plymouth and Plymouth Board of Education**.

		(Minimum Limits)
General Liability	Each Occurrence	\$1,000,000
	General Aggregate	\$2,000,000
	Products/Completed Operations Aggregate	\$2,000,000
Auto Liability	Combined Single Limit	
	Each Accident	\$1,000,000
Umbrella (Excess Liability)	Each Occurrence	\$1,000,000
	Aggregate	\$1,000,000

If any policy is written on a "Claims Made" basis, the policy must be continually renewed for a minimum of two (2) years from the completion date of this contract. If the policy is replaced and/or the retroactive date is changed, then the expiring policy must be endorsed to extend the reporting period for claims for the policy in effect during the contract for two (2) years from the completion date.

Workers' Compensation and Employers' Liability	WC Statutory Limits	
	EL Each Accident	\$1,000,000
	EL Disease Each Employee	\$1,000,000
	EL Disease Policy Limit	\$1,000,000

Original, completed Certificates of Insurance must be presented to the **Town of Plymouth and Plymouth Board of Education** prior to contract issuance. _____ agrees to provide replacement/renewal certificates at least 60 days prior to the expiration date of the policies.