

**APPLICATION FOR USE OF SCHOOL BUILDING FACILITIES
OF THE SCHOOL BOARD OF BREVARD COUNTY, FLORIDA**

If approved, this application will be subject to the conditions of the use agreement on the back of this form and to the charges indicated by separate sheet. Read the conditions of this agreement carefully before signing the agreement.

Date Applied June 02, 2016 FOR July 1, 2016 to June 30, 2017 (Must be completed and submitted 10 days prior to use)

Name of School/Facility Gardendale Category of User (I, II, III, or IV see back for explanation) III

Name of Organization Making Application BCSO

Name of President Sheriff Wayne Tuley Phone No. 321 264-5201

Purpose and Description of Use Law Enforcement Training

Organization Website Address 700 S. Park Avenue, Titusville, FL 32780 E-mail address moros.linda@brevardschools.org

Please check Yes or No below:

Will there be an admission charge? Yes No Anticipated Attendance _____

Are sole participants eligible to attend grades K-12? Yes No Do some or all participants attend BPS schools? Yes No

Does your organization have a certificate of not-for-profit status from the Internal Revenue Service (IRS)? Yes No

Do you want to use the building without heating or air conditioning to reduce the cost of use? Yes No

↳ If AC is necessary BCSO will request via District Security/Facilities

| Dates of Use | Days of Week | Hours of Use by Applicant | |
|--------------|----------------|---------------------------|-----|
| | S M T W TH F S | From: | To: |
| | S M T W TH F S | From: | To: |
| | S M T W TH F S | From: | To: |
| | S M T W TH F S | From: | To: |

CHECK SPACE NEEDED

- Classroom(s) _____ (qty)
- Kitchen
- Cafetorium/Auditorium
- Gym
- Stadium
- Track
- Ball Field
- Portable(s) _____ (qty)
- Performing Arts Theatre
- Teacher workroom
- Ball Field lights
- Multi-Purpose Room
- Other _____

In addition to the terms listed on the back of this form, the User shall:

- a. Indemnify and hold the School Board of Brevard County, its agents, servants, and employees; harmless from all liability for any injury or damage which occurs on any property or in any facility made available to the User by the School Board pursuant to this agreement and which occurs during the course of any program or activity sponsored by the User. ~~This agreement to indemnify and hold harmless includes an obligation to indemnify and hold the School Board of Brevard County harmless for liability for any negligence on the part of the School Board.~~ The User's promise to indemnify and hold harmless also includes an obligation to assume full responsibility and expense of investigation, litigation, judgment, and/or settlement of any complaint, claim, or legal action.
- b. If the user is a public entity as defined in Florida Statute (F.S.) and is protected by the State's Sovereign Immunity Laws as found in F.S. §768.28, the user shall indemnify the School Board for all exposures as described in (a) above as permitted by this statute.
- c. Furnish a Certificate of Insurance naming the School Board of Brevard County as certificate holder and additional insured with general liability limits of at least \$1,000,000 per occurrence. Public entities shall submit a certificate outlining their coverages and adjusting company policy numbers.

I, Linda L. Moros, an officer and/or authorized representative of Brevard County Sheriff's Office organization, am empowered to enter into contracts and having read this agreement and conditions on the backside, do hereby agree to abide by said conditions.

Signature of Officer and/or Authorized Representative [Signature] Major Moros

Address 2700 Judge Fran Jamieson Way, Melbourne 32940

Authorized Representative's E-mail address moros.linda@brevardschools.org Phone No. 321 403-1402

Signature of Witness [Signature] Application must be fully completed, signed, and witnessed

ALL FACILITY USE AGREEMENTS EXPIRE JUNE 30 EACH YEAR

NOTE: Before this agreement becomes effective, it must bear the signature of all parties below.

[Signature]
Approved by Principal/Designee

Approved by Risk Manager/Designee



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
7/7/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. 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).

| | |
|---|--|
| PRODUCER Florida Sheriffs Risk Management Fund P.O. Box 12909 Tallahassee, FL 32317 | CONTACT NAME: Apryl Evans, ARM |
| | PHONE (A/C, No, Ext): 850-320-6880 ext. 6903 FAX (A/C, No): 850-320-6939 E-MAIL ADDRESS: |
| INSURED Brevard County Sheriff's Office 700 S Park Avenue, Bldg J Titusville, FL 32780 | INSURER(S) AFFORDING COVERAGE NAIC # INSURER A : FLORIDA SHERIFFS SELF-INSURANCE PROGRAM |
| | INSURER B : |
| | INSURER C : |
| | INSURER D : |
| | INSURER E : |
| | INSURER F : |

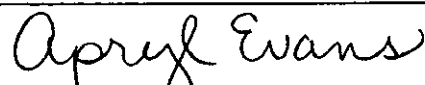
COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL SUBR: INSR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|--|---------------------|--------------------|-------------------------|-------------------------|--|
| | GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | | EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ |
| | AUTOMOBILE LIABILITY <input 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 | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ |
| | UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ | | | | | EACH OCCURRENCE \$ AGGREGATE \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below | N/A | | | | WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ |
| A | Law Enforcement Professional Liability including Premises Liability | | 16-FSRMF-05 | 10-1-15 | 10-1-16 | \$5,000,000 each occurrence; \$10,000,000 annual aggregate; |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Brevard CSO Training at Gardendale Elementary, 301 Grove Blvd, Merritt Island, FL 32953

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|---|---|
| CERTIFICATE HOLDER School Board of Brevard County 2700 Judge Fran Jamieson Way Melbourne, FL 32940 | CANCELLATION 30 DAY WRITTEN NOTICE SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
| | AUTHORIZED REPRESENTATIVE  |

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