REQUEST FOR APPROVAL OF DISTRICT SPONSORED SPECIAL EVENT

All Non-District sponsored Events please contact Leasing – (213) 241-6785

NON-LAUSD entities are required to provide proof of insurance prior to participating in a Special Event.

Date: _________________ Type of Special Event: □ On-Campus □ Off-Campus

School Name: ________________________________ Co-Located/Prop 39 Charter School. □ Yes □ No

LAUSD Contact Person: ___________________________ E-mail: ________________________________

Phone: (__) ________________________ Fax: (__) ________________________________

Event Description: ________________________________

Please check: □ Health Fair □ Athletic Event □ Vendors □ Inflatable/Jumpers

□ Food/Concessions □ Animals □ Other: __________

Date(s) of Event: ________________________________ Event Time: ______

Off-Campus Event Facility Name & Address: ________________________________

Have you entered into any agreement, contract or permit? □ Yes □ No - If yes, Please forward a copy of the document with this request

Does the off campus facility require Proof of Insurance from LAUSD? □ No □ Yes (If yes, attach request form http://certificatesofinsurance.lausd.net/)

Anticipated Total Event Attendance per Day: (Participants, Spectators, Staff and Guests): ________________

Date informed Local District _________________ Name of Person Notified: ________________________________

Method of Contact: Phone □ Fax □ Person □ Email □

➢ PRINCIPAL SIGNATURE: ________________________________ Date: ____________

➢ CO-LOCATED/PROP 39 CHARTER SCHOOL SIGNATURE ________________________________ Date: ____________

✓ Please forward completed request to Risk Management & Insurance Services @ riskfinance@lausd.net
  ▪ See Checklist on reverse page

Allow 30 days to process the request. If we have additional questions, we will contact you

➢ RISK MANAGEMENT APPROVAL: ________________________________ Date: ____________

03/17
Request for Approval of School Sponsored Special Event

The information requested must be forwarded in order to continue with consideration of approval of this event. The District, its board Members, Officers and individual Principals may be at risk for an adverse finding of liability in the event of an injury or accident during a sponsored event.

Please provide our office with the information stated below regarding your school sponsored special event:

- Itinerary – detailed statement of ALL planned activities and participants
- Identify Event organizer and provide a list of Vendors, Food Concessionaires
- Provide a detailed supervision plan
- Certificate of Insurance - Standard insurance requirements (below): The actual insurance requirements will be determined by the nature and scope of your activity and is subject to change; please refer to LAUSD Insurance Guidelines.

<table>
<thead>
<tr>
<th>COMMERCIAL GENERAL LIABILITY</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Each Occurrence Limit</td>
<td>$1,000,000</td>
</tr>
<tr>
<td>Fire Damage (Any One Fire)</td>
<td>$50,000</td>
</tr>
<tr>
<td>Medical Payments (Any One Person)</td>
<td>$5,000</td>
</tr>
<tr>
<td>Personal &amp; Advertising Injury</td>
<td>$1,000,000</td>
</tr>
<tr>
<td>General Aggregate</td>
<td>$2,000,000</td>
</tr>
<tr>
<td>Products/Completed Operations aggregate</td>
<td>$2,000,000</td>
</tr>
</tbody>
</table>

- **Business Auto Liability Insurance** for owned, scheduled, non-owned or hired automobiles with a combined single limit of no less than $1,000,000 per occurrence. If no company or organization autos will be used, then an Auto Liability Statement must be completed.

- **Workers’ Compensation and Employers Liability Insurance** in an amount covering full liability under the California Workers’ Compensation Insurance and Safety Act and in accordance with applicable state and federal laws. Part A – Statutory Limits, Part B - $1,000,000/$1,000,000/$1,000,000 Employer Liability

  Sole proprietors or organizations with no employees are exempt from providing Workers’ Compensation and Employers Liability Insurance, but must provide a signed Workers’ Compensation Statement.

- **Abuse and Sexual Molestation coverage** (applicable when youth are involved in any capacity)
  - $1,000,000 per occurrence/$1,000,000 aggregate

** FOOD TRUCK VENDORS MUST PROVIDE: Certificate of Insurance, ServSafe, Health Permit & a copy of their Business License

All Certificates of Liability Insurance must list LAUSD as the certificate holder and as an additional insured, SEE BELOW.

The Certificate Holder portion of the insurance certificate must be listed as follows:

Los Angeles Unified School District & the Board of Education of the City of Los Angeles
333 South Beaudry Ave, 28th Floor
Los Angeles, CA 90017

AND

Additional Insured Endorsement must be noted as follows:

The Commercial General Liability policy and the Commercial (Business) Automobile policy must contain an additional insured endorsement in favor of:

“Los Angeles Unified School District and the Board of Education of the City of Los Angeles”

03/17