COMMUNITY RELATIONS
NONSCHOOL USE OF SCHOOL FACILITIES

INSURANCE REQUIREMENTS

Insurance will be required for all nonschool-related activities as determined by the District. An original certificate of insurance listing the certificate holder as the District must be submit- ted prior to the use of the facility. Insurance policies must be one of the following types:

1. **Comprehensive General Liability:** Combined bodily injury and property damage — $1,000,000 per occurrence and $1,000,000 aggregate

2. Automobile Liability

    $1,000,000 CSL minimum limit for bodily injury and property damage on all owned, hired, and non-owned vehicles used on the site or in connection therewith.

3. Workers' Compensation and Employers' Liability Statutory Workers' Compensation Limits Minimum Employers' Liability Limits:
    * $1,000,000 each accident;
    * $1,000,000 policy limit by disease; and
    * $1,000,000 adopted: each employee by disease.

4. Umbrella Liability: Minimum Limit of $1,000,000 per occurrence / $1,000,000 aggregate

5. Other Insurance Provisions:

    a. DeSoto ISD will be named as an additional insured on the general liability and automobile insurance policies.

    b. Each policy will be endorsed to provide 30 days' written notice to DeSoto ISD of any cancellation or reduction in coverage.

    c. Insurance will be written by a carrier with A-: VII or better rating in accordance with the AM Best Key Rating Guide. Only insurance carriers licensed or duly authorized to do business in the state of Texas will be accepted.

    d. The general liability, automobile, and workers' compensation policies will include a Waiver of Subrogation Endorsement for DeSoto ISD.

The District reserves the right to review the coverage requirements during the effective period of any rental agreement and to make reasonable adjustments to the requirements when deemed reasonably prudent by the District based upon changes in laws, court decisions, or potential increase in exposure to loss.

Sign and submit with rental agreement and proof of coverage:
Name: _____
Position: _____
Organization: _____
Lessee signature: _____ Date: _____

For Office Use Only

I have reviewed and approved the above-named Lessee's coverage documents.
Name: _____
Position: _____
Signature: _____ Date: _____