



## FIELD TRIP AUTHORIZATION FORM

*Requests must be submitted to your campus Principal at least 8 weeks prior to the date of the proposed field trip. A copy of the Principal-approved request form must be submitted to the Central Administration Office for final Director of Program approval no less than 4 weeks prior to the field trip date. Teachers are encouraged to provide additional printed information relative to the field trip destination whenever available. Trips are always conditionally approved contingent upon a confirmed list of field trip drivers being provided to the Principal no later than 1 week prior to the trip date. The Director of Program may describe other contingencies as necessary.*

Teacher Name: Robert Thomas Date: 6/10/2017 Grade(s): 7&8

Classroom: Middle School Campus: Shingle Springs

Destination of Proposed Field Trip: Ashland, Oregon (Southern Oregon University)

Address: 1250 Siskiyou Boulevard, Ashland, Oregon 97520

Addie Eastman 866-545-6337  
(Contact Name) (Contact Phone #)

Cost per Student: \$ 165.00 (estimated) Date(s) of Proposed Field Trip: April 17, 18, 19, 2018

Departure from Campus Time: 9:00AM Return to Campus Time: 4:00PM

Date first payment needs to be made to vendor: \$5 per person per show to OSF - to be paid this summer (\$1500.00)

Date of Parent Chaperone Meeting: To Be Determined

The field trip is:  walking class trip  local/day trip  over night: 2 # nights  out-of-state\*  
\*Out-of-state field trips must be pre-approved by the Governing Board prior to booking. Please contact the Central Administration Office to learn more about the Governing Board meeting schedule.

Title/Description of Field Trip: (Note that walking class trips may be requested as a "standing approval" for events such as regular park outings, monthly library trips, etc. If requesting a "standing approval", please indicate all proposed dates of participation on one request form).

Students will attend three plays, at least two workshops, and two play prologues.

The group will stay at the Southern Oregon University dorm-style housing.

How will this field trip support the students' learning and how does it tie into the curriculum?

Students will study performing arts, specifically Shakespeare. Students will produce two plays after returning from the trip.

Projected # of students participating: 79 Projected # of students not participating: 0

Projected student participation rate: 100 %

Comments about student participation rate: We plan to have 100% of the students participating.

What is the alternative on-campus placement plan for students who will not be attending this field trip and how has this been communicated to parents? (If a substitute teacher is required for alternative on-campus placement, this cost must be factored into the total field trip cost.)

If a student is unable to participate, they will have classwork provided to them designed around

Shakespeare studies, play script analysis and other performing arts studies.

**Adults to Student Ratio:**

Tk/K - 3<sup>rd</sup>: # of Adults \_\_\_\_\_ per # of Students \_\_\_\_\_ (guideline is 1 Adult per 4 Students)

4<sup>th</sup> - 6<sup>th</sup>: # of Adults \_\_\_\_\_ per # of Students \_\_\_\_\_ (guideline is 1 Adult per 5 Students)

7<sup>th</sup> - 8<sup>th</sup>: # of Adults 1 per # of Students 4 (guideline is 1 Adult per 7 Students)

Fundraising Plans to Offset Cost: Parent sponsored activities. Student-run businesses.

How will transportation be provided? Parent Drivers

Will the students engage in high-risk activities (i.e. ropes course, kayaking, etc.)? Check one:  Yes  No  
If Yes:

- Please list activities \_\_\_\_\_
- Complete and Attach the Philadelphia Insurance Companies Special Event Questionnaire
- Attach a venue flyer and/or description of event
- Note: Parent/Guardian must sign a CMP Release of Liability in addition to the FT Permission Form.

Is venue requesting a Certificate of Insurance? Check one:  Yes  No

If Yes:

- Include a copy of the contract outlining their insurance requirements.
- Note: You may need to request a copy of the venue's Certificate of Insurance as well and provide a copy to Central Admin.

Please fill out and attach the Field Trip Emergency Plan with this Authorization Form

**Approval Process:**

1. Principal's Pre-Approval Required for Field Trip: Check one:  Approved  Denied

Kim Zawilski  
Principal Signature

10/11/17  
Date

2. Central Admin AA Review: Initials: Ro Date: 10/12/17

3. Student Services Coordinator Review: Check one:  Approved  Denied

James Hurley  
Student Services Coordinator Signature

10/13/17  
Date

4. Director of Program Approval Required for Field Trip: Check one:  Approved  Denied

Mickey Slambowski  
Director of Program Signature

10/13/2017  
Date

Contingent upon: \_\_\_\_\_

5. Board Approval Required for Out-of-State Field Trip: Check one:  Approved  Denied

\_\_\_\_\_  
Governing Board Chairman Signature or Designee

\_\_\_\_\_  
Date



Campus: Shingle Springs

Date(s) of Field Trip: April 17, 18, 19, 2018

## Field Trip Emergency Plan

(Please fill out and include with Field Trip Authorization Form)

Teacher Name: Robert Thomas Classroom: Middle School

Destination of Field Trip: Ashland Oregon Shakespeare Festival

Contact Name and Phone Number: SOU Staff 866-545-6337

Emergency CMP Contact #1: Bob Thomas 530-558-5391 #2 Kim Yeager 916-834-4056  
Name & Phone Number Name & Phone Number

Teacher responsible for making decisions regarding emergencies: Robert Thomas

This person is also responsible for making sure of the following:

- ✓ All emergency information is present and available
- ✓ Sufficient first aid kits are available to serve all participating students
- ✓ The responsible teacher has a functioning cell phone with number shared with other teachers and parent chaperones
- ✓ All safety protocols specific to this field trip are clearly communicated to the other participating teachers and parent chaperones

### Emergency Procedures:

*If ever there is a life threatening event or if the safety of the participants is jeopardized always call 911.*

What is the plan if a student gets ill/injured during the trip? \_\_\_\_\_

Lead teacher (Robert Thomas) will be notified. Student's parents will be contacted immediately. Decisions will then be made between Robert Thomas and Student's parents regarding the next actions step.

What is the plan if a parent chaperone gets ill/injured during the trip? \_\_\_\_\_

There will be a higher parent to student ration (1:4 rather than 1:7) than is mandated. Any ill or injured chaperones will be taken out of supervisory duty and students will be divided among the remaining chaperones.

What is the plan if an individual or group of students exhibit behavioral problems and need to be isolated from the group or sent home? \_\_\_\_\_

The first strategy is to offer student(s) behavioral recovery opportunities. A parent chaperone (or teacher) may be used to supervise isolated student(s). A parent chaperone may also be used to transport students back to campus should that (last resort) prove to be necessary.

What is the plan if a student or parent needs to go to the hospital? \_\_\_\_\_

Injured students requiring medical attention may be transported to the Ashland Community Hospital 280 Maple Street, Ashland, OR. The transporting chaperone will be accompanied by one of the teachers.

What is the plan if a student gets lost during this trip? \_\_\_\_\_

All students will be in small groups, 4-6 for each chaperone. Should a separation occur, chaperones are advised to contact the lead teacher, Robert Thomas, and immediately conduct a search for the student. Should it be necessary to inform authorities, the Ashland Police Dept may be contacted: 541-488-2211

What are the potential safety hazards specific to this trip? \_\_\_\_\_

Vehicle to vehicle, or vehicle to student are the only foreseeable hazards for this trip.

What plans could be put into place to make sure these situations are handled to the best of our ability? \_\_\_\_\_

Driver screening as per CMP guidelines insures the driver pool is reliable. Driver expectations detailed during parent chaperone/driver meetings will provide the information drivers need to be as safe as possible.

What is the plan if a parent chaperone is making choices which are jeopardizing the safety of the students? \_\_\_\_\_

Parents will be talked with immediately. Parent chaperones are informed of the expectations and consequences, in no uncertain terms, during chaperone pre-trip meetings. Consequences will be enforced in a case-by-case manner for offenders by Robert Thomas. Parents will be constantly monitored to be proactive.

**PHILADELPHIA INSURANCE COMPANIES**  
**SPECIAL EVENT QUESTIONNAIRE**  
Revised for CMP for High Risk & Overnight Field Trips

1. Name of your organization: California Montessori Project  
Policy No. or Account No.:
2. Teacher Name: Robert Thomas Classroom Name: Middle School  
Grade/s: 7 and 8 Ages range: 11 - 14
3. Destination of Proposed Field Trip: Ashland Oregon Shakespeare Festival (lodging at SOU)  
Address: 1250 Siskiyou Boulevard. Ashland, Oregon 97520  
Contact Name: Addie Eastman Contact Phone #: 866-545-6337  
Dates of Proposed Trip: April 17, 18, 19 2018 Cost per Student: \$165.00  
Departure time from Campus: 9:00AM Return to Campus time: 6:00PM
4. Description, Type of event: Shakespeare plays, Theater workshops  
Activities (details- please include a flyer, brochure, etc.): \_\_\_\_\_  
\_\_\_\_\_
5. Number of anticipated Students attending this event: 79  
Number of anticipated Employees attending this event: 5  
Number of anticipated Parent Chaperones attending this event: 18
6. Are lifeguards on duty?  Yes  No  Not Applicable (If Yes complete the following)  
Are they hired by  Insured  Place event is being held  
Is the lifeguard/s certified?  Yes  No CPR trained?  Yes  No  
Certificate received by insured?  Yes  No
7. Are sports activities being played?  Yes  No  Not Applicable (If Yes complete the following)  
Which sport/s? \_\_\_\_\_  
Are participants required to sign a waiver?  Yes  No  
Do participants have to show proof of personal health insurance?  Yes  No  
Are safeguards in place to prevent injury to spectators?  Yes  No
8. Will you sell or serve food?  Yes  No  Not Applicable  
Catered?  Yes  No (If Yes complete the following)  
Are they hired by:  Insured  Place event is being held?  
Certificate received by insured?  Yes  No
9. Organizations or agencies which will need to be named as Certificate Holder and/or additional insured (such as City or County or building owner): \_\_\_\_\_  
Address of Certificate Holder: \_\_\_\_\_  
Do we need to provide a certificate of insurance?  Yes  No  
Are you sure the Certificate holder needs to be named as an Additional Insured?  Yes  No  
If so, give date by which certificate must reach this organization
10. Note: No alcohol is to be served on Field Trip Events

Signed by: \_\_\_\_\_ Date: \_\_\_\_\_

California Montessori Project  
Field Trip Permission Slip & Emergency Information

Due with Specified Payment by April 1, 2018

**Payment:**

Date: \_\_\_\_\_  
Cash: \$ \_\_\_\_\_  
Check: # \_\_\_\_\_  
Verified: \_\_\_\_\_  
Coordinator's initials: \_\_\_\_\_

Classroom: CMP Shingle Springs Middle School Field Trip Destination: Ashland Oregon Shakespeare Festival

Date: April 17, 18, 19, 2018 Departure Time: 7:00am Return Time: 4:00pm Lunch: > (Pack a disposable lunch & water bottle)

Cost per Student\*: \$ 165.00 Cost per adult: \$ 165.00

\*CMP Policy provides that no student shall be excluded from a field trip for financial reasons.

Please Note: Siblings are not permitted on CMP Field Trips except in extenuating circumstances and parents are required to have at least 2 weeks prior approval. Siblings enrolled in CMP are expected to be in attendance in their own classrooms.

**Student Information:** My child, \_\_\_\_\_,  does /  does not have my permission to participate in the field trip listed above and to be transported by a CMP parent volunteer driver.

\_\_\_\_\_ My child requires a car booster seat! (required for child until 8 years old or 4'9" in height). Parents to leave seat with teacher.

**Parent Information:** Parent/Guardian Name(s): \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

**Volunteer and/or Driver Participation:**

\_\_\_\_\_ Yes, I, (driver name) \_\_\_\_\_ would like to drive on the field trip, and can accommodate \_\_\_\_\_ children, including my own child, in my car with seat belts and car seats if necessary.\*

I have been cleared by the school office to drive on fieldtrips by attending "7 Habits of Highly Effective Volunteers" and by submitting my Live Scan, TB test results, driving report, proof of insurance, driver's license and vehicle registration and am 25 years of age or older.

\_\_\_\_\_ Yes, I, (chaperone name) \_\_\_\_\_ would like to volunteer on the field trip.\*

I have been cleared by the school office to volunteer on fieldtrips by attending "7 Habits of Highly Effective Volunteers" and by submitting my Live Scan and TB test results and am 21 years of age or older.

\_\_\_\_\_ No, I am not able to participate on this field trip.

\*I understand there may be more volunteers and/or drivers than are allowed on the field trip and I will be notified if I will be driving or participating.

**AUTHORIZATION TO TREAT MINOR:** In the event that I, or other parent/guardian, cannot be reached in an emergency, I hereby give permission to the school staff or designated parent supervisor to secure proper treatment for my child. I do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon or dentist and performed by or under the supervision of the medical staff of the hospital or facility furnishing medical or dental services.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Important Notice:** California Law provides as follows: All persons making the field trip or excursion shall be deemed to have waived all claims against the school, district, or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion (Education Code Section 35330).

**EMERGENCY INFORMATION: MUST BE COMPLETED to accompany your child's chaperone/driver**

Print Name(s) of Parent/Guardian: \_\_\_\_\_

Parent/Guardian Work Phone: \_\_\_\_\_ Pagers/Cell Phones: \_\_\_\_\_

Additional Emergency Contact Person/Relationship: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Additional Emergency Contact Person/Relationship: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Physician/Health Insurance Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Phone: \_\_\_\_\_

Student's Critical Medical Needs/Allergies/Conditions: \_\_\_\_\_



## Registration Form, Release of Liability and Assumption of Risk Agreement

Class/Teacher: Middle School - Shingle Springs Date(s): April 17, 18, 19, 2018 Time: 7:00 AM

Participant's Name	Birth Date	Address	City, Zip Code	Home Telephone

Activity Description: Immersion Trip to Ashland Oregon for the Shakespeare Festival (three days, two nights)

Location: Ashland, Oregon Transportation: Approved Driver/Chaperones

Student Physical Involvement: Walking sidewalks, Theater seating, Climbing stairs

I understand that my child will be participating in a field trip as described above. At all times, California Montessori Project (hereinafter CMP) administrators, teachers, volunteers, and other staff seek to provide a safe environment and experience.

In providing consent for my child's participation, I acknowledge that certain known or unanticipated risks or danger of accidents resulting in an injury, accident, illness, or death may occur on this field trip. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

### AGREEMENT, WAIVER, AND RELEASE

Consistent with Education Code Section 35330, and in consideration for being permitted by CMP to participate in the above activity, I hereby voluntarily waive, release, and discharge any and all claims for damages for personal injury, death or property damage which I or my child may have, or which hereafter may accrue to me or my child, as a result of participation in said activity. This release discharges CMP, its officers, employees, and agents, from and against any and all liability arising out of or connected in any way with my participation in said activity. It is understood that this activity involves an element of risk and a danger of accidents and knowing those risks I hereby assume those risks. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. Should CMP or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold harmless CMP or anyone acting on their behalf from all such fees and costs.

**PARENTAL CONSENT:** (to be completed and signed by parent/guardian if participant is under 18 years of age)  
 I hereby consent that my son/daughter participate in the above activity, and I hereby execute the above waiver, agreement, and release in his/her behalf. I state that said minor is physically able to participate in said activity. Should CMP or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold harmless CMP or anyone acting on their behalf from all such fees and costs.

**I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER, AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE CALIFORNIA MONTESSORI PROJECT AND I SIGN IT OF MY FREE WILL.**

\_\_\_\_\_  
 Parent/Legal Guardian (Please print)      Parent/ Guardian Signature      Date

\_\_\_\_\_  
 Daytime Phone      Cell Phone      Email

Participants and parents/legal guardians hereby agree to abide by all rules, regulations and policies of CMP; and to follow the instructions of the CMP staff in charge of this activity.

\_\_\_\_\_  
 Parent/Legal Guardian Signature      Student Signature      Date

## We're on our way to Ashland!



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### DETAILS *(preliminary agenda – very preliminary!)*

- Depart: Tuesday, 4/17/2018 at 7:00AM *Sharp!*
- Return: Thursday 4/19/2018 at approx. 4:00PM

#### Lodging destination:

- Southern Oregon University (SOU): 1250 Siskiyou Blvd | Ashland, OR 97520
  - Cox Hall Conference Office (541) 552-6375
  - Breakfast and Lunch dining accommodations at the SOU dining hall.
  - SOU provides all bedding (pillows, sheets, blankets) and towels.

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### ITINERARY

#### Tuesday, April 17:

- Drive to Ashland – lunch on the road (sack lunch)
- Play Prologue TBD
- Evening Play: TBD
- Check into lodging at SOU
- Play Prologue TBD
- Evening Play: TBD

#### Wednesday, April 18:

- Theater Workshops at SOU
- Play Prologue TBD
- Chaperone groups out on the town for dinner
- Evening Play: TBD

#### Thursday, April 19:

- Pack cars in preparation to head home
  - Drive home – Lunch on the road
-





CALIF01

OP ID: OBQQ

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
08/18/2017

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 have **ADDITIONAL INSURED** provisions or 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).

<b>PRODUCER</b> Professional Ins. Assoc., Inc. 1100 Industrial Road #3 San Carlos, CA 94070 John P. Cruden III, CPCU	650-592-7333	<b>CONTACT NAME:</b> John P. Cruden III, CPCU <b>PHONE (A/C, No, Ext):</b> 650-592-7333 <b>FAX (A/C, No):</b> 650-594-4936 <b>E-MAIL ADDRESS:</b> John_cruden@piainc.com																					
<b>INSURED</b> California Montessori Project Mary Percoski 5330 A Gibbons Drive #700 Carmichael, CA 95608	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A:</td> <td>Philadelphia Indemnity Ins.</td> <td style="text-align: center;">18058</td> </tr> <tr> <td>INSURER B:</td> <td>Oak River Ins. Co.</td> <td style="text-align: center;">34630</td> </tr> <tr> <td>INSURER C:</td> <td>Philadelphia Insurance Company</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </table>		INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Philadelphia Indemnity Ins.	18058	INSURER B:	Oak River Ins. Co.	34630	INSURER C:	Philadelphia Insurance Company		INSURER D:			INSURER E:			INSURER F:		
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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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  <input checked="" type="checkbox"/> Educators Legal L  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER	X		PHPK1693404	08/10/2017	07/01/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 25,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000 Emp Ben. \$ 1,000,000
A	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			PHPK1693404	08/10/2017	07/01/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			PHUB595721	08/10/2017	07/01/2018	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/ MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below.	Y/N	N/A	CAWC713068	08/10/2017	07/01/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

Certificate holder is named as additional insured for the use of its premises for activities of the Named Insured.

**CERTIFICATE HOLDER**
**CANCELLATION**

Southern Oregon University  
 1250 Siskiyou Blvd.  
 Ashland, OR 97520

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

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.****GENERAL LIABILITY DELUXE ENDORSEMENT  
SCHOOLS**

This endorsement modifies insurance provided under the following:

**COMMERCIAL GENERAL LIABILITY COVERAGE**

It is understood and agreed that the following extensions only apply in the event that no other specific coverage for the indicated loss exposure is provided under this policy. If such specific coverage applies, the terms, conditions and limits of that coverage are the sole and exclusive coverage applicable under this policy, unless otherwise noted on this endorsement. The following is a summary of the Limits of Insurance and additional coverages provided by this endorsement. For complete details on specific coverages, consult the policy contract wording.

Coverage Applicable	Limit of Insurance	Page #
Damage to Premises Rented to You	\$300,000	2
Extended Property Damage	Included	2
Non-Owned Watercraft	Less than 58 feet	2
Supplementary Payments – Bail Bonds	\$2,500	2
Supplementary Payment – Loss of Earnings	\$500 per day	2
Medical Payments	\$15,000	3
Medical Payments-Extended Reporting Period	3 years	3
Employee Indemnification Defense Coverage for Employee	\$25,000	3
Additional Insured – Medical Directors and Administrators	Included	3
Additional Insured – Managers and Supervisors	Included	3
Additional Insured – Broadened Named Insured	Included	3
Additional Insured – Funding Source	Included	3
Additional Insured – Managers or Lessors of Premises	Included	4
Additional Insured – By Contract, Agreement or Permit	Included	4
Additional Insured – Broad Form Vendors	Included	4
General Aggregate – Per Campus	Included	5
Duties in the Event of Occurrence, Claim or Suit	Included	6
Other Insurance – Primary Additional Insured	Included	6
Other Insurance - You Are An Additional Insured On Another Person's Or Organization's Policy.	Included	7
Unintentional Failure to Disclose Hazards	Included	8
Liberalization	Included	8
Bodily Injury – includes Mental Anguish	Included	8
Personal and Advertising Injury – Includes Abuse of Process, Discrimination	Included	8
Transfer of Rights of Recovery Against Others To Us	Clarification	8
Science Laboratory "Occurrence"	\$50,000	9
Medical Incident Liability-Nurse and Athletic Trainer	Included	9

are amended as follows:

1. The limit for the cost of bail bonds is changed from \$250 to \$2,500; and
2. The limit for loss of earnings is changed from \$250 a day to \$500 a day.

**E. Medical Payments - Limit Increased to \$15,000, Extended Reporting Period**

If **COVERAGE C MEDICAL PAYMENTS** is not otherwise excluded from this Coverage Part:

1. The Medical Expense Limit is changed subject to all of the terms of **SECTION III - LIMITS OF INSURANCE** to the greater of:
  - a. \$15,000; or
  - b. The Medical Expense Limit shown in the Declarations of this Coverage Part.
2. **SECTION I – COVERAGE, COVERAGE C MEDICAL PAYMENTS, Subsection 1. Insuring Agreement, the second part of Paragraph a. is amended to read:**

provided that:

  - (2) The expenses are incurred and reported to us within three years of the date of the accident;

**F. Employee Indemnification Defense Coverage**

Under the **SUPPLEMENTARY PAYMENTS - COVERAGES A AND B** provision, the following is added:

3. We will pay, on your behalf, defense costs incurred by an "employee" in a criminal proceeding.

The most we will pay for any "employee" who is alleged to be directly involved in a criminal proceeding is \$25,000 regardless of the numbers of "employees", claims or "suits" brought or persons or organizations making claims or bringing "suits".

**G. SECTION II - WHO IS AN INSURED** is amended as follows:

1. If coverage for newly acquired or formed organizations is not otherwise excluded from this Coverage Part, Paragraph 3.a. is changed to read:
  - a. Coverage under this provision is afforded until the end of the policy period.
2. Each of the following is also an insured:
  - a. **Medical Directors and Administrators** - Your medical directors and administrators, but only while acting within the scope of and during the course of their duties as such.
  - b. **Managers and Supervisors** - If you are an organization other than a partnership or joint venture, your managers and supervisors are also insureds, but only with respect to their duties as your managers and supervisors.
  - c. **Broadened Named Insured** - Any organization and subsidiary thereof which you control and actively manage on the effective date of this Coverage Part. However, coverage does not apply to any organization or subsidiary not named in the Declarations as Named Insured, if they are also insured under another similar policy, but for its termination or the exhaustion of its limits of insurance.
  - d. **Funding Source** - Any person or organization with respect to their liability arising out of:
    - (1) Their financial control of you; or

- (e) Any failure to make such inspections, adjustments, tests or servicing as the vendor has agreed to make or normally undertakes to make in the usual course of business, in connection with the distribution or sale of the products;
  - (f) Demonstration, installation, servicing or repair operations, except such operations performed at the vendor's premises in connection with sale of the product;
  - (g) Products which, after distribution or sale by you, have been labeled or relabeled or used as a container, part or ingredient of any other thing or substance by or for the vendor.
- (2) This provision does not apply to any insured person or organization, from whom you have acquired such products, or any ingredient, part or container, entering into, accompanying or containing such products.
- (3) This provision does not apply to any vendor included as an insured by an endorsement issued by us and made a part of this Coverage Part.
- (4) This provision does not apply if "bodily injury" or "property damage" included within the "products-completed operations hazard" is excluded either by the provisions of the Coverage Part or by endorsement.

**H. Per Campus – General Aggregate**

**1. SECTION III – LIMITS OF INSURANCE, Paragraph 2., is amended to the following:**

The General Aggregate limit is the most we will pay:

a. For all sums which the insured becomes legally obligated to pay as damages caused by "occurrences" under **SECTION I – COVERAGE, COVERAGE A BODILY INJURY AND PROPERTY DAMAGE LIABILITY**, and for all medical expenses caused by accidents under **SECTION I – COVERAGE, COVERAGE C MEDICAL PAYMENTS** which can be attributed only to operations at a single designated "campus" shown in the Declarations.

- (1) A separate General Aggregate Limit is applicable to each single designated "campus" shown in the Declarations and that limit is equal to the amount of the General Aggregate Limit shown in the Declarations.
- (2) The General Aggregate Limit is the most we will pay for the sum of all damages under **COVERAGE A**, except damages because of "bodily injury" or "property damage" included in the "products-completed operations hazard", and for medical expenses under **COVERAGE C** regardless of the number of:
- (a) Insureds;
  - (b) Claims made or "suits" brought; or
  - (c) Persons or organizations making claims or bringing "suits".
- (3) Any payments made under **COVERAGE A** for damages or under **COVERAGE C** for medical expenses shall reduce the General Aggregate Limit for that designated "campus". Such payments shall not reduce the General Aggregate Limit shown in the Declarations nor shall they reduce any other General Aggregate Limit for any other designated "campus" shown in the Declarations.
- (4) The limits shown in the Declarations for Each Occurrence, Fire Damage and Medical Expense continue to apply. However, instead of being subject to the General Aggregate Limit shown in the Declarations, such limits will be subject to the applicable single designated "campus" General Aggregate Limit.

**2. SECTION V – DEFINITIONS is amended by adding the following:**

- (1) The total amount that all such other insurance would pay for the loss in the absence of this insurance; and
- (2) The total of all deductible and self-insured amounts under all other insurance.

We will share the remaining loss, if any, with any other insurance that is not described in this excess insurance provision and was not bought specifically to apply in excess of the Limits of Insurance shown in the Declarations of this Coverage Part.

- c. Method of Sharing - If all the other insurance permits contribution by equal shares, we will follow this method also. Under this approach each insurer contributes equal amounts until it has paid its applicable limit of insurance or none of the loss remains, whichever comes first.

If any or the other insurance does not permit contribution by equal shares, we will contribute by limits. Under this method, each insurer's contribution is based on the ratio of its applicable limits of insurance of all insurers.

2. This provision only applies with respect to your operations, "your work" or facilities owned or used by you.

**K. Other Insurance – You Are An Additional Insured On Another Person's Or Organization's Policy**

If you are an insured under SECTION II - WHO IS AN INSURED, then SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS, Subsection 4. OTHER INSURANCE, Paragraph b. Excess Insurance is replaced by the following:

This insurance is excess over any other insurance, whether primary, excess, contingent or on any other basis:

1. That is Fire, Extended Coverage, Builders Risk, Installation Risk or similar coverage for "your work";
2. That is Fire, lightning or explosion insurance for premises rented to you or temporarily occupied by you with permission of the owner;
3. If the loss arises out of the maintenance or use of aircraft, "autos" or watercraft to the extent not subject to SECTION I – COVERAGE, COVERAGE A BODILY INJURY AND PROPERTY DAMAGE LIABILITY, Subsection 2. Exclusions, Paragraph g.; or
4. When any of the Named Insureds, under this Coverage Part, are additional insureds under a commercial general liability policy or similar insurance of another party.

When this insurance is excess, we will have no duty under Coverages A or B to defend any claim or "suit" that any other insurer has a duty to defend. If no other insurer defends, we will undertake to do so, but we will be entitled to the insured's rights against all those other insureds.

When this insurance is excess or other insurance, we will pay only our share of the amount of the loss, if any, that exceeds the sum of:

1. The total amount that all such other insurance would pay for the loss in the absence of this insurance; and
2. The total of all deductible and self-insured amounts under all that other insurance.

We will share the remaining loss, if any, with any other insurance that is not described in this Excess Insurance provision and was not bought specifically to apply in excess of the Limits of Insurance shown in the Declarations of this Coverage Part.

Therefore, the insured can waive the Insurer's Rights of Recovery prior to the occurrence of a loss, provided the waiver is made in a written contract.

**Q. Science Laboratory "Occurrence"**

**SECTION I – COVERAGE, COVERAGE A BODILY INJURY AND PROPERTY DAMAGE LIABILITY**, Subsection 2. Exclusions, Paragraph f. does not apply to any "bodily injury" or "physical damage" arising out of a fire or "occurrence" in any of your science laboratories while teaching is being conducted in that laboratory, subject to a \$50,000 per policy limit.

**R. Medical Incident Liability-Nurse and Athletic Trainer**

1. **SECTION II – WHO IS AN INSURED**, Subparagraph 2.a. (1) (d) is deleted and replaced by the following:

(d) Arising out of his or her providing or failing to provide professional medical services. This paragraph does not apply to a registered or practical nurse or athletic trainer, while acting within the scope of his or her duties for the Named Insured and arising out of a "medical incident".

2. **SECTION V – DEFINITIONS, 13.** is deleted and replaced by the following:

"Occurrence" means an accident, including continuous or repeated exposure to substantially the same general harmful conditions, and "medical incident".

3. The following definition is added to **SECTION V – DEFINITIONS**:

"Medical Incident" means any act or omission in the furnishing or failure to furnish professional medical services by the insured or any person acting under the personal direction, control, or supervision of the insured. Any such act or omission together with all related acts or omissions in the furnishing of such services to any one person shall be considered one "medical incident".

"Medical incident" does not include any actual, alleged or threatened emotional, physical, or sexual abuse of any patient or professional medical services recipient.