

New Jersey School Boards Association Insurance Group

Application 2011

General Liability Insurance

Additional Insured Application for a Board of Education sponsored Foundations,
Booster clubs, and other affiliated entities

Name of Foundation _____ Foundation Contact Individual _____

Address _____

City _____ State NJ Zip Code _____

Phone # _____ Fax # _____ Email Address _____

Sponsoring Board of Education _____

Organizational Information

1. Date Foundations filed as a 501C (3) of the Internal Revenue Code. _____

2. Estimated Total revenue for the next 12 months. _____

*Annual revenue cannot exceed \$100,000 and total assets must be under \$500,000

3. Does the Foundation employ any staff directly? _____

4. Does the Foundation have any corporate sponsorship? _____

5. Is the Foundation involved with any childcare activities? _____

6. Does the Foundation sponsor any activities where alcohol is supplied? _____

7. Are all Foundation activities formally approved by the sponsoring BOE? _____

8. Please list all activities planned for the next 12 months.

9: Does this organization have its own General Liability Policy? _____

Authorized signature is the person designated to receive all notices from the insurers or their authorized representative concerning the insurance.

Authorized Signature Date

Name _____

Title _____

Address _____
