

# New Jersey School Boards Association Insurance Group

## Application 2010

### 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. \_\_\_\_\_
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.  
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\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 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 \_\_\_\_\_  
\_\_\_\_\_