



## Boca Raton Community High School

1501 NW 15<sup>th</sup> Court, Boca Raton, FL 33486



**THE FOLLOWING DOCUMENTS ARE REQUIRED FOR LEASING FACILITY SPACES AND MUST BE READY IN ORDER TO INITIATE THE LEASING PROCESS.**

Documents MUST be submitted electronically, preferably at the same time, via email to:

[shawn.servos@palmbeachschools.org](mailto:shawn.servos@palmbeachschools.org) & [annette.manfredi@palmbeachschools.org](mailto:annette.manfredi@palmbeachschools.org)

**IMPORTANT for ALL Non-Profit, Corporate, or Business Leases:**

ALL supporting documentation submitted must bear the **SAME** organizational name that is leasing (paying for) the facility space(s).

**For Non-Profit Organizations** – to be eligible for the non-profit rate, the following documentation is required. If you are unable to provide the required Non-Profit documentation, are a Corporation, or an individual, you will be charged Commercial Lease rates, plus State and County Sales Tax, plus applicable labor billing rates.

- Documentation of Non-Profit Status (IRS Letter granting 501(c)(3) Status) or State of Florida Corporation Status (sunbiz.org) showing **active** non-profit status.
- Sales Tax Exemption Certificate (if applicable).
- Liability Insurance: Provide a copy of current Certificate of Insurance (COI) policy with the “**School Board of Palm Beach County**” named as the certificate holder (*see also* Sample Lessee COI included herein). Be sure: (a) each occurrence limit is a minimum of \$1,000,000; (b) medical minimum is \$5,000; and (c) general aggregate minimum is \$2,000,000. When requesting the COI, be clear that the COI certificate holder is the “**School Board of Palm Beach County**” and **NOT** the name of the school (Boca Raton Community High School).
- Facility Space Utilization and Leasing Request (Google Form) MUST be completed as part of the initiation of the Leasing process: <https://forms.gle/nJ4TES2QDAKVuoiu5>

**For Corporations or Other Businesses** –

- Current (active) Business License or State of Florida Corporation Status (sunbiz.org) showing **active** status.
- All Other Checkboxes Above.

**For Individuals** –

- If you DO NOT have a COI, you may purchase Vendor Liability Insurance through the School District.
- All Other Checkboxes Above.

\*\*\* All Leases **MUST** be APPROVED and SIGNED at least seven (7) days prior to lease execution and PAID IN FULL two (2) or more days prior to start date. Leases are subject to approval by the School Principal and School District of Palm Beach County and may be CANCELLED for NOT meeting approval criteria or payment conditions\*\*\*



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FY 22 LESSEE EXAMPLE



## CERTIFICATE OF LIABILITY INSURANCE

(1)

DATE (MM/DD/YYYY)  
07/01/2020

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> The Beacon Group, Inc. 6001 Broken Sound Pkwy., N.W. Suite 500 Boca Raton FL 33487-2730		<b>CONTACT NAME:</b> PHONE (Adv. No. Ext): (561) 994-9994 FAX (A/C. No): (561) 997-7087 E-MAIL ADDRESS:	
<b>INSURED</b> Sample Named Insured ← Lessee Street Address Company Name City State Zip Code (2)		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: ABC Insurance Company INSURER B: 123 Insurance Company INSURER C: 000 Insurance Company INSURER D: INSURER E: INSURER F:	

COVERAGES CERTIFICATE NUMBER: CL209209916 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
(3)	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X	X	123564	07/01/2020	07/01/2021	EACH OCCURRENCE \$ 1,000,000 (7) DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 (8) PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 (9) PRODUCTS - COMPIOP AGG \$ 1,000,000
(10)	<b>AUTOMOBILE LIABILITY If Applicable</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> OTHER:	X	X	5436579	07/01/2020	07/01/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 500,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
(11)	Participant Coverage			123456	07/01/2020	07/01/2021	Limit \$25,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
  
(14) Blank or Description of Operations

<b>CERTIFICATE HOLDER</b> School Board of Palm Beach County 3300 Forest Hill Boulevard West Palm Beach, FL 33406 (12)	<b>CANCELLATION</b> 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 (13)
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