

FACILITIES & COMMUNITY SERVICES OFFICE
SAN JOSE UNIFIED SCHOOL DISTRICT

SPRING FIELD USE PERMIT
January 31 – July 24, 2010

League: Almaden Valley Girls Softball
Contact: Peter Fuqua
Phone(s): 396-7817 / 268-0828

Site Requested: Leland

Fields Requested: 1 softball field

Weekdays Allowed: Mon.-Fri.
Weekends Allowed: Sat. & Sun.

Weekday hours: 5:30-dusk
Weekend hours: 9 a.m.-7 p.m.

Notes:

SAN JOSE UNIFIED SCHOOL DISTRICT RULES OF USE

1. SJUSD programs have priority use of all fields.
2. The **three strikes and you're out** rule is in place.**
3. Portable lights and amplified sound systems are prohibited from use on all district fields.*
4. You must receive permission from the principal to bring a portable toilet on site. Ask him/her where it should be placed. It must be secured to an immovable object, cleaned regularly and be removed immediately following the last game of the season. If vandalized, it must be dealt with and the correction made that day or by the following day if reported to you after 12 noon.
5. Teams must adhere to scheduled days and hours of use. **Absolutely no league personnel can be on a school field during the week while school is in session.**
6. Practices and games must be canceled if measurable rainfall occurs within 24 hours of scheduled practice or game.
7. Coaches must have their permit with them when using the field.
8. Fields must be walked for trash pickup each time you finish using the field and then taken with you, not placed in the school garbage can or dumpster.
9. Do not park in red zones or block homeowners driveways. Park in the school parking lots first.
10. If unauthorized players will not leave a field or you see vandalism occurring on the fields, call our District Central Station Office at 408-278-6923.
11. Weekend use can begin no earlier than 9 AM if the school is in a neighborhood.
12. Leagues using fields following ASAS may not be on the field until 6 p.m. Make sure parents understand this so they do not let their kids on the field to wait for practice/games to begin or to kick or toss a ball around. It is unsafe for them to do so while ASAS is using the field.
13. Good sportsmanship is expected at all times, especially between leagues sharing a field.

***Your league can incur only 3 strikes during a season and then your permit will be pulled for that field. Strikes are incurred when the above SJUSD Rules of Use and/or the "Field Conditions of Use" rules you signed and sent in with your field request paperwork, are violated.*



Sue Avila,
Facilities Use Technician

* Use of amplified sound is not permitted at any time, on any SJUSD field, unless prior Board approval has been received. Call Sue at 535-6712 for more information.

SANJOSE-09 CHPA

ACORD™ CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 1/18/2010
PRODUCER Gagliardi Insurance Services, Inc. 264 Digital Drive Morgan Hill, CA 95037	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED San Jose P.A.L. 680 S. 34th Street San Jose, CA 95116	INSURERS AFFORDING COVERAGE INSURER A: Starr Indemnity & Liability Company INSURER B: INSURER C: INSURER D: INSURER E:	NAIC #

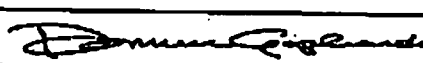
COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

LINE NO.	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Athletic Participants <input checked="" type="checkbox"/> Abuse & Molestation GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	P2GL-108116-02	1/1/2010	1/1/2011	EACH OCCURRENCE \$ 1,000,000
					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
					MED EXP (Any one person) \$ 5,000
					PERSONAL & ADV INJURY \$ 1,000,000
					GENERAL AGGREGATE \$ 2,000,000
					PRODUCTS - COMP/OP AGG \$ 1,000,000
					Participant Legal Liab 1,000,000
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	P2GL-108116-02	1/1/2010	1/1/2011	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
					BODILY INJURY (Per person) \$ 1,000,000
					BODILY INJURY (Per accident) \$ 1,000,000
					PROPERTY DAMAGE (Per accident) \$ 1,000,000
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$				
A	EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$	ELO0001314	1/1/2010	1/1/2011	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000
	WORKERS COMPENSATION AND EMPLOYER'S LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER				WC SHALL TOSTY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Other Sports Medical	BAP-113718-1	1/1/2010	1/1/2011	AD&D 10,000/Ded 500 Limit 100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

LELAND HIGH SCHOOL IS AN ADDITIONAL NAMED INSURED, BUT ONLY WITH RESPECT TO LIABILITY ARISING OUT OF OPERATIONS OF THE NAMED INSURED. ALL POLICY TERMS AND CONDITIONS APPLY.

CERTIFICATE HOLDER Leland High School 6877 Camden Avenue San Jose, CA 95120	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE: 
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SANJOSE-09 CHPA

ACORD™ CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 1/16/2010
PRODUCER Gagliardi Insurance Services, Inc. 284 Digital Drive Morgan Hill, CA 95037		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
INSURED San Jose P.A.L. 880 S. 34th Street San Jose, CA 95116		
		INSURERS AFFORDING COVERAGE
		NAIC #
		INSURER A: Starr Indemnity & Liability Company
		INSURER B:
		INSURER C:
		INSURER D:
		INSURER E:

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

LINE	ADDITIONAL INSURED	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Athletic Participants <input checked="" type="checkbox"/> Abuse & Molestation GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	P2GL-108116-02	1/1/2010	1/1/2011	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (EA occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGO \$ 1,000,000 Participant Legal Liab \$ 1,000,000
B		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> BOHEMIALED AUTOS <input checked="" type="checkbox"/> HIREN AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	P2GL-108116-02	1/1/2010	1/1/2011	COMBINED SINGLE LIMIT (EA accident) \$ 1,000,000 BODILY INJURY (Per person) \$ 1,000,000 BODILY INJURY (Per accident) \$ 1,000,000 PROPERTY DAMAGE (Per accident) \$ 1,000,000
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ ASG \$
A		EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$	EL00001314	1/1/2010	1/1/2011	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS DESK				W/C STATUTORY LIMITS \$ OTHER \$ EL EACH ACCIDENT \$ EL DISEASE - EA EMPLOYEE \$ EL DISEASE - POLICY LIMIT \$
A		OTHER Other Sports Medical	BAP-113716-1	1/1/2010	1/1/2011	AD&D 10,000/Dad 500 Limit 100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 GREYSTONE ELEMENTARY SCHOOL IS AN ADDITIONAL NAMED INSURED, BUT ONLY WITH RESPECT TO LIABILITY ARISING OUT OF OPERATIONS OF THE NAMED INSURED, ALL POLICY TERMS AND CONDITIONS APPLY.

CERTIFICATE HOLDER

CANCELLATION

Greystone Elementary School 8982 Shearwater Drive San Jose, CA 95120	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE
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