

General Liability Additional Insured Request Form

Organization Information:

Organization Name: _____

Insured Number: _____ Phone Number: _____

Address: _____

City, State & Zip: _____

Requesting Board Members Name: _____

Contact Email: _____

Additional Insured Information:

Name of Additional Insured: **Board of Education of Harford County, Operations Department**

Mailing Address: **A.A. Roberty Building, 102 South Hickory Avenue**

Bel Air, MD 21014

City, State & Zip: _____

Where to send Certificate (Email/Fax): _____ ☒ Same as above

Required to use Harford County Public Schools Facilities

Name/Description of Event: _____

Dates/Times of Event: _____

See following page.

Additional Insured Wording (if applicable): _____

Insurable Interest of Additional Insured: (Check or List)

School/District ☒

Use of Premises ☐

Grantor of Permit ☐

Teacher/Instructor ☐

Other _____

Acknowledgments:

Please note, adding an Additional Insured means you agree to share the total limits of the policy.

Requesting Board Members Signature: _____ Date: _____

Typed or Electronic Signatures are not accepted.

Please send to aim@aim-companies.com. Please allow 24 hours for processing.

Association Insurance Management, Inc. PO Box 742946 | Dallas, TX 75374-2946 | Phone: 800-876-4044 - Fax: 214-360-0802

Certificate Holder:

**Board of Education of Harford County
Operations Department
A. A. Roberty Building
102 S Hickory Ave
Bel Air, MD 21014**

This is the Harford County Public Schools (HCPS) Additional Insured statement that needs to be included on the Certificate of Insurance (COI):

This policy is amended to include, as additional insured, the Board of Education of Harford County and its elected and appointed officials, officers, agents, employees and authorized volunteers, but only for liability arising out of operations on, at, or adjacent to premises of the Board of Education of Harford County.