



Rules for Planning Carnivals, Events and Festivals

All contracts have a **minimum of 2 weeks lead time** to coordinate all appropriate District staff. You must also take into account District breaks in your lead time. Keep in mind, if you **DO NOT** meet the timelines, you risk your event not being approved.

SUSD Contact: Lisa Marcarelli at LMarcarelli@susd.org or 480-484-8502

- The sponsoring group should verify the vendor's current business name and good standing.
 - a. Name registration can be found at: <https://apps.azsos.gov/apps/tnp/se.html>
 - b. Corporate standing on the State of Arizona's site: <http://ecorp.azcc.gov/>
- If a school, not PTO/Boosters, is sponsoring the event, send a copy of the vendor's rental agreement/contract, along with the contract review form (iDrive/Legal) to Louise in Legal for review and signature. Legal needs **2 weeks prior** to your event to review. Keep in mind employees **are not** allowed to sign on behalf of the District.
- If PTO/Boosters are sponsoring the event, they can sign the contract on their own behalf.
- Send the vendor's invoice of the carnival items reserved along a link(s) to the vendor's website and each individual inflatable or carnival game to Lisa Marcarelli. Submit **3 weeks prior** to your event.
- Per District policy, **every** vendor must issue a certificate of insurance naming the District as additionally insured. The District requires \$1M General Liability per occurrence and \$100K for Rented Premises/Fire. (See COI Example attached). The COI must come directly from the vendor's insurance carrier and should be sent to Lisa Marcarelli. Lisa can verify if a current certificate of insurance (COI) for your vendor is on file.
- Send a copy of the final invoice to document the final selection to Lisa **2 weeks prior** to your event.
- Building Services needs to be informed that a carnival is being planned and the location of the carnival. For large events, submit a layout to Lisa with the proposed location for each activity for Building Service's review.
- Building Services is to be notified **no less than 2 weeks prior** to the carnival date so that irrigation can be adjusted accordingly for the event. (Valve boxes, sprinkler heads, marked and controllers turned off, etc.).
- You must notify school maintenance immediately after the event if any landscape irrigation was broken. This allows the grounds team to turn the irrigation off.**

RESTRICTED ITEMS THAT WILL NOT BE APPROVED

- Fog Machines
- Laser tag (regardless of type of laser device)
- Wrestling (Sumo wrestler suits) or Boxing
- Jousting
- Climbing walls or equipment with ropes
- Zip lines, regardless of landing area
- Any item or component of an inflatable rental that puts the user **over 10 feet (from ground to top of head)**.
- Water games, rides, dunk tanks or tag/guns
- Wrecking Ball other gauntlet games
- Big Red Balls or other balance challenges, including Meltdown
- Trampoline bungees, sling-shot bungees, trampolines
- Hard rides or mechanic devices, such as bulls or pumpkins



Carnivals, Events and Festivals Questionnaire

All contracts must have a minimum of **2 weeks** lead time to coordinate all appropriate District staff. You must also take into account District breaks in your lead time.

SUSD Contact: Lisa Marcarelli at LMarcarelli@susd.org or 480-484-8502

School: _____ School Contact: _____ Date of Event: _____

Name of Person Completing Questionnaire: _____

Phone Number: _____ Email Address: _____

Purpose of your event: _____

1. Will you be using outside vendors (food trucks, DJs, etc.) on District property? Yes No

If Yes, per District policy, all vendors must provide a certificate of insurance (COI). The COI must be submitted with your rental contract. Please list all vendors participating in your event:

2. Will you be using a vendors for inflatables (bounce houses, carnival games, etc.)? Yes No

Vendor's Name (also requires a COI): _____

If Yes, please initial that you have read the **Rules for Planning Carnivals, Events and Festivals**, are aware of and understand the restricted items, including the height requirements for inflatables with components **over 10 feet; they will NOT** be allowed on SUSD property. Initial: _____

3. Are you using a field that is normally scheduled by the City of Scottsdale? Yes No

If Yes, please initial that you have approval from the City/ Efrain Enriquez, 480-312-7968. Initial: _____

4. Will you be purchasing your own food or beverages to serve at your event? Yes No

If Yes, what will you be serving, and how will you be keeping food/beverages hot and/or cold? _____

5. Will the PTO/Boosters be holding a game of chance (Bingo, Raffle, etc.)? Yes No

If Yes, please advise what you are planning: _____

6. Will your event include a petting zoos/animals? Yes No

If Yes, please initial that you have read the following statement: Petting zoos may only bring the following small animals on campus: goats, sheep, bunnies, pullets, hens, and exotic ducks. No pigs are allowed. No large animals are allowed, including but not limited to servals, llamas, horses, ponies, and cows. For obvious health reasons, no kissing of any animals is allowed. Any exceptions must be approved in writing by Legal prior to reserving, ordering or purchasing with the vendor. Initial: _____

7. Will you be showing a movie? Name of Movie: _____ Yes No

You must have a movie license for each and every movie you show. See the iDrive/Legal on how to obtain one. **You may not advertise you are showing a movie until your license has been obtained and submitted. Your event will not be approved until your license has been submitted.**



Sample of a Certificate of Insurance (COI)

- Insured** – Name of insured should match Name of Renter on the rental contract (or “DBA” the renter’s name).
- Add Insr** – Additional Insured--this column must have a “Y” or “X” to indicate SUSD has been added as an additional insured on the policy.
- Policy Exp.** – This date should reflect those specified on the contract, the current academic year from July 1 through June 30 of the following year, or the date of your event.
- Limits** – The District requires \$1M General Liability per occurrence and \$100K for Rented Premises/Fire.
- Description** – List the specific agreement or activity taking place at the District
- Certificate Holder** – SUSD, 7575 E Main Street, Scottsdale, AZ 85251 should only be listed (not your specific school). This cannot be blank.

OP ID: BS
DATE (MM/DD/YYYY)
10/03/2017

ACORD CERTIFICATE OF LIABILITY INSURANCE

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 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).

PRODUCER INSURED <div style="border: 1px solid black; border-radius: 50%; width: 30px; height: 30px; text-align: center; line-height: 30px; margin: 0 auto;">1</div>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"> CONTACT NAME: PHONE: (A/C, No., Ext): E-MAIL: ADDRESS: PRODUCER: CUSTOMER ID #: </td> <td style="width: 50%;"> FAX (A/C, No.): </td> </tr> <tr> <td colspan="2"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> <tr> <td>INSURER A: <input checked="" type="checkbox"/></td> <td></td> </tr> <tr> <td>INSURER B: <input type="checkbox"/></td> <td></td> </tr> <tr> <td>INSURER C: <input type="checkbox"/></td> <td></td> </tr> <tr> <td>INSURER D: <input type="checkbox"/></td> <td></td> </tr> <tr> <td>INSURER E: <input type="checkbox"/></td> <td></td> </tr> <tr> <td>INSURER F: <input type="checkbox"/></td> <td></td> </tr> </table> </td> </tr> </table>	CONTACT NAME: PHONE: (A/C, No., Ext): E-MAIL: ADDRESS: PRODUCER: CUSTOMER ID #: 	FAX (A/C, No.): 	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> <tr> <td>INSURER A: <input checked="" type="checkbox"/></td> <td></td> </tr> <tr> <td>INSURER B: <input type="checkbox"/></td> <td></td> </tr> <tr> <td>INSURER C: <input type="checkbox"/></td> <td></td> </tr> <tr> <td>INSURER D: <input type="checkbox"/></td> <td></td> </tr> <tr> <td>INSURER E: <input type="checkbox"/></td> <td></td> </tr> <tr> <td>INSURER F: <input type="checkbox"/></td> <td></td> </tr> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: <input checked="" type="checkbox"/>		INSURER B: <input type="checkbox"/>		INSURER C: <input type="checkbox"/>		INSURER D: <input type="checkbox"/>		INSURER E: <input type="checkbox"/>		INSURER F: <input type="checkbox"/>	
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COVERAGES **CERTIFICATE NUMBER:** **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.

INSUR LTR	TYPE OF INSURANCE	ADDITIONAL INSURER	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXP. DATE (MM/DD/YYYY)	LIMITS		
						AMOUNT	PERIOD	
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	X		10/03/2017	10/03/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (EA occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000	<div style="border: 1px solid black; border-radius: 50%; width: 30px; height: 30px; text-align: center; line-height: 30px; margin: 0 auto;">4</div>	
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (EA accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (PER ACCIDENT) \$ \$ \$ \$		
	UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE \$ RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$ \$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETORS/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below					WC STATU- TORY LIMITS <input type="checkbox"/> OTH- ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$		
A	Abuse/Molestation			10/03/2017	10/03/2018	Per Occur	100,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

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CERTIFICATE HOLDER <div style="border: 1px solid black; border-radius: 50%; width: 30px; height: 30px; text-align: center; line-height: 30px; margin: 0 auto;">6</div> Scottsdale USD 7575 E Main St Scottsdale, AZ 85251	CANCELLATION 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
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