



Facility Reservations
Office (FRO)

North East Independent School District

Department of Procurement & eCommerce
8961 Tesoro Drive, Suite 317 · San Antonio, Texas 78217-6225
Telephone: 210.407.0175 · Facsimile: 210.804.7134
www.neisd.net

Certificate of Liability Insurance Requirements for Facility Rental Events

The COI must meet the following five (5) requirements:

1. SECTION 1 (Insured): The insured section must name the renter that was registered within North East Independent School District (NEISD) facility rental system. If the policy names a parent renter, the registered renter should also be named within this section or within the Description of Operations section. EXAMPLE: If you registered as *XYZ Sports* but the Insured name on the COI is *ABC Sports* then both names need to be listed on the insurance form.
2. SECTION 2 (Policy Effective/Expiration): Policy dates must include and cover the date/time of contracted facility rental. Many renters have changed their policy dates to align with the school year. This allows events from September 15 through July 31. EXAMPLE: Policy dates 9/1/25 through 9/1/26.
3. SECTION 3 (Limits): A minimum of \$1,000,000 under Commercial General Liability for each occurrence is required.
4. SECTION 4 (Description of Operations): NEISD must be as an Additional Insured.
5. SECTION 5 (Certificate Holder): NEISD must be named as the Certificate Holder. Please use 8961 Tesoro Drive, San Antonio, TX 78217 - this address covers all NEISD campuses.

Certificate Holder must name:
North East Independent School District
8961 Tesoro Drive
San Antonio, TX 78217

Certificate of Insurance may be emailed to csalaz4@neisd.net.



DATE (MM/DD/YYYY)

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 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).

PRODUCER Insurance Provider's Name and Address	CONTACT NAME:	
	PHONE (A/C, No):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Name of Insurance Provider	
INSURED Renter's Name and Address 1	INSURER B :	

COVERAGES

CERTIFICATE NUMBER:ABC123XY45WXYZ

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	
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS- Package Policy <input checked="" type="checkbox"/> MADEOCCUR <input checked="" type="checkbox"/> Professional Liability <input checked="" type="checkbox"/> AGGREGATE LIMIT APPLIES <input checked="" type="checkbox"/> GE LOC <input type="checkbox"/> PER: <input type="checkbox"/> PROPOLICY <input type="checkbox"/> JECT IER:		X	N1-A987-CS-0010639-2520WXYZ	09/01/2025 2	09/01/2026	EACH OCCURRENCE	\$ 1,000,000 3
							DAMAGE TO RENTED PREMISES (Each occurrence)	\$ EXCLUDED
							MED EXP (Any one person)	\$ EXCLUDED
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 1,000,000
							Sexual Abuse	\$ 1,000,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			N1-A987-CS-0010639-2520WXYZ	09/01/2025	09/01/2026	COMBINED SINGLE LIMIT (Each accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE					EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	DED	RETENTION \$						
A	<input checked="" type="checkbox"/> WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N <input type="checkbox"/> N / A		TABCD 87-CS-0010639-2520WXYZ	09/01/2025	09/01/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	
							E.L. EACH ACCIDENT	\$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
								\$

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

This certificate only applies to youth sports operations.

The Certificate Holder is included as Additional Insured as required by written contract.

4

CERTIFICATE HOLDER

North East Independent School District
Cynthia Ann Salazar
8961 Tesoro Dr, Suite 317
San Antonio, TX 78217

5

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

R. Michael Braddock, Jr.