



March 11, 2024

TO: District Superintendents  
Chief Business Officials  
SISC Member Districts

FROM: Robert J. Kretzmer  
Director, Property & Liability

SUBJECT: School Connected Organizations: General Liability Coverage  
2024-2025 Policy Year

This is the final year SISC will assist in the facilitation of the insurance needs for your SCO **through our broker INSURICA**. The California School Board Association (CSBA) refers to these types of groups as School Connected Organizations (SCOs).

Any SCO meeting the attached coverage criteria may apply for coverage. SCO coverage must go through, and be approved by, the parent district. Each SCO will be afforded an individual policy through USLI on a direct bill basis. Once the policy has been issued an invoice will be sent directly from USLI to the designated contact person on the completed application for payment. **To ensure proper delivery it is imperative that all fields on the application are completed fully and accurately.**

(This memo and application for new SCOs can also be downloaded at: <https://sisc.kern.org/pl/enrollment-options/>).

The policy being afforded by United States Liability Insurance (USLI) is in the amount of \$1 million per occurrence and there is no general liability deductible applicable. USLI will provide those organizations with broader coverage more in-line with the needs of booster clubs and foundations that are typically associated with educational institutions. The policy will also include the following features that previously were not included as part of the coverage offered:

- Personal injury coverage
- Hired and non-owned auto coverage
- Business personal property coverage
- Host liquor liability (Full Liquor Liability available upon request, at an additional cost)

Optional Coverage available:

- Directors & Officers /Employment Practices Liability Coverage can be added at an additional cost

In the event an SCO wishes to expand their coverage to include Directors & Officers and/or Employment Practices Liability coverage, the organization will be referred to the SISC broker for that application process.

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This coverage is not mandatory. However, this coverage offers added security for both the district and any associated foundation. Any SCO desiring liability coverage for the 2024-2025 school year must return the enclosed application to be **approved** by the parent district and **submit directly to INSURICA prior to March 31, 2024.**

If you have any further questions, please feel free to contact *Hilary Schwartzler at 661-316-5126* or *Celestine Henry at 661-316-5129*.

RJK:lm

Enc.



**New Application for 2024-2025  
 School Connected Organization (SCO)  
 General Liability • Property • HNOA Coverage • Directors & Officers  
 ALL FIELDS ARE REQUIRED**

**SCO Identification**

Legal Name of Organization: \_\_\_\_\_  
 District Affiliation: \_\_\_\_\_  
 School Affiliation: \_\_\_\_\_  
 SCO Legal Mailing Address: \_\_\_\_\_  
 SCO Physical \*Location Address: \_\_\_\_\_  
\*Where meetings are held

SCO Contact Person/Title: \_\_\_\_\_  
 SCO Accounting Contact Person/Title: \_\_\_\_\_  
 SCO Email: \_\_\_\_\_  
 Telephone No.: \_\_\_\_\_  
 District Legal Mailing Address: \_\_\_\_\_  
 District Contact: \_\_\_\_\_  
 District Email: \_\_\_\_\_  
 District Phone: \_\_\_\_\_

Select delivery preference for your insurance policy and other legal notices:

SCO:  Paperless  U.S. Mail - if indicated will be mailed to the address referenced above.

Do you wish copy of policy to be delivered to district?  Yes  No

District copy to be sent to Supt. unless otherwise noted below:

Name \_\_\_\_\_ Email \_\_\_\_\_

1. Number of total participants (including board members): \_\_\_\_\_
2. Briefly describe the purpose of the group: \_\_\_\_\_
3. Does the organization host, sponsor or organize any special events?  Yes  No  
 If yes, provide the following:
  - What is the number of event days with up to 250 attendees? \_\_\_\_\_  
     o How many of these events serve alcohol? \_\_\_\_\_
  - What is the number of event days with 251 - 2,500 attendees? \_\_\_\_\_  
     o How many of these events serve alcohol? \_\_\_\_\_

(Please note: We will exclude events with over 2,500 attendees)

Are minors ever left alone with only one adult in any program, service, or event who is not a parent or guardian of the minor?  Yes  No

Does the organization follow policies or procedures for the proper supervision of employees and volunteers who are in direct contact with minors and other individuals in all on-site or off-site programs, services, events or other activities of applicant?  Yes  No

Does the organization have a process for employees and volunteer workers that include questions about whether the individual has ever been convicted of any crime and involved in any lawsuit, claim or criminal charge involving sexual abuse, sexual molestation or sexual misconduct?  Yes  No

4. Does the group sponsor any overnight trips or events?  Yes  No

5. Group's activities include:

- |  |  |
|--|--|
| <input type="checkbox"/> Athletic Events | <input type="checkbox"/> Dinners             |
| <input type="checkbox"/> Carnivals       | <input type="checkbox"/> Day Care            |
| <input type="checkbox"/> Concert         | <input type="checkbox"/> Fireworks           |
| <input type="checkbox"/> Dances          | <input type="checkbox"/> Enrichment Programs |
- Other (list) \_\_\_\_\_  
\_\_\_\_\_

6. Approximate gross fund-raising revenues in 2023: \$ \_\_\_\_\_

7. Does organization have written bylaws specifying their purpose as a district/pupil support organization?  Yes  No

8. Have the bylaws been submitted to the governing board of the parent district?  Yes  No

9. Is the group recognized by district's school board as a school-connected organization?  Yes  No

10. Do you need Professional Liability coverage for Directors & Officers of the organization?  Yes  No

**If so, additional information will be required.**

11. Do you desire increased Business Personal Property Coverage Limit?  Yes  No

If Yes: Limit \$ \_\_\_\_\_

### SCO Authorization

\_\_\_\_\_  
Official Name of Organization

\_\_\_\_\_  
Signature of Authorized Agent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name and Title (Please Print)

### District Authorization

The \_\_\_\_\_ has officially recognized the SCO identified in this application **as it is**  
listed above

District Name

and acknowledges the desire to seek insurance coverage. By signing below, I acknowledge the premium for coverage shall be due.

\_\_\_\_\_  
Signature of Authorized Agent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name and Title (Please Print)

**Both signatures required - Email Confirmation Form no later than March 31, 2024 to:**

Primary: Hilary Schwartzler • hilary.schwartzler@INSURICA.com  
Secondary: Celestine Henry • celestine.henry@INSURICA.com • Ph 661-316-5129  
**Questions? Call Hilary Schwartzler at 661-316-5126**