



ASSOCIATION
INSURANCE
MANAGEMENT INC

MEMBER CERTIFICATE OF INSURANCE

09/05/2024

Thank you for purchasing your insurance from AIM. This is your Member Certificate and should be kept with your permanent records.

Named Insured Member (mailing address):

MTMS PTO
Rochelle Heller or Current Officer
1629 Perrineville Rd.
Monroe Township, NJ 08831

Named Insured & Mailing Address

Education Support Purchasing Group
c/o AIM
P.O. Box 742946
Dallas, TX 75374-2946

Producer Name

AIM Association Insurance
Management, Inc.
P.O. Box 742946
Dallas, TX 75374-2946

Named Insured Member (physical address):

Insured #: NJPO19964

1629 Perrineville Rd.
Monroe Township, NJ 08831

Coverage	Policy #	Effective Dates	Deductible	Limits of Insurance	
General Liability Concert Specialty Insurance Company	GL2024AIM06363	09/01/24 - 09/01/25	\$0	Per Occurrence	\$1,000,000
				Damage to Rented Premises	\$50,000
				Extended Medical	\$5,000
				Media Liability	\$25,000
				Hired & Non-owned Auto (HNOA)	\$1,000,000
				Personal & Advertising Injury	\$1,000,000
				Abuse & Molestation	\$1,000,000
Fidelity Bond (Crime) Concert Specialty Insurance Company	CR2024AIM05348	09/01/24 - 09/01/25	\$250	General Aggregate	\$2,000,000
				Products - Comp/Ops	\$2,000,000
				Per Occurrence / Aggregate	\$10,000
Property (Business Personal) Concert Specialty Insurance Company	IM2024AIM00996	09/01/24 - 09/01/25	\$250	Per Occurrence / Aggregate	\$10,000
Directors and Officers Concert Specialty Insurance Company	DO2024AIM05789	09/01/24 - 09/01/25	\$0	Per Occurrence / Aggregate	\$1,000,000

Retroactive Date: 09/01/2024

Certificate Holder:

Proof of Insurance

This member certificate, together with the common policy conditions, coverage part(s), coverage form(s), and endorsements, if any complete the above numbered policy. Copies of the Master Policies are available upon request.

AUTHORIZED REPRESENTATIVE



MTMS PTO

MONROE TOWNSHIP BOARD OF EDUCATION
HOLD HARMLESS AGREEMENT

Permittee: Monroe Twp MSPTO
Date of Request: 24-25 school year
Date of Event: _____
Business Telephone: 732-208-0404
Business Address: 1629 Perimeter 16 Rd
City, State, Zip: Monroe Twp NJ 08831
Name of Primary Contact: Coccine Masters
Primary Contact's Telephone: 732-208-0404
Activity to be held: _____
Location to be used by Permittee: _____

1. In consideration of the Monroe Township Board of Education (the "MTBOE") giving the above-named Permittee certain permission to conduct the above-described "Activity," the Permittee hereby agrees to defend, indemnify, and hold harmless the MTBOE and its officers, employees, representatives, volunteers and/or agents from loss or liability for claims, including worker's compensation, employer's liability or third-party claims, which may arise from or in connection with Permittee's engaging in the Activity.
2. In consideration of being allowed to participate, on behalf of MTMS PTO
The undersigned acknowledges, appreciates and agrees that participation includes possible exposures to and illness from infectious diseases including, but not limited to, MRSA, Influenza and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist.
3. During the course of the above-described "Activity" and during Permittee's use of the Board's facility, Permittee's use shall conform and comply with:
 - 1) The Board's policies and regulations;
 - 2) Local, state, and federal laws, ordinances, executive orders, and mandates;
 - 3) Rules, guidelines, and mandates issued by local, state and federal health departments, including, but not limited to, all COVID-19 and other health mandates;
 - 4) Rules of the police and fire department; and
 - 5) Any other requirements set forth by the Board.
4. Permittee hereby waives all rights of recovery from and releases and forever discharges the MTBOE, its officers, employees, representatives, volunteers and/or agents from any and all claims, including worker's compensation or employer's liability claims, rights of subrogation, demands, causes of action, damages, costs, losses of services and obligations, including attorney's fees, which Permittee may have against the MTBOE, whether known or unknown, which result from, or are in any way related to, Permittee engaging in the Activity.
5. This agreement shall be unlimited as to amount or duration, and it shall be binding upon and inure to the benefit of the parties, their successors, assigns and personal agents and representatives.
6. The foregoing terms shall be governed by and construed and interpreted in accordance with the laws of the State of New Jersey, without regard to its choice of law rules.
7. The undersigned warrants that he/she has authority to execute this Agreement on behalf of Permittee and that it is the Permittee's intention to be legally bound hereby.

SIGNATURE

Permittee Signature: _____

Title: _____

Name: _____

Date: _____