Sean Gately <gatelys@newegypt.us>

OPRA request - Rogers Ramirez & Jenny Hlubik Event documentation

1 message

Cal Quinones <opra+request-58728-c2ad6395@requests.opramachine.com> Fri, Feb 23, 2024 at 1:25 PM
To: OPRA requests at Plumsted Township Board of Education <gatelys@newegypt.us>

Dear Plumsted Township Board of Education,

This is a request for public records made under OPRA and the common law right of access. I am not required to fill out an official form. Please acknowledge receipt of this message.
Records requested:

1) Required documentation and forms for Warrior Cage Grappling events.
2) All dates that this organization has met and plans to meet at the primary school.
3) Funding raised by this organization for the schools, please include checks or payment information.

Yours faithfully,

Cal Quinones

Please deliver records electronically via email to the below UNIQUE address for all replies to this request:
opra+request-58728-c2ad6395@requests.opramachine.com

Is gatelys@newegypt.us the wrong address for OPRA requests to Plumsted Township Board of Education? If so, please contact us using this form:
https://opramachine.com/change_request/new?body=plumsted_township_board_of_education
Disclaimer: This message and any reply that you make will be published on the internet. Our privacy and copyright policies:
https://opramachine.com/help/officers

View this OPRA request & responses online:
https://opramachine.com/request/rogers_ramirez_jenny_hlubik_even

Please note that in some cases publication of requests and responses will be delayed.

If you find this service useful as an OPRA custodian, please ask your web manager to link to us from your organisation's website.

PHYSICAL EDUCATION EQUIPMENT, ATHLETIC SCOREBOARD AND PUBLIC ADDRESS SYSTEM

Fill out only if needed.

1. School: NEW EGYPT PRIMARY SCHOOL Room: ALL PURPOSE ROOM
2. Date(s) of Use: DECEMBER 17TH 2023
3. Day(s) of Use: SUNDAY
4. Activity Time 6:00 AM (Beginning) 6:00 PM (Ending)
5. Total Activity Time: 4 HRS (Pre-Set-up) 4 HRS (Activity) 4 HRS (Post Activity) 12 HRS (Total Hours)
6. Sponsoring Organization: WARRIOR FIGHTING CHAMPIONSHIP, LLC
7. Phone: 609 · 903 · 5960
8. Name of Sponsoring Organization Supervisor: JENNIFER HLUBIK
9. Address of Organization Supervisor: 26 MAIN ST NEW EGYPT NJ 08533 Phone: 609 903-5960
10. Equipment Needs:

    Audio-Visual (clock, scoreboards,) Qty.
    SPEAKERS, AMP TOWER W/ AUDIO INPUT, 500 CHAIRS, LIGHTING EQUIPMENT, PROJECTOR (X2)

    Physical Equipment (volleyball stands, basketball standards, etc.): Qty.
    500 CHAIRS

    Public Address (microphones, PA system etc.):
    MICROPHONE (WIRELESS) X2

11. **RETAINER FEE**: When equipment is being requested a **$250 retainer** will be collected at the time of application. This will be returned to the organization when all equipment used has been evaluated and is functioning properly.

****

BUILDING AND GROUNDS OFFICE USE ONLY

Retainer Fee ($250) Collected: Check_____ Cash_____
Public Address System: Total Hours worked: _____ x $30.00 per hr. = _____
Signature Athletic Director: _____
NOTE: This charge will be added to the total charge of renting the facility if this service is needed.

APPLICATION FOR USE OF SCHOOL FACILITIES

Date of Application 7 NOV 2023

Request is hereby made by the undersigned for the use of the following school premises on the date(s) set forth below.

6:00 AM - 6:00PM — Beginning & Ending Time

SUNDAY DECEMBER 17, 2023 — Beginning & Ending Days and Dates

On-Site Representative responsible for program JENNIFER HLUBIK Phone # 609 903-5960

FACILITY REQUESTED: (check appropriate choices)

High School ____ Middle School: ____ Elementary School: ____ Primary School: X

(ALL PURPOSE ROOM)

Gym: ____ Cafeteria: X Classroom: ____ Kitchen: ____ Auditorium: ____

Library (IMC) ____ Field(s) ____

Note: (Kitchen will be kept locked unless specifically requested)

Special Arrangements: (if necessary - chairs, tables, desks. Please be as specific as possible):
500 METAL CHAIRS

Complete schedule of events & activities going on during this meeting/activity: GRAPPLING COMPETITION WITHIN CAGED ENCLOSURE EXHIBITION

Expected Attendance: 500

What is the purpose of this meeting/activity: ATHLETIC PHYSICAL COMPETITION

An admission charge, collection, donation or solicitation: will be made X will not be made ___

We hereby certify that we shall be personally responsible, on behalf of our organization, for any damage sustained by the school premises, furniture, or equipment because of the occupancy of said premises by our organization. I have read and agree to abide by and to enforce the rules, regulations and policies of the Plumsted Township Board of Education rules and regulations governing the use of facilities pg. 1-5.

Name of Organization: WARRIOR FIGHTING CHAMPIONSHIP, LLC
Address: 26 MAIN ST NEW EGYPT, NJ 08533
Name of Representative: JENNIFER HLUBIK Phone: 609.903.5960
Address: 26 OAKFORD AVE NEW EGYPT, NJ 08533 Email: NEWARRIORFC@GMAIL.COM
Proof of insurance is on file in: Buildings and Grounds Office ____ Attached: X
Name of Insurance Company: E SPORTS INSURANCE Policy No. KSG1000003-01-C10698
Signature of Representative:

****

BUILDINGS AND GROUNDS OFFICE USE ONLY

Rental Fee: _____ Fee Exempt: _____ Cleared & Recorded on Calendar: _____

Plumsted Township School District

117 Evergreen Road, New Egypt, NJ 08533

Signed Assurance

WARRIOR FIGHTING CHAMPIONSHIP LLC assumes full responsibility for the conduct of all persons in attendance at the activity and for any damages done to the school premises during the time the activity is under its control, its agents, employees and invites.

In consideration of the use of said facilities, WARRIOR FIGHTING CHAMPIONSHIP LLC, shall indemnify and hold harmless the Board of Education, its agents, employees, officers and members, individually, severally and jointly, to the fullest extent permitted by law, from and against any and all claims, demands, liabilities, fines, suits, actions, proceedings, orders, decrees and judgment of any kind or nature, by or in favor of anyone whomsoever and from and against any and all costs and expenses, including reasonable attorney's fees resulting from or in connection with the loss of life, bodily or personal injury or damage to or loss of property arising directly or indirectly, out of or from or on account of the use of facilities and property as permitted herein, or by an act or omission or negligence of WARRIOR FIGHTING CHAMPIONSHIP LLC, or its employees, agents, or contractors, or any of its patrons.

Signature of Representative of Above Organization

Plumsted Township School District
New Egypt, New Jersey

RETURN TO BUILDINGS AND GROUNDS OFFICE

ALL DOCUMENTS MUST BE RETURNED TO ABOVE OFFICE BEFORE CONSIDERATION IS GIVEN TO REQUEST.

Please check as completed and returned:

- ✓ Application for Use of Building
- ✓ Physical Education Equipment, Athletic Scoreboard and Public Address System Request (if applicable)
- ~ High School Auditorium Usage (if applicable)
- ___ Certificate of Insurance with certificate holder named:

  Plumsted Twp. Board of Education
  117 Evergreen Rd.
  New Egypt, NJ 08533

- ✓ Signed Assurance with the Organizations representative
- ✓ Retainer Fee - $250, if applicable
- ~ Request Fields (if applicable)

Please return this form and all of the above documents to:

New Egypt High School
Attn: Coordinator of Buildings and Grounds
117 Evergreen Road,
New Egypt, NJ 08533
(609) 758-6800

Plumsted Township School District

HIGH SCHOOL AUDITORIUM REQUEST

Fill out only if needed.

1. Date(s) of Use: ____________________

2. Day(s) of Use: ____________________

3. Activity Time: ____________________ ____________________
   Beginning Ending

4. Total Activity Time: __________ __________ __________ __________
   Pre-Set-up Activity Post Activity Total Hours

5. Sponsoring Organization: ________________________

6. Phone: ______________________________________

7. Name of Sponsoring Organizations Supervisor : ______________________________

8. Address of Supervisor: __________________________ Phone: ________________

9. Equipment Needs (operated by Plumsted Twp. School District employee or someone trained by certified school employee & approved by District Technology Coordinator):
   Microphone(s): Qty.________
   Sound System: ________
   Special Lighting: ________
   VCR/TV: _____ Other: ______________________________

10. **RETAINER FEE:** When equipment is being requested a **$250 retainer** will be collected at the time of application. This will be returned to the organization when all equipment used as been evaluated and is functioning properly.

* *

BUSINESS OFFICE USE ONLY

Retainer Fee ($250) Collected: Check_____ Cash______
Retainer Fee Waived by Plumsted Twp. School District: ________

Name of Plumsted Twp. School District equipment operator or trained person: ______________
Total Hours Worked________ x $30 per hour = ______________
NOTE: This charge will be added to the total charge of renting the facility.

Signature of Plumsted Twp. School District Audio Visual Coordinator: __________________

Plumsted Township School District

REQUEST FOR FIELDS - New Egypt High School

Fill out only if needed.

1. Date(s) of Use: ______________________
2. Day(s) of Use: ______________________
3. Activity Time: ______________ ______________
   Beginning Ending
4. Total Activity Time: ________ ______ __________ __________
   Pre Set-up Activity Post Activity Total Hours
5. Sponsoring Organization: ____________________________ Phone: ________________
6. Name of Sponsoring Organizations Supervisor: ________________________________
7. Address of Supervisor: ______________________________ Phone: ______________
8. Field(s) and number of fields requested:
   _____ Football _____ Baseball _____Field Hockey
   _____ Softball_____ Lacrosse ______ Soccer
   _____ Tennis Court _____ Cross Country Trail
9. Special arrangements requested ____

____

____

____

* *

BUSINESS OFFICE USE ONLY

Signature of Athletic Director: ____

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 08/12/2023

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

Terry L. Green & Associates, Inc
3100 Five Forks Trickum Rd
Suite 101
Lilburn, GA 30047

CONTACT NAME:
PHONE (A/C, No, Ext): 1-800-550-5029
FAX (A/C, No): 770-978-2780
E-MAIL ADDRESS: info@esportsinsurance.com

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A:	Fortegra Specialty Insurance Company	# 15823
INSURER B:	AXIS Insurance Company	# 37273
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

INSURED

Warrior Fighting Championship LLC t/a The
Ramirez Boys Fight House
26 Oakford Ave
New Egypt, NJ 08533

COVERAGES

CERTIFICATE NUMBER: 88S5SGW96Z

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	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC OTHER	Y		KSG1000003-01-C10698	08/13/2023 12:01 AM	08/13/2024 12:01 AM	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 300,000 $ 10,000 $ 1,000,000 $ 2,000,000 $ 1,000,000
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY SCHEDULED AUTOS HIRED AUTOS ONLY NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $ $ $
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION $						EACH OCCURRENCE AGGREGATE	$ $
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ $ $
B	Accident/Medical Coverage	Y		SRPOAGI-ESA40654	08/13/2023 12:01 AM	08/13/2024 12:01 AM	MAXIMUM MEDICAL DEDUCTIBLE TERMS OF PAYMENT	$ 100,000 $ 250 EXCESS

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate Number: 88S5SGW96Z. Covered Activities: Martial Arts.. Locations: ; 26 Main St, New Egypt NJ 08533. , 149 Brindletown Rd, New Egypt NJ 08533. , 201 Park Ave, Linden NJ 07036. , 117 Evergreen Rd, New Egypt NJ 08533.

CERTIFICATE HOLDER NAMED AS ADDITIONAL INSURED

CERTIFICATE HOLDER

Plumsted Twp Board of Education
114 Evergreen Rd
New Egypt, NJ 08533

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

Terry L. Green

ACORD 25 (2016/03)

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PHYSICAL EDUCATION EQUIPMENT, ATHLETIC SCOREBOARD AND PUBLIC ADDRESS SYSTEM

Fill out only if needed.

1. School: PRIMARY SCHOOL Room: ALL PURPOSE ROOM
2. Date(s) of Use: JANUARY 21ST 2024
3. Day(s) of Use: SUNDAY
4. Activity Time 6 AM (Beginning) 6 PM (Ending)
5. Total Activity Time: 4 HRS (Pre-Set-up) 4 HRS (Activity) 4 HRS (Post Activity) 12 HRS (Total Hours)
6. Sponsoring Organization: WARRIOR FIGHTING CHAMPIONSHIP, LLC
7. Phone: 609.903.5960
8. Name of Sponsoring Organization Supervisor: JENNIFER HLUBIK
9. Address of Organization Supervisor: 26 MAIN ST NEW EGYPT, NJ 08533 Phone: 609 903-5960
10. Equipment Needs:
    Audio-Visual (clock, scoreboards,) Qty._____
    PROJECTOR
    _____

    Physical Equipment (volleyball stands, basketball standards, etc.): Qty._____
    250 CHAIRS
    _____

    Public Address (microphones, PA system etc.):_____
    _____
11. **RETAINER FEE**: When equipment is being requested a **$250 retainer** will be collected at the time of application. This will be returned to the organization when all equipment used has been evaluated and is functioning properly.

****

BUILDING AND GROUNDS OFFICE USE ONLY

Retainer Fee ($250) Collected: Check_____ Cash_____
Public Address System: Total Hours worked: _____ x $30.00 per hr. = _____
Signature Athletic Director: _____
NOTE: This charge will be added to the total charge of renting the facility if this service is needed.

APPLICATION FOR USE OF SCHOOL FACILITIES

Date of Application 21 DEC 23

Request is hereby made by the undersigned for the use of the following school premises on the date(s) set forth below.

6AM - 6PM
Beginning & Ending Time

SUNDAY JAN 21ST, 2024
Beginning & Ending Days and Dates

On-Site Representative responsible for program JENNIFER HLUBIK Phone # 609 903 5960

FACILITY REQUESTED: (check appropriate choices)

High School ____ Middle School: ____ Elementary School: _____ Primary School: X
(ALL PURPOSE ROOM)

Gym: ____ Cafeteria: X Classroom: _____ Kitchen: _____ Auditorium: _____

Library (IMC) _____ Field(s) _____

Note: (Kitchen will be kept locked unless specifically requested)

Special Arrangements: (if necessary - chairs, tables, desks. Please be as specific as possible):
250 CHAIRS

Complete schedule of events & activities going on during this meeting/activity: GRAPPLING COMPETITION WITHIN CAGED ENCLOSURE EXHIBITION

Expected Attendance: 250

What is the purpose of this meeting/activity: ATHLETIC PHYSICAL COMPETITION

An admission charge, collection, donation or solicitation: will be made X will not be made ___

We hereby certify that we shall be personally responsible, on behalf of our organization, for any damage sustained by the school premises, furniture, or equipment because of the occupancy of said premises by our organization. I have read and agree to abide by and to enforce the rules, regulations and policies of the Plumsted Township Board of Education rules and regulations governing the use of facilities pg. 1-5.

Name of Organization: WARRIOR FIGHTING CHAMPIONSHIP LLC
Address: 26 MAIN ST NEW EGYPT, NJ 08533
Name of Representative: JENNIFER HLUBIK Phone: 609.903 5960
Address: 26 OAKFORD AVE NEWEGYPT Email: NEWARRIORFC@GMAIL.COM
Proof of insurance is on file in: Buildings and Grounds Office X Attached: X
Name of Insurance Company: E SPORTS INSURANCE Policy No. KSG1000003-01-C10 698
Signature of Representative: _____

****

BUILDINGS AND GROUNDS OFFICE USE ONLY

Rental Fee: _____ Fee Exempt: _____ Cleared & Recorded on Calendar: _____

Plumsted Township School District

117 Evergreen Road, New Egypt, NJ 08533

Signed Assurance

WARRIOR FIGHTING CHAMPIONSHIP LLC assumes full responsibility for the conduct of all persons in attendance at the activity and for any damages done to the school premises during the time the activity is under its control, its agents, employees and invites.

In consideration of the use of said facilities, WARRIOR FIGHTING CHAMPIONSHIP LLC, shall indemnify and hold harmless the Board of Education, its agents, employees, officers and members, individually, severally and jointly, to the fullest extent permitted by law, from and against any and all claims, demands, liabilities, fines, suits, actions, proceedings, orders, decrees and judgment of any kind or nature, by or in favor of anyone whomsoever and from and against any and all costs and expenses, including reasonable attorney's fees resulting from or in connection with the loss of life, bodily or personal injury or damage to or loss of property arising directly or indirectly, out of or from or on account of the use of facilities and property as permitted herein, or by an act or omission or negligence of WARRIOR FIGHTING CHAMPIONSHIP, LLC or its employees, agents, or contractors, or any of its patrons.

Signature of Representative of Above Organization

Plumsted Township School District
New Egypt, New Jersey

RETURN TO BUILDINGS AND GROUNDS OFFICE

ALL DOCUMENTS MUST BE RETURNED TO ABOVE OFFICE BEFORE CONSIDERATION IS GIVEN TO REQUEST.

Please check as completed and returned:

✓ Application for Use of Building

✓ Physical Education Equipment, Athletic Scoreboard and Public Address System Request (if applicable)

__ High School Auditorium Usage (if applicable)

✓ Certificate of Insurance with certificate holder named:

Plumsted Twp. Board of Education
117 Evergreen Rd.
New Egypt, NJ 08533

✓ Signed Assurance with the Organizations representative

✓ Retainer Fee - $250, if applicable

__ Request Fields (if applicable)

Please return this form and all of the above documents to:

New Egypt High School
Attn: Coordinator of Buildings and Grounds
117 Evergreen Road,
New Egypt, NJ 08533
(609) 758-6800

Plumsted Township School District

HIGH SCHOOL AUDITORIUM REQUEST

Fill out only if needed.

1. Date(s) of Use: ____________________

2. Day(s) of Use: ____________________

3. Activity Time: ____________________ ________________
Beginning Ending

4. Total Activity Time: _________ _________ _________ _________
Pre-Set-up Activity Post Activity Total Hours

5. Sponsoring Organization: ______________________

6. Phone: ____________________________________

7. Name of Sponsoring Organizations Supervisor : ____________________________

8. Address of Supervisor: ________________________ Phone: _________________

9. Equipment Needs (operated by Plumsted Twp. School District employee or someone trained by certified school employee & approved by District Technology Coordinator):
   Microphone(s): Qty.______
   Sound System: _______
   Special Lighting: _______
   VCR/TV: _____ Other: ________________________________

10. **RETAINER FEE:** When equipment is being requested a **$250 retainer** will be collected at the time of application. This will be returned to the organization when all equipment used as been evaluated and is functioning properly.

* *

BUSINESS OFFICE USE ONLY

Retainer Fee ($250) Collected: Check_____ Cash______
Retainer Fee Waived by Plumsted Twp. School District: ________

Name of Plumsted Twp. School District equipment operator or trained person: ____________
Total Hours Worked________ x $30 per hour = ____________
NOTE: This charge will be added to the total charge of renting the facility.

Signature of Plumsted Twp. School District Audio Visual Coordinator: _________________

Plumsted Township School District

REQUEST FOR FIELDS - New Egypt High School

Fill out only if needed.

1. Date(s) of Use: _____

2. Day(s) of Use: _____

3. Activity Time: _____ _____
   Beginning Ending

4. Total Activity Time: _____ _____ _____ _____
   Pre Set-up Activity Post Activity Total Hours

5. Sponsoring Organization: _____ Phone: _____

6. Name of Sponsoring Organizations Supervisor: _____

7. Address of Supervisor: _____ Phone: _____

8. Field(s) and number of fields requested:
   _____ Football _____ Baseball _____ Field Hockey
   _____ Softball _____ Lacrosse _____ Soccer
   _____ Tennis Court _____ Cross Country Trail

9. Special arrangements requested _____

_____

_____

_____

* *

BUSINESS OFFICE USE ONLY

Signature of Athletic Director: _____

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 08/12/2023

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

Terry L. Green & Associates, Inc.
3100 Five Forks Trickum Rd
Suite 101
Lilburn, GA 30047

CONTACT NAME:
PHONE (A/C, No, Ext): 1-800-550-5029 FAX (A/C, No): 770-978-2780
E-MAIL ADDRESS: info@esportsinsurance.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Fortegra Specialty Insurance Company	# 16823
INSURER B : AXIS Insurance Company	# 37273
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED

Warrior Fighting Championship LLC t/a The
Ramirez Boys Fight House
26 Oakford Ave
New Egypt, NJ 08533

COVERAGES **CERTIFICATE NUMBER:** 88S5SGW96Z **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	
A	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:	Y		KSG1000003-01-C10698	08/13/2023 12:01 AM	08/13/2024 12:01 AM	EACH OCCURRENCE	$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 300,000
							MED EXP (Any one person)	$ 10,000
							PERSONAL & ADV INJURY	$ 1,000,000
							GENERAL AGGREGATE	$ 2,000,000
							PRODUCTS - COMP/OP AGG	$ 1,000,000
								$
	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	$
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
	[ ] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $						EACH OCCURRENCE	$
							AGGREGATE	$
								$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					[ ] PER STATUTE [ ] OTH-ER	
							E.L. EACH ACCIDENT	$
							E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
B	Accident/Medical Coverage	Y		SRPOAGI-ESA40654	08/13/2023 12:01 AM	08/13/2024 12:01 AM	MAXIMUM MEDICAL	$ 100,000
							DEDUCTIBLE	$ 250
							TERMS OF PAYMENT	EXCESS

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate Number: 88S5SGW96Z. Covered Activities: Martial Arts.. Locations: ; 26 Main St, New Egypt NJ 08533. ; 149 Brindletown Rd, New Egypt NJ 08533. ; 201 Park Ave, Linden NJ 07036. ; 117 Evergreen Rd, New Egypt NJ 08533.

CERTIFICATE HOLDER NAMED AS ADDITIONAL INSURED

CERTIFICATE HOLDER

Plumsted Twp Board of Education
114 Evergreen Rd
New Egypt, NJ 08533

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

Terry L. Green

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The ACORD name and logo are registered marks of ACORD

PHYSICAL EDUCATION EQUIPMENT, ATHLETIC SCOREBOARD AND PUBLIC ADDRESS SYSTEM

Fill out only if needed.

1. School: PRIMARY SCHOOL Room: ALL PURPOSE ROOM
2. Date(s) of Use: FEBRUARY 18TH 2024
3. Day(s) of Use: SUNDAY
4. Activity Time 6AM (Beginning) 6PM (Ending)
5. Total Activity Time: 4HRS (Pre-Set-up) 4HRS (Activity) 4HRS (Post Activity) 12HRS (Total Hours)
6. Sponsoring Organization: WARRIOR FIGHTING CHAMPIONSHIP, LLC
7. Phone: 609 . 903 . 5960
8. Name of Sponsoring Organization Supervisor: JENNIFER HLUBIK
9. Address of Organization Supervisor: 26 MAIN ST NEW EGYPT, NJ 08533 Phone: 609 983 5960
10. Equipment Needs:

    Audio-Visual (clock, scoreboards,) Qty._____
    PROJECTOR

    Physical Equipment (volleyball stands, basketball standards, etc.): Qty._____
    260 CHAIRS

    Public Address (microphones, PA system etc.):_____

11. **RETAINER FEE**: When equipment is being requested a **$250 retainer** will be collected at the time of application. This will be returned to the organization when all equipment used has been evaluated and is functioning properly.

COM

10698

****

BUILDING AND GROUNDS OFFICE USE ONLY

Retainer Fee ($250) Collected: Check_____ Cash_____
Public Address System: Total Hours worked: _____ x $30.00 per hr. = _____
Signature Athletic Director: _____
NOTE: This charge will be added to the total charge of renting the facility if this service is needed.

APPLICATION FOR USE OF SCHOOL FACILITIES

Date of Application 18 JAN 24

Request is hereby made by the undersigned for the use of the following school premises on the date(s) set forth below.

6AM - 6PM — Beginning & Ending Time

SUNDAY FEBRUARY 18TH, 2024 — Beginning & Ending Days and Dates

On-Site Representative responsible for program JENNIFER HLUBIK Phone # 609 903-5960

FACILITY REQUESTED: (check appropriate choices)

High School ____ Middle School: ____ (ALL PURPOSE ROOM) Elementary School: ____ Primary School: X

Gym: ____ Cafeteria: X Classroom: ____ Kitchen: ____ Auditorium: ____

Library (IMC) ____ Field(s) ____

Note: (Kitchen will be kept locked unless specifically requested)

Special Arrangements: (if necessary - chairs, tables, desks. Please be as specific as possible):
250 CHAIRS

Complete schedule of events & activities going on during this meeting/activity: GRAPPLING COMPETITION WITHIN CAGED ENCLOSURE EXHIBITION

Expected Attendance: 250

What is the purpose of this meeting/activity: ATHLETIC PHYSICAL COMPETITION

An admission charge, collection, donation or solicitation: will be made X will not be made ___

We hereby certify that we shall be personally responsible, on behalf of our organization, for any damage sustained by the school premises, furniture, or equipment because of the occupancy of said premises by our organization. I have read and agree to abide by and to enforce the rules, regulations and policies of the Plumsted Township Board of Education rules and regulations governing the use of facilities pg. 1-5.

Name of Organization: WARRIOR FIGHTING CHAMPIONSHIP LLC
Address: 26 MAIN ST NEW EGYPT NJ 08533
Name of Representative: JENNIFER HLUBIK Phone: 609.903.5960
Address: 26 OAKFORD AVE NEW EGYPT NJ Email: NEWARRIORFC@GMAIL.COM
Proof of insurance is on file in: Buildings and Grounds Office X Attached: X
Name of Insurance Company: E SPORTS INSURANCE Policy No. KSG1000003-01-C10698
Signature of Representative: [signature]

****

BUILDINGS AND GROUNDS OFFICE USE ONLY

Rental Fee: _____ Fee Exempt: _____ Cleared & Recorded on Calendar: _____

Plumsted Township School District
117 Evergreen Road, New Egypt, NJ 08533

Signed Assurance

WARRIOR FIGHTING CHAMPIONSHIP LLC assumes full responsibility for the conduct of all persons in attendance at the activity and for any damages done to the school premises during the time the activity is under its control, its agents, employees and invites.

In consideration of the use of said facilities, WARRIOR FIGHTING CHAMPIONSHIP LLC, shall indemnify and hold harmless the Board of Education, its agents, employees, officers and members, individually, severally and jointly, to the fullest extent permitted by law, from and against any and all claims, demands, liabilities, fines, suits, actions, proceedings, orders, decrees and judgment of any kind or nature, by or in favor of anyone whomsoever and from and against any and all costs and expenses, including reasonable attorney's fees resulting from or in connection with the loss of life, bodily or personal injury or damage to or loss of property arising directly or indirectly, out of or from or on account of the use of facilities and property as permitted herein, or by an act or omission or negligence of WARRIOR FIGHTING CHAMPIONSHIP LLC or its employees, agents, or contractors, or any of its patrons.

Signature of Representative of Above Organization

Plumsted Township School District
New Egypt, New Jersey

RETURN TO BUILDINGS AND GROUNDS OFFICE

ALL DOCUMENTS MUST BE RETURNED TO ABOVE OFFICE BEFORE CONSIDERATION IS GIVEN TO REQUEST.

Please check as completed and returned:

- ✓ Application for Use of Building
- ✓ Physical Education Equipment, Athletic Scoreboard and Public Address System Request (if applicable)
- — High School Auditorium Usage (if applicable)
- ✓ Certificate of Insurance with certificate holder named:

  Plumsted Twp. Board of Education
  117 Evergreen Rd.
  New Egypt, NJ 08533

- ✓ Signed Assurance with the Organizations representative
- ✓ Retainer Fee - $250, if applicable
- — Request Fields (if applicable)

Please return this form and all of the above documents to:

New Egypt High School
Attn: Coordinator of Buildings and Grounds
117 Evergreen Road,
New Egypt, NJ 08533
(609) 758-6800

Plumsted Township School District

HIGH SCHOOL AUDITORIUM REQUEST

Fill out only if needed.

1. Date(s) of Use: ____________________

2. Day(s) of Use: ____________________

3. Activity Time: ____________________ ____________________
   Beginning Ending

4. Total Activity Time: ________ ________ ________ ________
   Pre-Set-up Activity Post Activity Total Hours

5. Sponsoring Organization: ____________________

6. Phone: ____________________

7. Name of Sponsoring Organizations Supervisor : ____________________

8. Address of Supervisor: ____________________ Phone: ____________

9. Equipment Needs (operated by Plumsted Twp. School District employee or someone trained by certified school employee & approved by District Technology Coordinator):
   Microphone(s): Qty.______
   Sound System: ______
   Special Lighting: ______
   VCR/TV: _____ Other: ____________________

10. **RETAINER FEE:** When equipment is being requested a **$250 retainer** will be collected at the time of application. This will be returned to the organization when all equipment used as been evaluated and is functioning properly.

* *

BUSINESS OFFICE USE ONLY

Retainer Fee ($250) Collected: Check______ Cash______

Retainer Fee Waived by Plumsted Twp. School District: ________

Name of Plumsted Twp. School District equipment operator or trained person: ____________

Total Hours Worked________ x $30 per hour = ____________

NOTE: This charge will be added to the total charge of renting the facility.

Signature of Plumsted Twp. School District Audio Visual Coordinator: ____________

Plumsted Township School District

REQUEST FOR FIELDS - New Egypt High School

Fill out only if needed.

1. Date(s) of Use: _____

2. Day(s) of Use: _____

3. Activity Time: _____ _____
   Beginning Ending

4. Total Activity Time: _____ _____ _____ _____
   Pre Set-up Activity Post Activity Total Hours

5. Sponsoring Organization: _____ Phone: _____

6. Name of Sponsoring Organizations Supervisor: _____

7. Address of Supervisor: _____ Phone: _____

8. Field(s) and number of fields requested:
   _____ Football _____ Baseball _____ Field Hockey
   _____ Softball _____ Lacrosse _____ Soccer
   _____ Tennis Court _____ Cross Country Trail

9. Special arrangements requested _____
   _____
   _____
   _____

* *

BUSINESS OFFICE USE ONLY

Signature of Athletic Director: _____

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 08/12/2023

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

Terry L. Green & Associates, Inc.
3100 Five Forks Trickum Rd
Suite 101
Lilburn, GA 30047

CONTACT NAME:
PHONE (A/C, No, Ext): 1-800-550-5029 FAX (A/C, No): 770-978-2780
E-MAIL ADDRESS: info@esportsinsurance.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Fortegra Specialty Insurance Company	# 16823
INSURER B : AXIS Insurance Company	# 37273
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED

Warrior Fighting Championship LLC t/a The
Ramirez Boys Fight House
26 Oakford Ave
New Egypt, NJ 08533

COVERAGES **CERTIFICATE NUMBER: 88S5SGW96Z** **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	
A	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:	Y		KSG1000003-01-C10698	08/13/2023 12:01 AM	08/13/2024 12:01 AM	EACH OCCURRENCE	$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 300,000
							MED EXP (Any one person)	$ 10,000
							PERSONAL & ADV INJURY	$ 1,000,000
							GENERAL AGGREGATE	$ 2,000,000
							PRODUCTS - COMP/OP AGG	$ 1,000,000
								$
	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	$
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
	[ ] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $						EACH OCCURRENCE	$
							AGGREGATE	$
								$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					[ ] PER STATUTE [ ] OTH-ER	
							E.L. EACH ACCIDENT	$
							E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
B	Accident/Medical Coverage	Y		SRPOAGI-ESA40654	08/13/2023 12:01 AM	08/13/2024 12:01 AM	MAXIMUM MEDICAL	$ 100,000
							DEDUCTIBLE	$ 250
							TERMS OF PAYMENT	EXCESS

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate Number: 88S5SGW96Z. Covered Activities: Martial Arts.. Locations: ; 26 Main St, New Egypt NJ 08533. ; 149 Brindletown Rd, New Egypt NJ 08533. ; 201 Park Ave, Linden NJ 07036. ; 117 Evergreen Rd, New Egypt NJ 08533.

CERTIFICATE HOLDER NAMED AS ADDITIONAL INSURED

CERTIFICATE HOLDER

Plumsted Twp Board of Education
114 Evergreen Rd
New Egypt, NJ 08533

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

Terry L. Green

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Certificate Number: NAEP115493 Policy Number: UST022072230
Effective Dates: 2/18/2024 12:01am to 2/20/2024 12:01am

Additional Insured - Person, Organization or other Entity 600002STEP 09 12

Policy Amendment(s) Commercial General Liability

This endorsement modifies insurance provided under the following:

Commercial General Liability Coverage Part

Schedule

Name of Additional Insured Person(s) or Organization(s) or other Entity(ies)
Plumsted Twp School Disctrict

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Section II - Who Is An Insured is amended to include as an insured the person, organization or other entity shown in the Schedule above but only to the extent that **bodily injury**, **property damage** or **personal and advertising injury** is caused by the sole negligence of the Memorandum of Insurance holder.

Any Additional Insured Person(s) or Organization(s) or other Entity(ies) covered under this policy is subject to the policy forms, terms, conditions, exclusions, limitations and provisions.

This Endorsement is otherwise subject to all the terms, conditions, exclusions, limitations, and provisions of the policy to which it is attached.

This Form must be attached to Change Endorsement when issued after the policy is written.
One of the **Fireman's Fund Insurance Companies** as named in the policy

Secretary President

600002STEP9-12
© 2012 Fireman's Fund Insurance Company, Novato, CA. All rights reserved.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 2/6/2024

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.

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PRODUCER	CONTACT NAME: Steve
S3 Direct LLC 6500 Greenville Ave Dallas , TX 75206	PHONE (A/C, No, Ext): 2148232653 FAX (A/C, No): 2148233805 E-MAIL ADDRESS: steve@coleinsuranceagent.com

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
Warrior Fighting Championship LLC; dba Warrior Cage Grappling 26 Main St New Egypt , NJ 08533	INSURER A : Fireman's Fund Insurance Company	21873
	INSURER B : Axis Insurance Company	37273
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	✔ COMMERCIAL GENERAL LIABILITY			UST022072230	2/18/2024	2/20/2024	EACH OCCURRENCE	$ 1,000,000
	☐ CLAIMS-MADE ✔ OCCUR			NAEP115493			DAMAGE TO RENTED PREMISES	$ 50,000
	✔ Host Liquor Liability						MEDICAL EXPENSE	$
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	✔ POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	$ 1,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT	$
	☐ ANY AUTO						BODILY INJURY (Per person)	$
	☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	☐ UMBRELLA LIAB ☐ OCCUR						EACH OCCURRENCE	$
	☐ EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE	$
	☐ DED ☐ RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						☐ PER STATUTE ☐ OTH-ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? ☐ (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

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

CERTIFICATE HOLDER

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

Robert V. Nuccio

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COLE INSURANCE AGENCY

P: 214-823-2653
F: 214-823-3805

PO Box 600183
Dallas, TX 75360
coleinsuranceagent.com

Combative Sports Insurance Certificate

TO: Jennifer Hlubik
COMPANY: dba Warrior Cage Grappling Warrior Fighting Championship LLC
Via Email: newarriorfc@gmail.com

FROM: Steve Daroche
COMPANY: COLE INSURANCE AGENCY
PHONE: 214-823-2653
MAILING ADDRESS: P.O. BOX 600183, DALLAS, TX 75360-0183
ADDRESS: 6500 Greenville Ave., Suite 560
DALLAS, TX 75206
FAX: 214-823-3805
DATE: 2/6/2024

PAGES INCLUDING THIS COVER PAGE:

COMMENTS: Amateur MMA Max 12 bouts Event

DATE OF SHOW: 2/18/2024

CC: Rhonda Utley-Herring
New Jersey State Athletic Commission

2 Pages

Claims Forms: See our web site:

http://www.boxingcoverage.com

Please provide a copy of your result for this event.
This is a requirement of the Insurance Company.
You may reply via fax or email. Fax 214-823-3805
csr@coleinsuranceagent.com

Claims must be filed within 31 days of injuries

THANK YOU FOR YOUR BUSINESS.

COLE INSURANCE AGENCY

P: 214-823-2653
F: 214-823-3805

PO Box 600183
Dallas, TX 75360
coleinsuranceagent.com

SUMMARY OF BENEFITS

Policyholder: **Warrior Cage Grappling Warrior Fighting Champ LLC**
26 Main St
New Egypt, NJ 08533

Certificate Number: US2068914

Effective Date: **2/18/2024**

Termination Date: **2/19/2024**

Benefit Period: **26 Weeks**

ELIGIBILITY REQUIREMENTS
An Eligible Person Means: All Participants of the Policyholder's Combative Sporting Event.

This Summary provides a brief description of the coverage and benefits provided by the Policy. Full details are found in the appropriate Policy provisions. **Please read the Policy carefully.**

DESCRIPTION OF HAZARDS:

__X__ Specific Activity (see page 8)
__X__ Policyholder Functions (see page 8)

Combative Sporting Event

DESCRIPTION OF BENEFITS:

Accidental Death, Dismemberment, Loss of Sight

Principal Sum **$10,000.00**

Accidental Medical Expense Benefit (see policy for listing of benefits and limitation)

Plan Type:

__**XX**__ **Full Excess**

Maximum Benefit Amount Per Covered Person **$10,000.00**

Benefit Amount ***100% of Usual and Customary Charge***

Deductible Amount Per Covered Person:

Per Injury **$1,500.00**

**** Not Workers Compensation**
**** Full Excess Accident Coverage Only – Benefits payable by other coverage will not be payable under this policy**
****Policy Underwritten by United States Fire Insurance Company, North American Boxing Federation**

RATE TABLE

Rates are determined by Us based on Our expectations as to future experience. We may make any adjustments in the rates after the first policy term with 31 days written notice. Notice of any change in rates will be sent to the policyholder at least 31 days prior to the new rates take effect.

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 2/6/2024

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.

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PRODUCER	CONTACT NAME: Steve
S3 Direct LLC 6500 Greenville Ave Dallas , TX 75206	PHONE (A/C, No, Ext): 2148232653 FAX (A/C, No): 2148233805 E-MAIL ADDRESS: steve@coleinsuranceagent.com

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
Warrior Fighting Championship LLC; dba Warrior Cage Grappling 26 Main St New Egypt , NJ 08533	INSURER A : Fireman's Fund Insurance Company	21873
	INSURER B : Axis Insurance Company	37273
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	✔ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ✔ OCCUR ✔ Host Liquor Liability GEN'L AGGREGATE LIMIT APPLIES PER: ✔ POLICY ☐ PRO-JECT ☐ LOC OTHER:	✔		UST022072230 NAEP115493	2/18/2024	2/20/2024	EACH OCCURRENCE DAMAGE TO RENTED PREMISES MEDICAL EXPENSE PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG 	$ 1,000,000 $ 50,000 $ $ 1,000,000 $ 2,000,000 $ 1,000,000 $
A	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) 	$ $ $ $ $
	UMBRELLA LIAB ☐ OCCUR EXCESS LIAB ☐ CLAIMS-MADE DED ☐ RETENTION $						EACH OCCURRENCE AGGREGATE 	$ $ $
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? ☐ (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					☐ PER STATUTE ☐ OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ $ $

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

Additional Insured: Plumsted Twp School Disctrict

CERTIFICATE HOLDER

Plumsted Twp School Disctrict

117 New Egypt Allentown Road
Plumsted , NJ 08533

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

Robert V. Nuccio

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ACORD 25 (2016/03) **The ACORD name and logo are registered marks of ACORD**

APPLICATION FOR USE OF SCHOOL FACILITIES

Date of Application 2/17/24

Request is hereby made by the undersigned for the use of the following school premises on the date(s) set forth below.

SAT (setup) 9am-12pm — Beginning & Ending Time

SAT (setup) March 16th Sunday March 17th 2024 — Beginning & Ending Days and Dates

Sunday 9am-6pm

On-Site Representative responsible for program Jennifer Hlubik Phone # 609-903-5960

FACILITY REQUESTED: (check appropriate choices)

High School ____ Middle School: ____ Elementary School: ____ Primary School: X

Gym: ____ Cafeteria: X Classroom: ____ Kitchen: ____ Auditorium: ____

Library (IMC) ____ Field(s) ____

Note: (Kitchen will be kept locked unless specifically requested)

Special Arrangements: (if necessary - chairs, tables, desks. Please be as specific as possible):
250 chairs

Complete schedule of events & activities going on during this meeting/activity: Grappling Competition within caged enclosure exhibition

Expected Attendance: 250

What is the purpose of this meeting/activity: Athletic Physical competition

An admission charge, collection, donation or solicitation: will be made X will not be made ___

We hereby certify that we shall be personally responsible, on behalf of our organization, for any damage sustained by the school premises, furniture, or equipment because of the occupancy of said premises by our organization. I have read and agree to abide by and to enforce the rules, regulations and policies of the Plumsted Township Board of Education rules and regulations governing the use of facilities pg. 1-5.

Name of Organization: Warrior Fighting Championship LLC
Address: 26 Main St. New Egypt NJ 08533
Name of Representative: Jennifer Hlubik Phone: 609-903-5960
Address: 26 Oakford Ave New Egypt NJ 08533 Email: NEWarriorFC@gmail.com
Proof of insurance is on file in: Buildings and Grounds Office X Attached: ____
Name of Insurance Company Cole Insurance Agency Policy No. USA2072230
Signature of Representative: [signature]

****

BUILDINGS AND GROUNDS OFFICE USE ONLY

Rental Fee: ____ Fee Exempt: ____ Cleared & Recorded on Calendar: ____

PHYSICAL EDUCATION EQUIPMENT,
ATHLETIC SCOREBOARD AND PUBLIC ADDRESS SYSTEM

Fill out only if needed.

1. School: Primary School Room: All Purpose Room
2. Date(s) of Use: March 16th (setup) 2024 / March 17th 2024
3. Day(s) of Use: Saturday & Sunday
4. Activity Time (Sat setup) 9am – 12pm
   Beginning Ending
   Sunday 9am – 6pm
5. Total Activity Time: 6 (Pre-Set-up) 4 (Activity) 2 (Post Activity) 12 hours (Total Hours)
6. Sponsoring Organization: Warrior Fighting Championship LLC
7. Phone: 609-903-5960
8. Name of Sponsoring Organization Supervisor: Jennifer Hlubik
9. Address of Organization Supervisor: 26 Main St. Phone: 609-903-5960
   New Egypt, NJ 08533
10. Equipment Needs:
    Audio-Visual (clock, scoreboards,) Qty. _____
    Projector
    _____
    Physical Equipment (volleyball stands, basketball standards, etc.): Qty. _____
    250 chairs
    _____
    Public Address (microphones, PA system etc.): _____
    _____
11. **RETAINER FEE**: When equipment is being requested a **$250 retainer** will be collected at the time of application. This will be returned to the organization when all equipment used has been evaluated and is functioning properly.

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BUILDING AND GROUNDS OFFICE USE ONLY

Retainer Fee ($250) Collected: Check_____ Cash_____
Public Address System: Total Hours worked: _____ x $30.00 per hr. = _____
Signature Athletic Director: _____
NOTE: This charge will be added to the total charge of renting the facility if this service is needed.

Plumsted Township School District
117 Evergreen Road, New Egypt, NJ 08533

Signed Assurance

Warrior Fighting Championship LLC assumes full responsibility for the conduct of all persons in attendance at the activity and for any damages done to the school premises during the time the activity is under its control, its agents, employees and invites.

In consideration of the use of said facilities Warrior Fighting Championship LLC, shall indemnify and hold harmless the Board of Education, its agents, employees, officers and members, individually, severally and jointly, to the fullest extent permitted by law, from and against any and all claims, demands, liabilities, fines, suits, actions, proceedings, orders, decrees and judgment of any kind or nature, by or in favor of anyone whomsoever and from and against any and all costs and expenses, including reasonable attorney's fees resulting from or in connection with the loss of life, bodily or personal injury or damage to or loss of property arising directly or indirectly, out of or from or on account of the use of facilities and property as permitted herein, or by an act or omission or negligence of Warrior Fighting Championship LLC or its employees, agents, or contractors, or any of its patrons.

Signature of Representative of Above Organization

FIELDS WILL POPULATE FROM PROOF SHEET

ABA NUMBER UPDATED 9/4/14 PER INSTRUCTIONS FROM MARYBETH

Transfer at end of each month

JENNIFER L HLUBIK
ANDREW JOSEPH HLUBIK III
26 OAKFORD AVE
NEW EGYPT, NJ 08533-1522

298
55-33/212 NJ
14734

1/22/2024
Date

Pay To The Order Of Plumsted Township BOE $840.00/100

Eight hundred forty and 00/100 Dollars

Photo Safe Deposit® Details on back

Bank of America

ACH R/T 021200339

For _____

⑆021200339⑆ 381047883378⑈0298

Harland Clarke

JENNIFER L HLUBIK
ANDREW JOSEPH HLUBIK III
26 OAKFORD AVE
NEW EGYPT, NJ 08533-1522

301
55-33/212 NJ
14734

2/22/24
Date

Pay To The Order Of Plumsted Township BOE $ 840.00/100

Eight hundred forty and 00/100 Dollars

Photo Safe Deposit© Details on back

Bank of America

ACH R/T 021200339

For

MP

⑆021200339⑆ 381047883378⑈0301

Harland Clarke