

**Steven D. Johnson**Assistant Superintendent
Business and Operations
Voice: (406) 522-6042

Voice: (406) 522-6042 Fax: (406) 522-6050 steve.johnson@bsd7.org

## **INSURANCE REQUIREMENTS**

As a condition for use of the facility, the Lessee shall procure Comprehensive General Liability (CGL) Insurance naming Bozeman School District No. 7 as a Named Insured or Additional Insured having the same coverage and coverage limits as the "Named Insured". The CGL policy shall have bodily and personal injury coverage limits of no less the \$1 million and property damage coverage limits of no less than \$500,000. The CGL policy must include effective dates covering the time period Lessee has contracted to use the facility. At least 48 hours before Lessee commences use of the facility, it shall provide written proof of its procurement of the CGL policy required by this provision, including an acknowledgement by the insurance carrier providing the CGL policy that if the CGL policy is cancelled for any reason prior to the effective dates identified in the policy, it will immediately notify, in writing, Bozeman School District No. 7 of the cancellation

You may have your insurance carrier mail, fax or e-mail a copy to:

Bozeman School District No. 7 Attn: Lori Ross P.O. Box 520 Bozeman, MT 59715

FAX: (406) 522-6050 Phone: (406) 522-6042 lori.ross@bsd7.org