

Form MUST be Postmarked by March 1st, 2010 WEEVA Admin & Insur Form

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WI Supermileage & WI Electrathon
School / Administration Permission and Insurance Form

Attention: School Administrator(s), School Name: _____

Please fill out the requested information below. This form is confirmation of your awareness regarding your school's participation in the following WI Supermileage & WI Electrathon Challenges. Furthermore, this will enable us to contact you at any time, if necessary.

- _____ WI Supermileage @ University of Wisconsin-Stout (April 16th - 17th, 2010)
- _____ WI Electrathon / Supermileage @ Fox Valley Technical College (April 30th - May 1st, 2010)
- _____ WI Electrathon / Supermileage @ Road America (May 9th - 10th, 2010)

_____ (Faculty member's name) has my permission to bring a team of students to this Wisconsin Supermileage/Electrathon Challenges. I acknowledge that the Fox Valley Technical College, Wisconsin International Raceway Park, Road America, Wisconsin Energy Efficient Vehicle Association Board of Directors and organizing committees, University of Wisconsin-Stevens Point, or the Board of Regents of the University of Wisconsin Systems, its officers, employees, and agents are not responsible for possible injuries during any Supermileage/Electrathon Events. Your signature formally declares that participation in this activity is a school-sponsored event that is covered by your school district's insurance.

Administrator's Name (Please print): _____ Title: _____
Administrator's Signature: _____ Date: _____

* * * Please Include the Following Information * * *

Administrator's Phone: (_____) _____ Hours: _____
District Office Phone: (_____) _____ Hours: _____

1. Your School District's Insurance Carrier: _____
2. Your School District's Insurance Policy Number: _____
3. A copy of a Certificate of Insurance - *(One per challenge attending) (See Page 2 for Clarification/Example)*

A certificate of insurance evidencing commercial general liability coverage with no less than \$1,000,000 each occurrence and \$2,000,000 aggregate limits, and umbrella/excess liability coverage with \$5,000,000 each occurrence and aggregate limits. These amounts should cover bodily injury and property damage liability arising from operations, products and completed operations, and personal and advertising injury. A certificate should be created for each event attending above WITH the host-event's name as the certificate holder, as well as an additional insured. The certificate should also show that the host-event would receive not less than thirty- (30) days written notice in the event of cancellation, non-renewal, or material change in the above-mentioned policies. [SEE PAGE 2 FOR CLARIFICATIONS/EXAMPLE]

Please attach any further information that you feel is relevant regarding your school's participation in this event.

* * WEEVA Prefers to receive all files either through email or fax, though mail will be accepted. * *

Fax to: 920-273-2580
Email: Registration@WisconsinSupermileage.org

Mail To: WEEVA
1517 GreenCrest Drive
Watertown, WI 53098

Platinum Sponsors



Example

Listed School District of the participating Supermileage or Electrathon team

ACORD. CERTIFICATE OF LIABILITY INSURANCE		CSR RH SPSCH-1	DATE (MM/DD/YYYY) 03/25/09
PRODUCER Schwarz Insurance - Prairie 350 Prairie Street P.O. Box 40 Prairie du Sac WI 53578-0040 Phone: 608-643-3385 Fax: 608-643-3249		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED		INSURERS AFFORDING COVERAGE	NAIC #
		INSURER A: Employers Mutual Casualty Co.	
		INSURER B: United Heartland	
		INSURER C:	
		INSURER D:	
		INSURER E:	

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	X	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	2X0551409	07/01/08	07/01/09	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMFYOP AGG \$ 2,000,000 Emp Ben. 100,000
A	X	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	2E0551409	07/01/08	07/01/09	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
A	X	EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ <input checked="" type="checkbox"/> RETENTION \$ 0	2J0551408	07/01/08	07/01/09	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 \$ \$ \$
B	X	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER	0400079383	07/01/08	07/01/09	E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

Proper coverages listed out.

Also include here; The Board of Regents of the University of Wisconsin Systems, its officers, employees, and agents are also listed as "Additional insured."

Specified that the certificate holder is "additional insured"

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
RE: WI Supermileage @ UW-Stout (April 16th-17th, 2009). Additional insured in regards to general liability: UW-Stout, WI Supermileage, Board of Regents of University of Wisconsin Systems, its officers, employees, & agents. 30 day notice of cancellation for all reasons except for non-payment of premium.

30 Days Written Notice

CERTIFICATE HOLDER	CANCELLATION
UWSTO-1 University of Wisconsin-Stout WI Supermileage 224D Comm. Tech. Building Menomonie WI 54571	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE Tom Schwarz

Proper Certificate Holder Terminology

University of Wisconsin-Stout
 WI Supermileage
 224D Comm. Tech. Building
 Menomonie, WI 54571

OR

Fox Valley Technical College
 WI Supermileage/Electrathon
 1825 North Bluemound Drive
 Appleton, WI 54913

OR

Road America - Elkhart Lake
 WI Supermileage/Electrathon
 N7360 Highway 67
 Elkhart Lake, WI 53020

&

Wisconsin International Raceway, Inc.
 W1460 County Road KK
 Kaukauna, WI 54130

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