

### **Operations Memorandum**

To:

New Haven Board of Education Finance and Operations Committee

From:

Daniel Bonet, Assistant Principal of Hillhouse High School

Date:

August 22, 2023

Re:

Agreement with SFC Lisa Rodriguez as an Instructor of the JROTC

Program at Hillhouse High School

Answer all questions and have a representative ready to present the details of each question during the Finance & Operations meeting or this proposal may not be advanced for consideration by the full Board of Education.

	Company Information			
Vendor Name:	Department of the Army, 2 <sup>nd</sup> ROTC Brigade U.S. Army Cadet Command			
Doing Business as: (DBA)	Department of Defense			
Vendor Address:	21 Barrows St., Stratford, CT 06614			
Vendor Contact Name:	SFC. Lisa Rodriguez			
Vendor Contact Email:	Lisa.Rodriguez@new-haven.k12.ct.us			
Is the contractor a minority	or women owned small business? N/A			
Ag	greement/Contract Information			
New or Renewal Agreeme	ent/Contract?			
Effective Dates: (mm/dd/yy)	From July 1, 2023 To June 30	, 2024		
Total Amount: If Multi-yr. include yr. to yr. breakdown	Army Portion: \$42,222.24 BOE Portion: \$50,477.57 <b>Total amount: \$92,699.81</b>			
Funding Source Name: Acct. #:	2023-2024 Operating Budget 190-43362-50135			



1. What specific service will the contractor provide:	
1. What specific service will the contractor provide:	
The JROTC program is designed to teach high school students the value of citizenship eadership, service to the community, personal responsibility, and a sense of accomplishile instilling in them self-esteem, teamwork, and self discipline.	
2. How was the contractor selected? *Attach appropriate supporting documents	
☐ Quotes	
☐ Sealed Bid #	
□ Sole Source #	
□ RFP#	
☐ State Contract #	
☐ Exempt Professional  ☐ Accountant ☐ Actuary ☐ Appraiser ☐ Architect ☐ Artist ☐ Dentist ☐ Engineer ☐ Expert Professional Consultant ☐ Land Surveyor ☐ Lawyer ☐ Physician/Medical Doctor	VIII.
<ul> <li>3. If the vendor was selected through Solicitation (Bid/RFQ/RFP) process; a the following:</li> <li>a. Please explain how the vendor was chosen? *Attach Vendor Proposal</li> </ul>	nswer
The Department of Defense fills a need for school districts that has developed a contra have the JROTC program in high schools. The process goes through a rigorous vetting certification for exemplary retired military personnel prior to interviewing.	
b. Who were the members of the selection committee? (Minimum 3 members of	required)



## 4. If this is a renewal with a current vendor, has the vendor has met all obligations under the existing agreement/contract?

All requirements were met and standards exceeded. The JROTC program has created a culture of family with the students and staff the JROTC instructors have demonstrated their dedication to Hillhouse and our community in New Haven.

5. If this agreement/contract is a Renewal, has the cost increase? If yes, by how much? \*Attach Renewal Letters

No increase from previous year. Salary is comprised of the following:

Army Portion: \$42,222.24 BOE Portion: \$50,477.57

For a total amount not to exceed \$92,699.81

6. If this new agreement/contract, has cost for service increased from previous years? If yes, by how much?

N/A - renewal

#### 7. Is this a service that existing staff could provide? Why or why not?

No, not only do the instructors have to be retired from the military, their curriculum focuses on leadership and soft skills that enhances the opportunities in today's workforce. The relationships developed and maintained with our JROTC program and our community, are long-lasting and beneficial for community service graduating requirements, future potential scholarships and internships.



### **Agreement/Contract Processing Checklist**

To ensure timely processing of the submitted Agreement/Contract it is imperative to collect and provide all of the required documentation noted below and provide with submission to board.

Forms/Documents are available in: Drive G:\F&O Agenda Minutes\Agreement Contract Checklist\2022-2023

If Y	es, Vendor #			
If No or N	ew, Vendor must provide completed W9			
2. A qu	otes or proposal submitting regarding the agreement/contract.			
Ifl	Attach Vendor Submitted			
0	her Copy of State Contract, Quotes, etc.			
the f It is the submissi	ficates of Liability Insurance (COI) are required for ALL agreements/contracts, read collowing and select the applicable Rider.  Submitters responsibility to request the COI from the vendor and attach with on; the COI from the Vendor must match rider specifications outlined.  To obtain or incorrect COIs will be returned for revision and will delay its processing.			
Rider 300	Professional Services - Onsite Umbrella; w/ Auto; w/ Workers Compensation			
Rider 305	Professional Services - Onsite Umbrella; No Auto; No Workers Compensation			
Rider 310	Professional Services - Onsite Umbrella; w/ Auto; No Workers Compensation			
Rider 315	Professional Services - Onsite Umbrella; w/ Youth under 21			
Rider 320	Professional Services – Offsite; No Auto; No Workers Compensation			
Muci 320	Professional Services - Offsite; No Auto; No Workers Compensation; w/ Youth under 21			
Rider 325	Professional Services - Offsite; No Auto; No Workers Compensation; w/ Youth under 21			
	Professional Services - Offsite; No Auto; No Workers Compensation; w/ Youth under 21  Professional Services - Offsite Attorney; No Auto; No Workers Compensation			
Rider 325				
Rider 325	Professional Services – Offsite Attorney; No Auto; No Workers Compensation			
Rider 325 Rider 330 Rider 335	Professional Services – Offsite Attorney; No Auto; No Workers Compensation  Professional Services – Onsite; Physician/Dentist; No Auto			
Rider 325 Rider 330 Rider 335 Rider 340	Professional Services – Offsite Attorney; No Auto; No Workers Compensation  Professional Services – Onsite; Physician/Dentist; No Auto  Professional Services – Onsite Physician/Dentist w/ Youth under 21			
Rider 325 Rider 330 Rider 335 Rider 340 Rider 345	Professional Services – Offsite Attorney; No Auto; No Workers Compensation  Professional Services – Onsite; Physician/Dentist; No Auto  Professional Services – Onsite Physician/Dentist w/ Youth under 21  Professional Services – Onsite Temp Nurses			

# James Hillhouse High School U.S. Army JROTC The Bulldog Battalion

We devote many after school hours to run our three different competitive teams: Drill Team, Color Guard and Raiders. We provide color guards throughout the city of New Haven, at various sporting events to include the Yale Bowl, Mayor's inauguration ceremony, New Haven Memorial Day and Veteran's Day ceremonies, St. Patrick's and Veteran's Day parades. We also take twenty cadets to Devens, Massachusetts for a five day/night leadership camp at the end of the school year, every year.

We have partnered with King-Robinson over the past ten years and my cadets have taught the Junior Achievement Program to kindergarten through second grade students. We have also assisted with their end of year field days, walk-a-thons, read aloud day, and provided a mentorship for students. The JROTC cadets have provided community service at the VA Hospital, Homes for the Brave, Soup Kitchen, Boys and Girls Club, and the New Haven Road Race. They also made and distributed necessity bags for the homeless at Columbus House and on the New Haven Green.

The mission of JROTC is *To Motivate Young People to be Better Citizens*. Cadets learn a wide variety of topics to support that mission. They learn leadership skills, how to resolve conflicts, team building, goal setting, how to study/take tests and resume writing. They are also taught classes about first aid, healthy eating, physical fitness, addressing prejudices', and citizen rights.

Hillhouse JROTC cadets historically have had better attendance, higher GPAs, and higher graduation rates. I have continued to not only meet but exceed the required enrollment in the program, which is a minimum of 10% of the school population, in order for the program to continue its existence at Hillhouse. I have also continued to ensure that the Hillhouse JROTC program has received Honor Unit with Distinction on our bi-annual accreditation inspection from our higher headquarters. This distinction gives our program the ability to nominate candidates for acceptance into the Military Service Academies. This nomination ability is equivalent to a recommendation from a Senator or a Congressman.

#### ATTACHMENT A

#### **Job Description**

- officers of a JROTC Instructor JROTC officers and non-commissioned officers observe the same military courtesies and general roles they did on active duty, but there is no practical distinction between their major duties: a typical unit has only two personnel, and both must be fully capable of meeting all requirements. It is incumbent upon every new instructor to gain full personal proficiency in all JROTC responsibilities as rapidly as possible. Major curricular, extra-curricular and other tasks performed by instructors:
  - Conduct the JROTC program in accordance with applicable law, and Army and Cadet Command regulations and policies.
  - Prepare any annual operational plan. Develop a schedule for the year reflecting school activities and JROTC objectives and activities. Include cadets in the planning. Organize cadets and resources toward objectives.
  - Perform administrative tasks. Maintain student records; provide enrollment and other student reports as specified by Cadet Command; meet school administrative requirements.
  - Carry out logistics tasks. Prepare requisitions. Maintain arms and supply operations in accordance with Army security requirements and other regulations.
  - Recruit new students. Market the JROTC program. Maintain at least the minimum enrollment of 100 cadets or 10% of the school's total student enrollment, whichever is less. Conduct a public relations program in the school and community.
  - Teach JROTC cadets. Achieve the curricular requirements and learning standards of the Program of Instruction. Attain and improve proficiency in all military and other subjects taught. Continuously improve JROTC instruction by staying abreast of new and alternative instructional and motivational techniques. Recommend changes to the curriculum.
  - Counsel students on their academic performance and as members of the Corps of Cadets. Assist interested students in applying for Senior ROTC scholarships and completing service academy applications.
  - Accomplish required school tasks. Participate in staff meetings, school committees and student activities. Perform tasks required of all other teachers in the school.

## Job Description Page 2

- Plan, organize and conduct extra-curricular activities; color guard marksmanship (optional), drill teams, adventure training, and JROTC social activities, such as an annual ball.
- Conduct risk assessment for all activities; observe and enforce all Army and school safety guidelines.
- Develop professional qualifications. Participate in recurring instructor conferences and other professional development opportunities. Meet any continuing education requirements of the state or school district.
- Prepare the unit for official visits and formal inspections.
- Coordinate summer camp attendance by cadets, attend camp, and conduct training and other activities as prescribed by the camp commander.
- Provide an outstanding personal example of professional, social and personal behavior and appearance for cadets, colleagues and the community.
- Provide an outstanding personal example of professional, social and personal behavior and appearance for cadets, colleagues and the community.
- Perform other duties assigned.

### (2) Physical Duties and Time Required

#### Curricular Instruction

Conduct Instruction, generally 4-5 hours per day, plus related administrative time. Usually 5 days per week, or as addressed in the instructor contract with the school. Generally, these are the same days and hours as for the other teachers under contract by the school. A teacher's basic pay is compensation for conducting curricular instruction

#### Extra-Curricular Activities

These activities reinforce classroom instruction and offer cadets the opportunity to enhance their personal skills, discipline, teamwork and self-esteem. They require instruction supervision, participation or instruction, are not part of the academic curriculum, and are conducted in addition to the hours of classroom and administrative duties. The school's pay system determines whether compensation is due, and in what amount, for the conduct of these activities. For Junior ROTC instructors, they are not limited to, but may include:

## Job Description Page 3

- Color Guard
- Drill Team
- > Marksmanship

#### (3) The Program of Instruction

- (a) The POI is designed to provide a systematic progression of learning and development during each year of high school. The curriculum for each grade level consists of 180 hours, of which 108 are for required subjects, and the remaining hours are chosen by the instructor from a list of Army approved subjects. Instructors have considerable flexibility in shaping their program to best meet the educational, vocational and other developmental needs of their students.
- (b) The following is a sampling of the subjects offered in four years of JROTC:
  - > American citizenship
  - > Techniques of Communication
  - Leadership (learning to assume a leadership role)
  - Leadership Labs (demonstrating leadership)
  - Drug Abuse Prevention
  - > Map Reading
  - > Developing a Career Exploration Strategy
  - > First Aid and Hygiene
  - > Technology Awareness
  - > Command and Staff Procedures (for senior cadet leaders)
- (c) Desired learning outcomes. To aide their success in school and after graduation.

### **CITY OF NEW HAVEN**

New Haven, Connecticut 06510



## DISCLOSURE & CERTIFICATION AFFIDAVIT

		EVERY SECTION MUST BE COMPLETED
		For help completing this form contact 203-946-8201
C	ontractor/Vendor Name:	Lisa Rodriguez
	Address:	21 Barrowns Street Stratford CT 06614
	Telephone and/or Fax #:	(203)583-0740
Ī,	Email Address:	lisa.rodriguez@new-haven.k12.ct.us
	Contact Person:	Lisa Rodriguez
	For the pur	poses of this Disclosure and Certification Affidavit, the following definitions apply:
(a)		tividuals, partnerships, corporations, associations, or joint ventures.
(b)	materials or any combination of the	r formal commitment entered into by the city to expend funds in return for work, labor, services, supplies, equipment foregoing, or any lease, lease by way of concession, concession agreement, permit, or per agreement whereby the erty belonging to the city, or otherwise grants a right of privilege to occupy or to use said property of the city.
(c)	"City" means any official agency, bo	pard, authority, department office, or other subdivision of the City of New Haven.

(d) "Affiliate Entity" means any entity listed in sections 9 or 10 below or any entity under common management with the Contractor.

State of Connecticut County of New Haven being first duly sworn, hereby deposes and says that: (type or print your name above) 1. I am over the age of 18 and understand the obligations of making statements under oath; I understand that the City of New Haven is relying on my representations herein. 2a. I am the corporate secretary or majority owner (including sole proprietorship) of **Insert Company Name above** 2b Or I am an individual and my name is: Lisa Rodriguez if an individual, insert your name above 3. I am fully informed regarding the preparation and terms of the above referenced agreement (the "Agreement") and of all pertinent circumstances Please select the applicable representation(s) regarding taxes or, if none of the below are accurate, attach an explanation of the status of the relevant tax obligations to this Affidavit (mark an "X" in the appropriate box or "NA" if none apply). 4a. As required by Conn. Gen. Stat. §12-41, the Contractor (and each owner, partner, officer, authorized signatory or Affiliate Entity of the Contractor) has filed a list of taxable personal property with the City of New Haven for the most recent grand list and all taxes are current 4b. The Contractor (including any owner, partner, officer or authorized signatory thereof) is not required to file a list of taxable personal property N/A with the City of New Haven for the most recent grand list and does not owe any back taxes to the City of New Haven, either directly or through a lease or other agreement. 4c. The Contractor or an owner, partner, officer, representative, agent or Affiliate Entity of the Contractor either i) has a PILOT agreement with N/A the City of New Haven or ii) owes back taxes and has executed an agreement with the City of New Haven to pay said back taxes in installment payments. Such agreement is attached and incorporated herein by reference and the payments under said agreement are not in default. Other than as may be described in section 4 above, the Contractor (including any owner, partner, officer, other authorized signatory, or 5. Affiliate Entity) does not have any outstanding monetary obligations to the City of New Haven. Please select the applicable representation about the Contractor's business registration. 6. **6a** Contractor is a Connecticut corporation, partnership, limited liability company or sole N/A proprietorship and its Connecticut Secretary of the State Business ID #: Insert State Registration # above Contractor is a foreign corporation, partnership, limited liability company or sole 6b. proprietorship but is registered to do business in the State of Connecticut. The N/A Insert State Registration # above Contractor's Connecticut Secretary of the State Business ID #: Contractor is a foreign corporation, partnership, limited liability company or sole 6c N/A proprietorship and is not registered to do business in the State of Connecticut. The Please insert State name above Contractor is registered in the State of: Contractor has confirmed with the Connecticut Secretary of the State that the services it will provide pursuant to the Agreement do not constitute doing business in the State of Connecticut and no registration with the Connecticut Secretary of the State is required. Contractor does otherwise have the following State of

Connecticut registrations, certificates or approvals relevant to the Agreement (if not applicable, state N/A).

None	actor Affiliation Role & Time Frame DOB		City Affil	Name	
The following list is a list of all contracts in which either the Contractor, any person affiliated with the business of the Affiliate Entity of the Contractor provides, or has provided, services or materials to the City within one (1) year prior disclosure. If none, state none. Use additional sheet if necessary (must be on company letterhead and notarized):    Name of Contractor or Affiliate				one	
The following list is a list of all contracts in which either the Contractor, any person affiliated with the business of the Affiliate Entity of the Contractor provides, or has provided, services or materials to the City within one (1) year prior disclosure. If none, state none. Use additional sheet if necessary (must be on company letterhead and notarized):    Name of Contractor or Affiliate					
None  The Contractor possesses an ownership interest in the following business organizations, if none, state none. Use additional information is required:  Organization Name Address Type of Ownership  None  The following persons and/or entities possess an ownership interest in the Contractor. If the Contractor is a corporation of each stockholder whose shares exceed twenty-five (25) percent of the outstanding stock. If none, state none. Use a necessary (must be on company letterhead and notarized):  Name Title % of Ownership  None  If the Contractor conducts business under a trade name, the following additional information is required: the place whe incorporated or is registered to conduct such business; and the address of its principal place of business, if none, state additional sheet if necessary (must be on company letterhead and notarized):  TRADE NAME PLACE OF INCORPORATION/REGISTRY PRINCIPAL PLACE OF B	origing to the City within one (4) year prior to the date.	or has provided, services	Contractor provides.	following list is a late Entity of the C	
The Contractor possesses an ownership interest in the following business organizations, if none, state none. Use additional interest in the Contractor possesses an ownership interest in the following business organizations, if none, state none. Use additional interest in the Contractor is a corporation of each stockholder whose shares exceed twenty-five (25) percent of the outstanding stock. If none, state none. Use a necessary (must be on company letterhead and notarized):    Name	Contract Number DOB	Affiliation (if app	ctor or Affiliate		
The Contractor possesses an ownership interest in the following business organizations, if none, state none. Use additional necessary (must be on company letterhead and notarized):  Organization Name  Address  Type of Ownership  None  The following persons and/or entitles possess an ownership interest in the Contractor. If the Contractor is a corporation of each stockholder whose shares exceed twenty-five (25) percent of the outstanding stock. If none, state none. Use a necessary (must be on company letterhead and notarized):  Name  Title  None  Title  None  Title  None  Title  Title				one	
Organization Name Address Type of Ownership  None  None  None  None  The following persons and/or entities possess an ownership interest in the Contractor. If the Contractor is a corporation of each stockholder whose shares exceed twenty-five (25) percent of the outstanding stock. If none, state none. Use a necessary (must be on company letterhead and notarized):  Name Title % of Ownership  None  The Contractor conducts business under a trade name, the following additional information is required: the place whe incorporated or is registered to conduct such business; and the address of its principal place of business, if none, state additional sheet if necessary (must be on company letterhead and notarized):  TRADE NAME PLACE OF INCORPORATION/REGISTRY PRINCIPAL PLACE OF B				one	
None   None		and notarized):	n company letterhead	ssary ( <u>must be on</u>	
The following persons and/or entitles possess an ownership interest in the Contractor. If the Contractor is a corporation of each stockholder whose shares exceed twenty-five (25) percent of the outstanding stock. If none, state none. Use a necessary (must be on company letterhead and notarized):    Name	Type of Ownership	Address	on Name		
The following persons and/or entities possess an ownership interest in the Contractor. If the Contractor is a corporation of each stockholder whose shares exceed twenty-five (25) percent of the outstanding stock. If none, state none. Use a necessary (must be on company letterhead and notarized):  Name  Title  None  None  None  If the Contractor conducts business under a trade name, the following additional information is required: the place whe incorporated or is registered to conduct such business; and the address of its principal place of business, if none, state additional sheet if necessary (must be on company letterhead and notarized):  TRADE NAME  PLACE OF INCORPORATION/REGISTRY  PRINCIPAL PLACE OF B					
necessary (must be on company letterhead and notarized):  Name  Title  None  None  None  None  None  Trade name, the following additional information is required: the place whe incorporated or is registered to conduct such business; and the address of its principal place of business, if none, state additional sheet if necessary (must be on company letterhead and notarized):  TRADE NAME  PLACE OF INCORPORATION/REGISTRY  PRINCIPAL PLACE OF B				one	
<sup>1</sup> None	s principal place of husiness if none state near the	CORQUET Such business: and the address of its principal place of business. If no			
<sup>1</sup> None	GISTRY PRINCIPAL PLACE OF BUSINESS	PLACE OF INCORPORATI	NAME	TRADE N	
<sup>2</sup> None	THE STATE OF THE S			ione	
				lone	
beby certify that I am duly authorized to sign this Affidavit and that the person who will sign the Agreement with the City on behalf the duly authorized to execute the same. I hereby further certify that the statements set forth above are true and complete on the contractor, will promptly inform the City, in writing, if any of the information provided he wise no longer accurate at any point during the execution of the above referenced Agreement. I understand that any incoming information or fallure of the Contractor to update this information, as described in the foregoing sentence, may result nation of any and all agreements the Contractor has with the City of New Haven and disqualification of the Contractor to further	s set forth above are true and complete on the date hered a writing, if any of the information provided herein changes used Agreement. I understand that any incorrect inform the foregoing sentence, may result in the improvement.	by further certify that the sta ctor, will <u>promptly</u> inform the he execution of the above to update this information.	individual of the Contra e at any point during allure of the Contracto	y authorized to execute in the control of the contr	
mature & Title of person completing this form: Notary			200000000000000000000000000000000000000	ure & Title of b	
IS FORM MUST BE NOTARIZED NOTARY SEAL (if available)	Dr Kimala Bisaso	of this form: JRO	person completil	MIL	
	Dr Kimala Bisason Notary Public, State o My Commission Expire	JRO	Office	MKK	

This form should be mailed or emailed to the contracting department or included with a specific solicitation,

(This form shall be updated if the Agreement contemplated hereby is not executed within six months of the date hereof.)

KBERGLUND

## ACORD

### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYY) 7/27/2023

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.

REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) 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). CONTACT Kimberly Berglund Hollis D. Segur Inc. 10 Research Pkwy, Ste. 400 Wallingford, CT 06492 PHONE (A/C, No, Ext): (203) 699-4585 LAC, No): baless: klb@hdsegur.com INSURER(S) AFFORDING COVERAGE NAIC # INSURER A : Pennsylvania Manufecturers' Association Insurance Company (PM 12262 INSURED INSURER B: The City of New Haven & New Haven Board of Education INSURER C: 200 Orange Street INSURER D : New Haven, CT 06510 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: ADDL SUBR POLICY EFF POLICY EXP TYPE OF INSURANCE **POLICY NUMBER** LIMITS X COMMERCIAL GENERAL LIABILITY 5,000,000 CLAIMS-MADE X OCCUR 8222001351519 7/1/2023 7/1/2024 5,000,000 MED EXP (Any one person) 5,000,000 PERSONAL & ADV INJURY GEN'L AGGREGATE LIMIT APPLIES PER: 5,000,000 GENERAL AGGREGATE POLICY PROF LOC 5,000,000 PRODUCTS - COMP/OP AGG OTHER! COMBINED SINGLE LIMIT AUTOMOBILE LIABILITY ANY AUTO **BODILY INJURY (Per person)** OWNED AUTOS ONLY SCHEDULED AUTOS **BODILY INJURY (Per accident)** HIRED AUTOS ONLY NON-SWITE PROPERTY DAMAGE (Per accident) UMBRELLA LIAR OCCUR **EACH OCCURRENCE** EXCESS LIAB CLAIMS-MADE AGGREGATE DED RETENTIONS WORKERS COMPENSATION AND EMPLOYERS' LIABILITY STATUTE ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - EA EMPLOYEE DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Evidence of insurance for US Army Cadet Command **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. **US Army Cadete Command 2BDE JROTC** 5212 Maryland Ave Fort Dix, NJ 08640-5240 AUTHORIZED REPRESENTATIVE

ACORD 25 (2016/03)

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