

Form MUST be Postmarked by April 1st, 2008 WEEVA Admin & Insur Form

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

Attention: School Administrator(s),

Please fill out the requested information below. This form is confirmation of your awareness regarding your school's participation in one or more of the following WI Supermileage & WI Electrathon Challenges in 2008. Furthermore, this will enable us to contact you at any time, if necessary.

- \_\_\_\_\_ WI Supermileage @ University of Wisconsin-Stout (April 18th-19th, 2008)
- \_\_\_\_\_ WI Supermileage/Electrathon @ Road America (April 27th-28th, 2008)
- \_\_\_\_\_ WI Supermileage/Electrathon @ Fox Valley Technical College (May 2nd-3rd, 2008)

\_\_\_\_\_(Faculty member's name) has my permission to bring a team of students to these Wisconsin Supermileage/Electrathon Challenges. I acknowledge that the University of Wisconsin-Stout, Road America, Fox Valley Technical College, Wisconsin Energy Efficient Vehicle Association Board of Directors and organizing committees, 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.

School Name: \_\_\_\_\_

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)*

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 these events.

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

Fax to: 920-273-2580

Mail To: WEEVA

Email: Registration@WisconsinSupermileage.org

1517 GreenCrest Drive  
Watertown, WI 53098

**Platinum Sponsors**



### Example

Listed School District of the participating Supermileage or Electrathon team

ACORD CERTIFICATE OF LIABILITY INSURANCE						OP ID	JTK	DATE (MM/DD/YYYY)
PRODUCER <b>FORREST SHERER, INC.</b> PO BOX 900 TERRE HAUTE IN 47808-0900 Phone: 812-232-0441 Fax: 812-232-0926						INDIA-5		02/27/08
INSURED <b>Indian Prairie CUSD #204</b> 112. Jay Stang P.O. Box 3990 Naperville IL 60567						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.		
INSURERS AFFORDING COVERAGE						NAIC #		
INSURER A: <b>Consolidated Ins Co</b>								
INSURER B: <b>Indiana Insurance Co</b>								
INSURER C:								
INSURER D:								
INSURER E:								
COVERAGES								
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 ANY PERTAINING TO THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.								
INSURER	ADDL	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS		
A	X	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	CBP9330304	07/01/07	07/01/08	EACH OCCURRENCE DAMAGE TO PROPERTY (Ea occurrence)	\$ 1000000	
						MED EXP (Any one person)	\$ 300000	
						PERSONAL & ADV INJURY	\$ 15000	
						GENERAL AGGREGATE	\$ 1000000	
						PRODUCTS - COMP/PROP AGG	\$ 2000000	
		AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	\$	
		ANY AUTO				BODILY INJURY (Per person)	\$	
		ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$	
		SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$	
		HIRED AUTOS				AUTO ONLY - EA ACCIDENT	\$	
		NON-OWNED AUTOS				OTHER THAN AUTO ONLY: AGG	\$	
		GARAGE LIABILITY				EACH OCCURRENCE	\$ 500000	
		ANY AUTO				AGGREGATE	\$ 500000	
B	X	EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE	CU9170871	07/01/07	07/01/08		\$	
		DEDUCTIBLE					\$	
		RETENTION					\$	
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				E.L. EACH ACCIDENT	\$	
		ANY PROPRIETORS/PARTNERS/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. DISEASE - EA EMPLOYEE	\$	
		If Yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - POLICY LIMIT	\$	
		OTHER					\$	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS								
Re: Nequa Valley High School participation at Wisconsin Supermileage on April 18-19, 2008. Certificate holder shall be included as an additional insured with respect to general liability.								
CERTIFICATE HOLDER						CANCELLATION		
UNIVWIM University of Wisconsin-Stout Tech Education Collegiate Asso Memorial Student Center Rm 137 Menomonie WI 54751						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 <i>John Stang</i>		
ACORD 25 (2004/08)						© ACORD CORPORATION 1988		

Proper coverages listed out.

Specified that the certificate holder is "additional insured"

30 Days Written Notice

Proper Certificate holder Terminology

University of Wisconsin-Stout  
 WI Supermileage  
 224D Comm. Tech. Building  
 Menomonie, WI 54751

OR

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

&

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

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

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