

Marissa C. McKenzie

Assistant Superintendent of Business Operations
Township of Union Public Schools



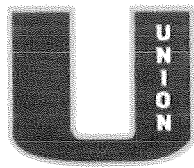
mmckenzie@twpunionschools.org
908.851.6418 office
862.438.0913 text
855 Lehigh Avenue Union, NJ 07083

On Mon, May 5, 2025 at 8:01 AM Gerald Benaquista <gbenaquista@twpunionschools.org> wrote:
Ms. McKenzie,

Please handle this accordingly and get back to Ms. Lipstein and the Education Foundation as soon as possible.

Warmest Regards,

DR. GERRY BENAQUISTA



IT'S ALL ABOUT U

Superintendent
Township of Union Public Schools
✉ gbenaquista@twpunionschools.org
☎ 908-851-6406 Office
☎ 908-670-9686 Mobile/Text
📍 855 Lehigh Avenue
Union, NJ 07083
🌐 <https://www.twpunionschools.org>

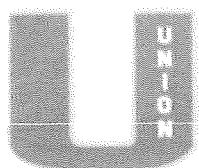
On Sat, May 3, 2025 at 9:48 AM Susan Lipstein <sjlipstein@aol.com> wrote:

The Township
Of Union Education Foundation is requesting the use of the conference room at the Board of Education office Morris Avenue on June 5, 2025 from 3:00 pm to 4:30 pm for a small reception from 3:30 to 4:30 to honor grant recipients. We will provide refreshments.

Susan Lipstein
Township of Union Education Foundation

Sent from the all new AOL app for iOS

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Kind regards,



It's All About U

Luisa Ferez Cabrera
CONFIDENTIAL ADMINISTRATIVE ASSISTANT
855 Lehigh Avenue Union, NJ 07083
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908-670-9686 Mobile/Text
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ACORD **CERTIFICATE OF LIABILITY INSURANCE**

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT REPRESENTATION OF NEGATIVELY RATED, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER, AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the individual must be insured. If SUBROGATION WAIVER, 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 endorsements.

PRODUCER WORLD INS GROUP LLC/PHS 10000007 The National Business Service Center 2820 Wisconsin Blvd San Antonio, TX 78201	POLICY FORM: 2000-407-0700 POL. No. 100 CLASS: 100000000000 100000000000	FULL (Last Name) 100000000000
INSURED TOWNSHIP OF UNION EDUCATION FOUNDATION PO Box 1092 UNION NJ 07083-1092	INSURER A: Hartford Insurance Company of the Midwest	NAACP 100000000000
INSURER B:		
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 PPD CLAMS.

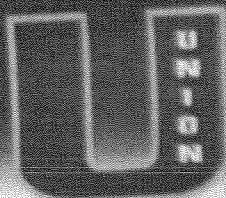
TYPE	TYPE OF INSURANCE	AGG. LIMIT PER POLICY	POLICY NUMBER	POLICY EFF. DATE	POLICY EXPI. DATE	LIMITS	
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> General Liability	X	13 SBA PS9696	05/11/2025	05/11/2025	EACH OCCURRENCE DAMAGE TO RENTED PREMISES OR BUSINESS EQUIPMENT MED EXP (Any one person) PERSONAL & ADJ INJURY GENERAL AGGREGATE PRODUCTS - COMPROP ASS	\$1,000,000 \$500,000 \$10,000 \$1,000,000 \$2,000,000
	SEV. AGGREGATE LIMIT APPLIES FOR: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input checked="" type="checkbox"/> LOC. OTHER:					PRODUCTS - COMPROP ASS \$2,000,000	
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> Hired AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (SA AGGREGATE) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	
	UMBRELLA LIAB. EXCESS LIAB. OCCUR CLAIMS- MADE DED. RETENTION \$					EACH OCCURRENCE AGGREGATE	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NJ) If yes, describe under DESCRIPTION OF OPERATIONS below	YES N/A				PER STATUTE OTHER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	
A	EMPLOYMENT PRACTICES LIABILITY		13 SBA PS9696	05/11/2025	05/11/2025	Each Claim Limit Aggregate Limit	\$5.0 \$5.0

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Those usual to the Insured's Operations. Certificate Holder is an Additional Insured per the Business Liability Coverage Form SS0008 attached to the policy.

CERTIFICATE HOLDER
 THE TOWNSHIP OF UNION
 BOARD OF EDUCATION
 2369 MORRIS AVE
 UNION NJ 07083-5703

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
Susan L. Castaneda



Township of Union Public Schools

HOLD HARMLESS AGREEMENT

1. The applicant agrees and understands that the Township of Union Board of Education carries insurance covering its legal liability. The Township of Union Board of Education assumes no liability of the Applicant or of the participants or invitees of the applicant. The applicant further agrees that the Township of Union Board of Education assumes no responsibility for damages and/or theft of property that may arise out of permitted use of its facility.
2. The applicant agrees to indemnify the Township of Union Board of Education and save it harmless from and against any and all claims, actions, damages, liability and expense which includes, but not limited to, attorneys' fees in connection with loss of life, personal injury and/or damage to property arising from or out of the occupancy or use by the applicant of the Township of Union Board of Education's facility occasioned, wholly or in part, by any act of omission of the applicant, its agents, contractors, subcontractors, employees, representatives or invitees.

Name: Susan Wpsteri

Title: President

Organization: Township of Union Education Foundation

Name of District Facility: Bd. of Education office - 2369 Morris Ave

Date of the Event: June 5, 2025

Authorized Signature: Susan Wpsteri

Date: 5/5/2025