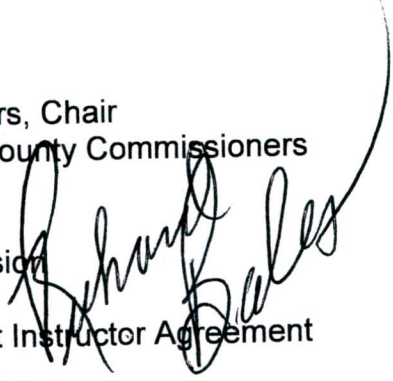


**MEMORANDUM**

**TO:** Commissioner Ron Peters, Chair  
Tulsa County Board of County Commissioners

**FROM:** Richard Bales, Director  
Tulsa County Parks Division 

**SUBJECT:** Park Facility Independent Instructor Agreement

**DATE:** July 2, 2014

The Park Division respectfully request Board approval of the attached agreements between the BOCC and Kate Kline for an "Arts & Craft" class, Geoffrey Beeson for a "Japanese Martial Arts" class, Christy Hays for a "Zumba" class, Michael Amberg for a "Sports & Fitness" class dba as "Amazing Athletes", Stephen McPherson for a "Krav Mega Self Defense" class, and Aymee Beiter for a "Zumba/Posture" class offered at the LaFortune Community Center for the Fiscal year of 2014/2015.

The forms have been signed off "Approved As To Form" by the District Attorney's office.

All the classes except the Arts & Craft class instructed by Kate Kline require the insurance certificate which is attached.

**ORIGINAL TO COUNTY CLERK'S OFFICE FOR MONDAY JULY 14, 2014  
BOCC AGENDA.**

rb:

xc: Comm. Keith  
Comm. Smaligo  
Pat Ward e-mail only)  
(Cherrie Lewallen e-mail only)  
file

06-26-14 10:07 AM RCVD



# Independent Instructor Agreement For Recreational Classes/Activities

This Agreement is made as of the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by and between the Board of County Commissioners of Tulsa County, Oklahoma, hereinafter referred to as the "COUNTY" and Michael Amberg, an Independent Instructor, hereinafter referred to as "INSTRUCTOR".

**WITNESSETH:**

**WHEREAS**, the COUNTY desires to make available (a) (an) Amazing Athletes program, and desires to contract with INSTRUCTOR to provide a specific service for that program; and

**WHEREAS**, the COUNTY and INSTRUCTOR desire to clarify and define their responsibilities with regards to providing said program.

**NOW THEREFORE**, in consideration of the mutual covenants and promises contained herein, the COUNTY and INSTRUCTOR hereby agree as follows:

1. **Term:** The class, activity or service will begin on July 1, 2014 and will meet thereafter \_\_\_\_\_ number of times, with the termination date of this agreement being June 30, 2015.

2.. a. **Fees:** Tulsa County Parks, on behalf of COUNTY, shall collect fees and charges from the INSTRUCTOR. The fee(s) charges charged by the COUNTY for this class or activity (is) (are): \_\_\_\_\_, or 20 % of the paid enrollment fee(s) charges for the class or activity.

b. **Fees:** The INSTRUCTOR shall collect all fees and charges from the Participants. The fee(s) charges charged by the INSTRUCTOR for this class or activity (is) (are): 40 or per month or 20 % of the paid enrollment fee(s) for the class or activity.

**3. PAYMENT TO COUNTY:**

The INSTRUCTOR shall pay to the COUNTY the sum of \$ \_\_\_\_\_ or 20 % of the paid enrollment fee(s) charges charged for the class or activity payable on or before the 10<sup>th</sup> of each month to the TULSA COUNTY PARKS.

4. **SPECIFIC DETAILS:**

- a. Type of service/instruction: Sports Based fitness
- b. Name of class or activity: Amazing athletes
- c. Day(s)/Date(s) Scheduled: Thursdays
- d. Time Scheduled: 9:30-12:00
- e. Location: La Fortune
- f. A minimum of \_\_\_\_\_ and a maximum of \_\_\_\_\_ paid enrollments must be received by the INSTRUCTOR prior to commencement of the class or activity. COUNTY reserves the right to cancel each class or activity which does not have the specified minimum number of Participants registered.

5. **Independent Instructor Status:** It is specifically understood that INSTRUCTOR is an Independent Instructor and not an Employee of the COUNTY. The COUNTY and INSTRUCTOR agrees that this Agreement is not a contract of employment and that no relationship of Employer/Employee or Principal/Agent is or shall be created hereby nor shall hereafter exist by reason of the performance of services herein specified.
6. **Taxes:** It is acknowledged and agreed by the COUNTY and INSTRUCTOR that the service herein provided by the INSTRUCTOR is a professional service and that the COUNTY is neither paying Social Security benefits nor withholding taxes from the INSTRUCTOR'S compensation for said service. The INSTRUCTOR assumes all liability and responsibility for payment of his/her own or qualified employee FICA and Social Security benefits with respect to this Agreement.
7. **Termination:** The COUNTY may terminate this Agreement at any time upon written notice to the INSTRUCTOR and the INSTRUCTOR may terminate this Agreement upon written notice mailed to the COUNTY at least thirty (30) working days prior to the INSTRUCTOR'S departure date.
8. **Subcontracting:** The INSTRUCTOR may not subcontract or assign any rights, responsibilities or obligations under this Agreement.
9. **Schedule/Cancellation:** Due to special events or unforeseen circumstances the COUNTY reserves the right to cancel or reschedule class or activities.
10. **Insurance:** The INSTRUCTOR shall acquire liability insurance for any class, activity or function. Said insurance is limited to no less than \$1,000,000.00. INSTRUCTOR shall name as co-insured on policy: Tulsa County, Board of County Commissioners. A copy of insurance must be attached as an exhibit to this Agreement.

Waived: \_\_\_\_\_

Signature: Director of Parks/ Tulsa County, Board of County Commissioners

11. **Performance:**

a. **INSTRUCTOR** agrees to:

1. Perform the service set forth herein in accordance with all applicable Tulsa County and Tulsa County Parks rules and regulations, and in a competent, professional, and safe, and responsible manner with full regard for the safety of the participants as well as the facility.
2. No person other than the INSTRUCTOR or a qualified employee of the INSTRUCTOR shall be engaged to provide the services provided for in this Agreement.
3. Provide written activity plans for each class or activity for which the INSTRUCTOR is responsible. (Written activity plans must be submitted prior to execution of contract.)
4. Provide and maintain, in proper working order, all necessary equipment specified to conduct the services provided for in this agreement.
5. Inspect the activity site prior to beginning each class or activity, and noting any damage or unsafe condition to facility, equipment prior to its use. Should an unsafe condition exist at a facility INSTRUCTOR should report said condition immediately to the County Representative and postpone said class or activity until condition is addressed.
6. Inspect the activity site after the class or activity is concluded to assure that the facility is left in the condition in which it was found.
7. Utilize his or her own methods and procedures toward a result which shall be in accordance with the purposes, intent and objectives of the COUNTY in providing such recreational class or activity.
8. Provide the County Representative with \_\_\_\_\_ day(s) notice of all schedule conflicts/changes.
9. INSTRUCTOR shall immediately notify the County Representative of any unanticipated absences due to circumstances such as personal/family illnesses.
10. Provide the County Representative with a complete and accurate Class/Activity Financial Report, copies of participant payment receipts, and acceptable payment in accordance with this Agreement, due on or before the 10<sup>th</sup> day of each month following a month in which classes were conducted or monies were collected.

b. **COUNTY** agrees to:

1. Maintain the facilities in proper working order.
2. Provide class/activity roster and activity financial forms to the INSTRUCTOR.
3. Publicize the class or activity through the Park Program Guide and public service announcements.

12. **Exhibits:** If any additional provisions are applicable to the class or activity, as provided for herein, INSTRUCTOR and the COUNTY may attach applicable Exhibit(s). If any additional requirements such as specialty certifications, licenses and/or memberships applicable to the class or activity are required INSTRUCTOR and COUNTY may attach applicable Exhibit(s). The INSTRUCTOR'S proposal should also be included as an Exhibit to this Agreement. All Exhibits shall be incorporated into and made part hereof.

13. **County Representative:** The County Representative for this CONTRACT is:

Cherie Lewallen . Phone Number: 496-6221 .

14. **Indemnification:** The INSTRUCTOR shall indemnify and save harmless and defend Tulsa COUNTY, Board of County Commissioners, and their respective agents, servants, and employees from and against any and all claims, liability, losses, or causes of action which may arise from any and all negligent acts or omissions of the INSTRUCTOR during the performance of the INSTRUCTOR'S services under this Agreement.

15. **Notices:** All notices required in this Agreement shall be hand delivered or sent by certified mail, return receipt requested, if sent to the COUNTY shall be mailed to:

Director of Tulsa County Parks  
2315 West Charles Page Blvd  
Tulsa, Oklahoma 74127  
(918) 596-5990

and if sent to the INSTRUCTOR shall be mailed to:

INSTRUCTOR'S Name: MICHAEL AMBERG .

INSTRUCTOR'S address: PO BOX 361 OWASSO 74055

INSTRUCTOR'S Phone No: 918-407-3472 .

16. **Terms:** The terms of this CONTRACT and the enforcement thereof shall be governed by the laws of the State of Oklahoma.

IN WITNESS WHEREOF, The parties have read the foregoing and in the date first above written, understand it, and agree to abide by it.

TULSA COUNTY PARKS DIRECTOR

Richard Dale  
SIGNATURE

BOARD OF COUNTY COMMISSIONERS

\_\_\_\_\_  
SIGNATURE

INSTRUCTOR

[Signature]  
SIGNATURE

TULSA COUNTY CLERK

\_\_\_\_\_  
SIGNATURE

[Signature]  
APPROVED AS TO FORM  
ASSISTANT DISTRICT ATTORNEY

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
1/8/2014

**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.**

**IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must 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).**

<b>PRODUCER</b> <b>FRANCIS L. DEAN &amp; ASSOCIATES OF CALIFORNIA, LLC.</b> 6167 BRISTOL PKWY STE 115 CULVER CITY, CA 90230-4884 www.fdeanca.com (888) 416-9091	<b>CONTACT NAME:</b> Michelle Mason <b>PHONE (A/C, No, Ext):</b> (888) 416-9091 <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b> infoca@fdean.com <table style="width: 100%; border: none;"> <tr> <td style="width: 80%; border: none;"><b>INSURER(S) AFFORDING COVERAGE</b></td> <td style="width: 20%; border: none;"><b>NAIC #</b></td> </tr> <tr> <td style="border: none;"><b>INSURER A:</b> United States Fire Insurance Company</td> <td style="border: none;">21113</td> </tr> <tr> <td style="border: none;"><b>INSURER B:</b></td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"><b>INSURER C:</b></td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"><b>INSURER D:</b></td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"><b>INSURER E:</b></td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"><b>INSURER F:</b></td> <td style="border: none;"></td> </tr> </table>	<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>	<b>INSURER A:</b> United States Fire Insurance Company	21113	<b>INSURER B:</b>		<b>INSURER C:</b>		<b>INSURER D:</b>		<b>INSURER E:</b>		<b>INSURER F:</b>	
<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>														
<b>INSURER A:</b> United States Fire Insurance Company	21113														
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<b>INSURER C:</b>															
<b>INSURER D:</b>															
<b>INSURER E:</b>															
<b>INSURER F:</b>															
<b>INSURED</b> SPORTS AND RECREATION PROVIDERS ASSOCIATION (PURCHASING GROUP) AND ITS PARTICIPATING MEMBERS:  <b>J &amp; N Amberg Group, LLC DBA Amazing Athletes of Eastern OK</b> P.O. Box 361 Owasso, OK 74055															

**COVERAGES**                      **CERTIFICATE NUMBER:** USP137150                      **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 LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS												
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	X		SRPGP-101-0413	01/23/2014 12:01 AM	01/23/2015 12:01 AM	GENERAL AGGREGATE      \$2,000,000.00 PRODUCTS - COMP/OP AGG      \$2,000,000.00 PERSONAL & ADV INJURY      \$1,000,000.00 EACH OCCURRENCE      \$1,000,000.00 FIRE DAMAGE (Any one fire)      \$300,000.00 MED EXP (Any one person)      \$0.00 \$												
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTO <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)      \$ BODILY INJURY (Per person)      \$ BODILY INJURY (Per accident)      \$ PROPERTY DAMAGE (Per accident)      \$ \$												
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED      RETENTION \$						EACH OCCURRENCE      \$ AGGREGATE      \$ \$												
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N		N/A			<table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">WC STATUTORY LIMITS</td> <td style="width: 40%; border: none;">OTHER</td> <td style="width: 10%; border: none;">\$</td> </tr> <tr> <td colspan="3" style="border: none;">E.L. EACH ACCIDENT      \$</td> </tr> <tr> <td colspan="3" style="border: none;">E.L. DISEASE - EA EMPLOYEE      \$</td> </tr> <tr> <td colspan="3" style="border: none;">E.L. DISEASE - POLICY LIMIT      \$</td> </tr> </table>	WC STATUTORY LIMITS	OTHER	\$	E.L. EACH ACCIDENT      \$			E.L. DISEASE - EA EMPLOYEE      \$			E.L. DISEASE - POLICY LIMIT      \$		
WC STATUTORY LIMITS	OTHER	\$																	
E.L. EACH ACCIDENT      \$																			
E.L. DISEASE - EA EMPLOYEE      \$																			
E.L. DISEASE - POLICY LIMIT      \$																			
	<b>GL Premium:</b>						\$361.00												

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)**

Sports Activities

<b>CERTIFICATE HOLDER</b>  J & N Amberg Group, LLC DBA Amazing Athletes of Eastern OK P.O. Box 361 Owasso, OK 74055	<b>CANCELLATION</b>  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  <div style="text-align: right; font-style: italic; font-size: 1.2em;">Francis L. Dean</div>
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# ADDITIONAL INTEREST SCHEDULE

DATE (MM/DD/YYYY)  
1/8/2014

AGENCY		CARRIER United States Fire Insurance Company		NAIC CODE 21113
POLICY NUMBER SRPGP-101-0413/USP137150		EFFECTIVE DATE 01/23/2014 12:01 AM	NAMED INSURED(S) J & N Amberg Group, LLC DBA Amazing Athletes of Eastern OK	

## ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data)

INTEREST <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BEACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE <input type="checkbox"/>	NAME AND ADDRESS RANK: _____ Amazing Athletes Franchise Systems, Inc. 200 Watson View Drive  Franklin, TN 37067	EVIDENCE: _____	CERTIFICATE _____	POLICY _____	SEND BILL _____	INTEREST IN ITEM NUMBER		
		REFERENCE / LOAN #: LIEN AMOUNT:	INTEREST END DATE: PHONE (A/C, No, Ex):	FAX (A/C, No):	LOCATION: _____ BUILDING: _____ VEHICLE: _____ BOAT: _____ AIRPORT: _____ AIRCRAFT: _____ ITEM CLASS: _____ ITEM: _____ ITEM DESCRIPTION				
REASON FOR INTEREST:		E-MAIL ADDRESS:							

INTEREST <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BEACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE <input type="checkbox"/>	NAME AND ADDRESS RANK: _____ Miss Helen's Private School 4849 S Mingo Road  Tulsa, OK 74146	EVIDENCE: _____	CERTIFICATE _____	POLICY _____	SEND BILL _____	INTEREST IN ITEM NUMBER		
		REFERENCE / LOAN #: LIEN AMOUNT:	INTEREST END DATE: PHONE (A/C, No, Ex):	FAX (A/C, No):	LOCATION: _____ BUILDING: _____ VEHICLE: _____ BOAT: _____ AIRPORT: _____ AIRCRAFT: _____ ITEM CLASS: _____ ITEM: _____ ITEM DESCRIPTION				
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INTEREST <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BEACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE <input type="checkbox"/>	NAME AND ADDRESS RANK: _____ Tulsa Public Schools P.O Box 470208  Tulsa, OK 74146	EVIDENCE: _____	CERTIFICATE _____	POLICY _____	SEND BILL _____	INTEREST IN ITEM NUMBER		
		REFERENCE / LOAN #: LIEN AMOUNT:	INTEREST END DATE: PHONE (A/C, No, Ex):	FAX (A/C, No):	LOCATION: _____ BUILDING: _____ VEHICLE: _____ BOAT: _____ AIRPORT: _____ AIRCRAFT: _____ ITEM CLASS: _____ ITEM: _____ ITEM DESCRIPTION				
REASON FOR INTEREST:		E-MAIL ADDRESS:							

INTEREST <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BEACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE <input type="checkbox"/>	NAME AND ADDRESS RANK: _____ Victory Christian School 7700 S. Lewis Avenue  Tulsa, OK 74136	EVIDENCE: _____	CERTIFICATE _____	POLICY _____	SEND BILL _____	INTEREST IN ITEM NUMBER		
		REFERENCE / LOAN #: LIEN AMOUNT:	INTEREST END DATE: PHONE (A/C, No, Ex):	FAX (A/C, No):	LOCATION: _____ BUILDING: _____ VEHICLE: _____ BOAT: _____ AIRPORT: _____ AIRCRAFT: _____ ITEM CLASS: _____ ITEM: _____ ITEM DESCRIPTION				
REASON FOR INTEREST:		E-MAIL ADDRESS:							

INTEREST <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BEACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE <input type="checkbox"/>	NAME AND ADDRESS RANK: _____ Tulsa County Board of Commissioners 500 South Denver Avenue  Tulsa, OK 74103	EVIDENCE: _____	CERTIFICATE _____	POLICY _____	SEND BILL _____	INTEREST IN ITEM NUMBER		
		REFERENCE / LOAN #: LIEN AMOUNT:	INTEREST END DATE: PHONE (A/C, No, Ex):	FAX (A/C, No):	LOCATION: _____ BUILDING: _____ VEHICLE: _____ BOAT: _____ AIRPORT: _____ AIRCRAFT: _____ ITEM CLASS: _____ ITEM: _____ ITEM DESCRIPTION				
REASON FOR INTEREST:		E-MAIL ADDRESS:							

The above are added as additional insured but only with respect to liability arising out of operations of the named insured during the policy period.



# ADDITIONAL INTEREST SCHEDULE

DATE (MM/DD/YYYY)  
1/8/2014

AGENCY		CARRIER United States Fire Insurance Company		NAIC CODE 21113
POLICY NUMBER SRPGP-101-0413/USP137150		EFFECTIVE DATE 01/23/2014 12:01 AM	NAMED INSURED(S) J & N Amberg Group, LLC DBA Amazing Athletes of Eastern OK	

**ADDITIONAL INTEREST (Not all fields apply to all scenarios – provide only the necessary data)**

INTEREST <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BEACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE <input type="checkbox"/>	NAME AND ADDRESS RANK: _____	EVIDENCE: _____	CERTIFICATE _____	POLICY _____	SEND BILL _____	INTEREST IN ITEM NUMBER	
		Owasso Public Schools 501 E. 2nd Avenue  Owasso, OK 74055						LOCATION: _____
		REFERENCE / LOAN #:	INTEREST END DATE:				VEHICLE: _____	BOAT: _____
		LIEN AMOUNT:	PHONE (A/C, No, Ex):				AIRPORT: _____	AIRCRAFT: _____
		E-MAIL ADDRESS:				ITEM CLASS: _____	ITEM: _____	
						ITEM DESCRIPTION		
						FAX (A/C, No):		

REASON FOR INTEREST:		NAME AND ADDRESS RANK: _____		EVIDENCE: _____	CERTIFICATE _____	POLICY _____	SEND BILL _____	INTEREST IN ITEM NUMBER	
INTEREST <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BEACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE <input type="checkbox"/>	Owasso YMCA 8300 N Owasso Expy  Owasso, OK 74055						LOCATION: _____	BUILDING: _____
		REFERENCE / LOAN #:	INTEREST END DATE:				VEHICLE: _____	BOAT: _____	
		LIEN AMOUNT:	PHONE (A/C, No, Ex):				AIRPORT: _____	AIRCRAFT: _____	
		E-MAIL ADDRESS:				ITEM CLASS: _____	ITEM: _____		
						ITEM DESCRIPTION			
						FAX (A/C, No):			

REASON FOR INTEREST:		NAME AND ADDRESS RANK: _____		EVIDENCE: _____	CERTIFICATE _____	POLICY _____	SEND BILL _____	INTEREST IN ITEM NUMBER	
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		REFERENCE / LOAN #:	INTEREST END DATE:				VEHICLE: _____	BOAT: _____	
		LIEN AMOUNT:	PHONE (A/C, No, Ex):				AIRPORT: _____	AIRCRAFT: _____	
		E-MAIL ADDRESS:				ITEM CLASS: _____	ITEM: _____		
						ITEM DESCRIPTION			
						FAX (A/C, No):			

REASON FOR INTEREST:		NAME AND ADDRESS RANK: _____		EVIDENCE: _____	CERTIFICATE _____	POLICY _____	SEND BILL _____	INTEREST IN ITEM NUMBER	
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		REFERENCE / LOAN #:	INTEREST END DATE:				VEHICLE: _____	BOAT: _____	
		LIEN AMOUNT:	PHONE (A/C, No, Ex):				AIRPORT: _____	AIRCRAFT: _____	
		E-MAIL ADDRESS:				ITEM CLASS: _____	ITEM: _____		
						ITEM DESCRIPTION			
						FAX (A/C, No):			

REASON FOR INTEREST:		NAME AND ADDRESS RANK: _____		EVIDENCE: _____	CERTIFICATE _____	POLICY _____	SEND BILL _____	INTEREST IN ITEM NUMBER	
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		REFERENCE / LOAN #:	INTEREST END DATE:				VEHICLE: _____	BOAT: _____	
		LIEN AMOUNT:	PHONE (A/C, No, Ex):				AIRPORT: _____	AIRCRAFT: _____	
		E-MAIL ADDRESS:				ITEM CLASS: _____	ITEM: _____		
						ITEM DESCRIPTION			
						FAX (A/C, No):			

The above are added as additional insured but only with respect to liability arising out of operations of the named insured during the policy period.





# ADDITIONAL INTEREST SCHEDULE

DATE (MM/DD/YYYY)  
1/8/2014

AGENCY

CARRIER  
United States Fire Insurance CompanyNAIC CODE  
21113POLICY NUMBER  
SRPGP-101-0413/USP137150EFFECTIVE DATE  
01/23/2014  
12:01 AMNAMED INSURED(S)  
J & N Amberg Group, LLC DBA Amazing Athletes of Eastern OK**ADDITIONAL INTEREST (Not all fields apply to all scenarios – provide only the necessary data)**

INTEREST <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BEACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS	RANK: _____	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
				LOCATION:	BUILDING:	VEHICLE:	BOAT:	AIRPORT:	AIRCRAFT:
		REFERENCE / LOAN #:	INTEREST END DATE:		PHONE (A/C, No, Ex):		FAX (A/C, No):		
		LIEN AMOUNT:	E-MAIL ADDRESS:						

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The above are added as additional insured but only with respect to liability arising out of operations of the named insured during the policy period.