

ROSTER OF AUXILIARY SUPPORT CLUBS INSURANCE PROGRAM ASCIP-B COVERAGE

Program Year 2024/2025: July 1, 2024 through June 30, 2025

District Name: _____ School Site Name: _____ Booster/Foundation: _____

Contact: _____ Phone: _____ Fax: _____ E-Mail: _____

Event Types - Candy Sales, Car Wash, etc Address/Location	Events Per Year	Revenue
1. _____ _____	_____	_____
2. _____ _____	_____	_____
3. _____ _____	_____	_____
4. _____ _____	_____	_____
5. _____ _____	_____	_____
6. _____ _____	_____	_____

(Please attach additional pages as needed.)

By the signature below, District requests binding of this coverage for policy period July 1, 2024 through June 30, 2025. The roster above may not be exhaustive of each event and does not include dates, but it represents an accurate characterization of the types and frequencies of events, and the approximate composite annual gross revenue generated by each organization for which the District is purchasing coverage under the ASCIP-B program.

Authorizing District Official: _____ Date: _____

For additional information on the ASCIP-B Program, please contact Sonia Rojas at ASCIP (562) 404-8029.