

# Greater Miami Athletic Conference How to BECOME A NEW GMAC/FHSAA HIGH SCHOOL OFFICIALS

- Register with the Florida High School Athletic Association Officials at: https://officials.fhsaa.org/Register.aspx
- Register with the local officials association by completing the registration process with the Greater Miami Athletic Conference Officials Association (GMACOA). Membership fee is a \$40.00 fee per sport, plus any applicable fee for individual sport associations. All memberships expire on June 30<sup>th</sup> of each year. All forms listed below are in this packet.
  - ✓ Complete the GMAC Officials Association Registration Form.
  - ✓ Fill out W-9. All officials' identification number used for payment processing is generated by the W-9.
  - ✓ Complete the M-DCPS Vendor Application.
  - ✓ Review the M-DCPS Fingerprint Procedures for compliance with Jessica Lunsford Act.
  - ✓ Obtain a Florida Public Schools Contractor Badge.
  - ✓ Contact the GMAC Micheline Raymonvil, 305-995-2986, <u>mraymonvil@dadeschools.net</u>, or Anna Echevarria, 305-995-1250, <u>aechevarria@dadeschools.net</u> to make an appointment to bring all paperwork and fees to the GMAC and pick up a Service Provider Input Document form needed to get finger printed by M-DCPS.
- Clearance to officiate is only complete when you have been contacted by the GMAC when your background check and fingerprints have cleared and you have been issued a GMAC Officials Identification Number and contractor badge. Proof of registration with the FHSAA and GMAC sport.
- Contact the GMAC Sports Commissioner or designee for additional information about your sport and schedule of meetings:

For additional information about your sport and schedule of meetings please contact the following:

- Football Joe Underwood underwoodj@dadeschools.net
- Volleyball Lani Oestreicher LLO717@aol.com or Linda Bexley Lbexley@aol.com
- Basketball Keith Agress <u>Keith Agress@seaboardmarine.com</u>
- Soccer Jeff Kurzner <u>jkurzner@mindshaft.com</u>
- Wrestling Wilbert Johnson johnsow@bellsouth.net or wilbertjohnson@dadeschools.net
- Softball James Colzie jamescolzie@yahoo.com or Abe Dawson strikethreeabe@yahoo.com
- Baseball Tom Miles tmilesmia@aol.com or Alain Urbano aurbano2007@yahoo.com
- Track James Williams <u>mrappletreeman@aol.com</u> or Debra Davis <u>DJDavis@dadeschools.net</u>
- Water Polo Tim Tornillo ttornillo@dadeschools.net
- Flag Football Joe Underwood underwoodj@dadeschools.net



## GREATER MIAMI ATHLETIC CONFERENCE OFFICIALS ASSOCIATION General Information 2014-2015 Returning GMAC Officials

#### **FHSAA Officials Registration**

- All registration should be done online at: <a href="https://officials.fhsaa.org/">https://officials.fhsaa.org/</a> for Returning Officials and <a href="https://officials.fhsaa.org/Register.aspx">https://officials.fhsaa.org/Register.aspx</a> for New Officials, by the deadline(s) listed below.
- Registration fee(s) for the FHSAA is \$27.00 for each sport, plus a onetime processing fee of \$17.00 that is charged for the first sport. Additional sports are \$27.00, at the time of your initial registration. Online fees must be paid with VISA or MasterCard.
- Registration sent into the FHSAA via mail will require an administrative fee of \$20.00.
- Registration fee for GMAC is \$40.00 per sport. Please use attached form and W-9.
- Finger Print Status. Please check your finger print expiration status prior to registering with the GMAC. If your finger prints have expired you will not be allowed to register.
- Individual association fees: individual sport associations may charge fees. These fees are to be paid directly to that association.
- GMAC registration must be paid separately from the individual sport association fee.
- Registrations and completed new W-9's may be mailed to the GMAC at the address listed on the registration form.
- FHSAA materials and rule books will only be distributed to those officials who have registered with the FHSAA, GMAC and their individual sport association.
- GMAC late fee. A \$10.00 late fee will be charged to all members whose registration is received by the GMAC after the due dates listed below.

SEASON	SPORTS OFFICIATED	DEADLINE TO REGISTER
FALL	Football	FHSAA Registration Deadline
	Swimming and Diving	Tuesday, August 5, 2014
	Girls and Boys Volleyball	GMAC Registration Deadline
		Friday, August 15, 2014
WINTER	Basketball	FHSAA Registration Deadline
	Soccer	Tuesday, September 30, 2014
	Wrestling	GMAC Registration Deadline
		Friday, October 10, 2014
SPRING	Baseball	FHSAA Registration Deadline
	Softball	Saturday, January 3, 2015
	Track and Field	GMAC Registration Deadline
	Water Polo	Friday, January 16, 2015
	Flag Football	
	Lacrosse	



#### **FHSAA Rules Examinations**

- Taking the exam for each sport is **mandatory** except if you apply and qualify for the FHSAA Test Exemption.
- FHSAA Test Exemptions: In accordance with FHSAA Officials Guidebook Policy 103.01 (1) Each FHSAA official, with the exception of Football Clock Operators and student officials, must take the FHSAA online rules examination in the sport(s) in which he or she is registered each year. An official who attains Rank 1 status for five consecutive years in a sport, with the exception of swimming & diving (beginning in 2003-04) shall be exempted from the mandatory rules examination in that sport beginning with the sixth year and every other year thereafter as long as he/she maintains the Rank 1 status. Each official shall contact the FHSAA using the appropriate form. Therefore, testing would be required every other year thereafter to maintain the Rank 1 status. The form is located at: http://officials.fhsaa.org/.
- Officials who fail to post a minimum grade of 75 may take the online make-up exam [see s.103.02(1)].
- At the end of the examination cycle in each sport, officials who fail to take the mandatory FHSAA rules examination in the sport(s) for which they are registered shall be suspended, effective immediately, from officiating at any FHSAA sanctioned contest, in any sport, at any level. This suspension shall be lifted upon payment of a rules examination non-participation fine in the amount of \$50 and the clearance of any other financial obligations to the FHSAA that may be outstanding [see s.205.02(5)].
- The local officials association which each official designates as his/her primary local association (GMAC) will be notified of the official's grade via muster reports generated through the FHSAA interactive database after all rules examinations have been graded. Secondary local associations must consult with primary local associations as to the status of secondary members. Grades will be available through the online testing center but will not be given to individual officials over the telephone or via e-mail.
- (5) An official who is found guilty of cheating on rules examinations will receive a grade of zero on the examination, placed on probation for one year and receive a fine of \$100.
- 103.02 Making Up the Rules Examination.
- (1) Officials who fail to take the online rules examination on its first administration or who fail to score "75" or better on the initial attempt of the exam will be given one opportunity to retake or make up the examination online (see p. 4). Officials who score a "75" or better on the initial exam will not be permitted to retake the exam. Officials retaking the exam because of a score lower than "75" on the initial exam will not receive a score higher than "75" on the retake regardless of the number of correct answers recorded.
- (2) Individual officials must be registered in the sport prior to taking an online make-up exam.
- (3) Online make-up exams do not require pre-registration.



### **FHSAA Officials Testing Dates 2014-2015**

Sport	Online Exam Dates	Online Make-up Exam Dates
	75 Minutes	75 Minutes
	50 Questions	50 Questions
Volleyball	August 6-15, 2014	September 2-8, 2014
Swimming	August 6-15, 2014	September 2-8, 2014
Football	August 11-20, 2014	September 6-12, 2014
Soccer	October 13-22, 2014	November 6-12, 2014
Basketball	October 15-24, 2014	November 11-17, 2014
Wrestling	October 15-24, 2014	November 11-17, 2014
Softball	January 19-28, 2015	February 11-17, 2015
Baseball	January 21–30, 2015	February 13-19, 2015
Track & Field	January 27 – February 5, 2015	February 18-24, 2015
Water Polo	January 27 – February 5, 2015	February 18-24, 2015
Lacrosse	January 27 – February 5, 2015	February 18-24, 2015
Flag Football	February 3-12, 2015	February 25- March 3, 2015

- New officials should contact the GMAC office at 305 995-2986, Micheline Raymonvil, <u>mraymonvil@dadeschools.net</u> or 305 995-1250, Anna Echevarria, <u>aechevarria@dadeschools.net</u> prior to registering with the FHSAA and inquire about becoming an official.
- The FHSAA <a href="https://officials.fhsaa.org/">https://officials.fhsaa.org/</a> is a great site for up to date information. The GMAC Officials Registration form and W-9 will be available at the GMAC website. All registration must be mailed to the GMAC.

#### Mailing Address for GMAC

GMAC Officials Registrar 1500 Biscayne Blvd., Suite 325 Miami, FL 33132

#### Physical Address of the GMAC if coming to the GMAC Offices

The GMAC offices are located in the School Board Building at 1501 NE 2<sup>nd</sup> Avenue, Suite 325, Miami, FL 33132. In order to get to the GMAC office you need to park in the parking garage top floor at 155 NE 15<sup>th</sup> Street, Miami, FL 33132 (across the street from the 1501 Annex Building), and enter the 1501 Building by the second floor of the garage catwalk. If the parking garage roof is full, then you may park in the parking lot behind the garage (across the street from the WLRN Building) and use the stairs in the parking garage to access the second floor. Both the garage (top floor only) and parking lot are free parking.

#### GMAC Office Hours

Monday through Friday – 8:00 AM to 4:00 PM



## OFFICIALS ASSOCIATION 2014- 2015 REGISTRATION FORM

Please complete the following information. Print legibly or use computer fill in.

Personal Information:								
First Name: Middle Name/Initial: Last Name:								
Social Security Number:	Date of Birth:							
Mailing Address:	dress: Zip Code:							
Email Address (must have a working e	email):							
Home Telephone:	Cell Phone:	Other:						
Best hours and way to be contacted: _								
<b>Employment Information:</b>								
Are you an M-DCPS employee?	No Yes If yes M-DCPS Empl	oyee Number:						
General Information: (please check of	one)							
Are you a: New Official F	Returning Official Current GMAC Offici	al ID Number:						
Give the names of other officials associated	ciations of which you are currently a me	ember (Pro, College, High School, etc.)						
Individuals registering as GMAC off M-DCPS or the FHSAA.	ficials do so as independent contract	tors, and not as employees of either						
Signed: Date:								
Registration Fee: Forty Dollars (\$40.	00) per sport.							
	<b>June 30<sup>th</sup> of each year</b> . Registration fi hip. <b>Please make check payable to th</b>							
Please enclose all fees for individual or multiple sports registration (i.e. 1 sport \$40.00; 2 sports \$80.00; 3 sports \$120.00). Late fee of \$10.00 per sport for all registrations received after the GMAC due date.								
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Fall Sports Due: August 15, 2014	Winter Sports Due: October 10, 2014	SMAC due date.  Spring Sports						
Fall Sports	Winter Sports	MAC due date.						
Fall Sports Due: August 15, 2014	Winter Sports Due: October 10, 2014	Spring Sports Due: January 16, 2015						
Fall Sports Due: August 15, 2014 Football	Winter Sports Due: October 10, 2014  Basketball	Spring Sports Due: January 16, 2015 Baseball Flag Football						
Fall Sports Due: August 15, 2014  Football Volleyball	Winter Sports Due: October 10, 2014  Basketball Soccer	Spring Sports Due: January 16, 2015  Baseball Flag Football Softball Track&Field						
Fall Sports Due: August 15, 2014  Football Volleyball X \$40.00 =	Winter Sports Due: October 10, 2014  Basketball Soccer Wrestling	Spring Sports Due: January 16, 2015  Baseball Flag Football Softball Track&Field Water Polo						
Fall Sports Due: August 15, 2014  Football Volleyball X \$40.00 =	Winter Sports Due: October 10, 2014  Basketball Soccer Wrestling X \$40.00 =	Spring Sports Due: January 16, 2015  Baseball Flag Football Softball Track&Field Water Polo X \$40.00 =						

Mailing Address: GMAC Officials Registrar 1500 Biscayne Boulevard, Suite 325 Miami, Florida 33132 School Mail: GMAC Mail Code: 9723 Room 325 **Walk In Address:** 155 NE 15<sup>th</sup> Street, Room 325 Miami, Florida 33132



## Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

	Nam	e (as shown on your income tax return)									
Je 2.	Busi	ness name/disregarded entity name, if different from above									
on page		k appropriate box for federal tax classification: Individual/sole proprietor  C Corporation S Corporation Partnership	Trust/estat	e	E	xemptio	ons (se	e instr	uction	ns):	
pe			_		le	xempt p	oavee (	code (i	any)		
Print or type		Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partner	rship) ►		. E	xemption	on fror			orting	9
늘	ΙП	Other (see instructions) ▶									
- Silic	Add	ess (number, street, and apt. or suite no.)	Requester'	s nam	e and	daddre	ss (opt	ional)			
Print or type See Specific Instructions on	City	state, and ZIP code									
	List	account number(s) here (optional)									
Par	t I	Taxpayer Identification Number (TIN)									
	_	TIN in the appropriate box. The TIN provided must match the name given on the "Name"	" line S	ocial	secui	ity nun	nber				
		ckup withholding. For individuals, this is your social security number (SSN). However, fo				Ī			$\top$		
		en, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other				-		-			
entitie		s your employer identification number (EIN). If you do not have a number, see <i>How to ge</i>	eta								
			F	mploy	er id	entifica	tion n	umbe			1
numb		account is in more than one name, see the chart on page 4 for guidelines on whose			1 [		1		$\overline{}$		]
riairib	0, 10				-						
Par	t II	Certification	·					•			
Unde	pen:	Ities of perjury, I certify that:									
1. Th	e nur	ber shown on this form is my correct taxpayer identification number (or I am waiting for	a number	to be	issu	ed to r	ne), a	.nd			
Se	rvice	subject to backup withholding because: (a) I am exempt from backup withholding, or (b $IRS$ ) that I am subject to backup withholding as a result of a failure to report all interest ir subject to backup withholding, and									
3. I a	mal	.S. citizen or other U.S. person (defined below), and									
4. The	FAT	CA code(s) entered on this form (if any) indicating that I am exempt from FATCA reportin	ng is correc	t.							
becau intere gener instru	ise yo st pai ally, p ction:	on instructions. You must cross out item 2 above if you have been notified by the IRS the unit have failed to report all interest and dividends on your tax return. For real estate transical, acquisition or abandonment of secured property, cancellation of debt, contributions to ayments other than interest and dividends, you are not required to sign the certification, on page 3.	actions, ite o an individ	m 2 c dual r	does etire	not ap nent a	ply. F rrang	or mo	ortgag t ( <b>I</b> RA	ge ), and	d
Sign Here		Signature of U.S. person ► Da	ate ▶								

#### **General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** The IRS has created a page on IRS.gov for information about Form W-9, at www.irs.gov/w9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

#### **Purpose of Form**

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- 1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- 2. Certify that you are not subject to backup withholding, or
- 3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the

withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

**Note.** If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

 $\begin{tabular}{ll} \textbf{Definition of a U.S. person.} & For federal tax purposes, you are considered a U.S. person if you are: \\ \end{tabular}$ 

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

Form W-9 (Rev. 8-2013) Page **2** 

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States:

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity,
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust, and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

**Foreign person.** If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

- 1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
  - 2. The treaty article addressing the income.
- 3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
  - 4. The type and amount of income that qualifies for the exemption from tax.
- Sufficient facts to justify the exemption from tax under the terms of the treaty article.

**Example.** Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS a percentage of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

## Payments you receive will be subject to backup withholding if:

- 1. You do not furnish your TIN to the requester,
- 2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),  $\,$ 
  - 3. The IRS tells the requester that you furnished an incorrect TIN,
- 4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
- 5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code* on page 3 and the separate Instructions for the Requester of Form W-9 for more information.

Also see Special rules for partnerships on page 1.

What is FATCA reporting? The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See Exemption from FATCA reporting code on page 3 and the Instructions for the Requester of Form W-9 for more information.

#### **Updating Your Information**

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account, for example, if the grantor of a grantor trust dies.

#### **Penalties**

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

#### **Specific Instructions**

#### Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

**Sole proprietor.** Enter your individual name as shown on your income tax return on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name/disregarded entity name" line.

Partnership, C Corporation, or S Corporation. Enter the entity's name on the "Name" line and any business, trade, or "doing business as (DBA) name" on the "Business name/disregarded entity name" line.

Disregarded entity. For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulation section 301.7701-2(c)(2)(iii). Enter the owner's name on the "Name" line. The name of the entity entered on the "Name" line should never be a disregarded entity. The name on the "Name" line must be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on the "Name" line. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on the "Business name/disregarded entity name" line. If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

**Note.** Check the appropriate box for the U.S. federal tax classification of the person whose name is entered on the "Name" line (Individual/sole proprietor, Partnership, C Corporation, S Corporation, Trust/estate).

Limited Liability Company (LLC). If the person identified on the "Name" line is an LLC, check the "Limited liability company" box only and enter the appropriate code for the U.S. federal tax classification in the space provided. If you are an LLC that is treated as a partnership for U.S. federal tax purposes, enter "P" for partnership. If you are an LLC that has filed a Form 8832 or a Form 2553 to be taxed as a corporation, enter "C" for C corporation or "S" for S corporation, as appropriate. If you are an LLC that is disregarded as an entity separate from its owner under Regulation section 301.7701-3 (except for employment and excise tax), do not check the LLC box unless the owner of the LLC (required to be identified on the "Name" line) is another LLC that is not disregarded for U.S. federal tax purposes. If the LLC is disregarded as an entity separate from its owner, enter the appropriate tax classification of the owner identified on the "Name" line.

Other entities. Enter your business name as shown on required U.S. federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name/disregarded entity name" line.

#### **Exemptions**

If you are exempt from backup withholding and/or FATCA reporting, enter in the *Exemptions* box, any code(s) that may apply to you. See *Exempt payee code* and *Exemption from FATCA reporting code* on page 3.

Form W-9 (Rev. 8-2013) Page **3** 

**Exempt payee code.** Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends. Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.

**Note.** If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following codes identify payees that are exempt from backup withholding:

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
  - 2-The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities
- 4-A foreign government or any of its political subdivisions, agencies, or instrumentalities
  - 5-A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
  - 8-A real estate investment trust
- $9-\!$  An entity registered at all times during the tax year under the Investment Company Act of 1940
  - 10-A common trust fund operated by a bank under section 584(a)
  - 11-A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
  - 13-A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for	THEN the payment is exempt for
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup>	Generally, exempt payees 1 through 5 <sup>2</sup>
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

<sup>&</sup>lt;sup>1</sup> See Form 1099-MISC, Miscellaneous Income, and its instructions.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements.

- A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)
  - B-The United States or any of its agencies or instrumentalities
- C—A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities
- D-A corporation the stock of which is regularly traded on one or more established securities markets, as described in Reg. section 1.1472-1(c)(1)(i)
- E—A corporation that is a member of the same expanded affiliated group as a corporation described in Reg. section 1.1472-1(c)(1)(i)
- F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G-A real estate investment trust

- H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of
  - I-A common trust fund as defined in section 584(a)
  - J—A bank as defined in section 581
  - K-A broker
  - L-A trust exempt from tax under section 664 or described in section 4947(a)(1)
  - M-A tax exempt trust under a section 403(b) plan or section 457(g) plan

#### Part I. Taxpayer Identification Number (TIN)

**Enter your TIN** in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on page 2), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

**Note.** See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at <a href="https://www.ssa.gov">www.ssa.gov</a>. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at <a href="https://www.irs.gov/businesses">www.irs.gov/businesses</a> and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting IRS.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Note.** Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

**Caution:** A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

#### Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, or 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on the "Name" line must sign. Exempt payees, see *Exempt payee code* earlier.

**Signature requirements.** Complete the certification as indicated in items 1 through 5 below.

- 1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.
- 2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.
- **3. Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.
- 4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).
- 5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

<sup>&</sup>lt;sup>2</sup> However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney, and payments for services paid by a federal executive agency.

Form W-9 (Rev. 8-2013) Page **4** 

#### What Name and Number To Give the Requester

What Name and Number 10	Give the Requester
For this type of account:	Give name and SSN of:
Individual     Two or more individuals (joint account)	The individual The actual owner of the account or, if combined funds, the first individual on the account '
Custodian account of a minor     (Uniform Gift to Minors Act)	The minor <sup>2</sup>
4. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee ' The actual owner '
Sole proprietorship or disregarded entity owned by an individual	The owner <sup>3</sup>
6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulation section 1.671-4(b)(2)(i)(A))	The grantor*
For this type of account:	Give name and EIN of:
7. Disregarded entity not owned by an individual	The owner
8. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
9. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
11. Partnership or multi-member LLC	The partnership
12. A broker or registered nominee	The broker or nominee
13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulation section 1.671-4(b)(2)(i)(B))	The trust

<sup>&</sup>lt;sup>1</sup> List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

**Note.** If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

#### **Secure Your Tax Records from Identity Theft**

Identity theft occurs when someone uses your personal information such as your name, social security number (SSN), or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- · Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to <code>phishing@irs.gov</code>. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: <code>spam@uce.gov</code> or contact them at <code>www.ftc.gov/idtheft</code> or 1-877-IDTHEFT (1-877-438-4338).

Visit IRS.gov to learn more about identity theft and how to reduce your risk.

#### **Privacy Act Notice**

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

<sup>&</sup>lt;sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>&</sup>lt;sup>3</sup> You must show your individual name and you may also enter your business or "DBA" name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see Special rules for partnerships on page 1.

<sup>\*</sup>Note. Grantor also must provide a Form W-9 to trustee of trust.

## **PLEASE RETURN TO:**

GREATER MIAMI ATHLETIC CONFERENCE (GMAC)
MIAMI-DADE COUNTY PUBLIC SCHOOLS
1501 NE 2<sup>ND</sup> AVENUE, SUITE 325
MIAMI, FLORIDA 33132
305-995-1250
305-995-7574 (FAX)

Vendor Application	FOR PROCUREMENT USE ONLY
Miami-Dade County Public Schools Procurement Management Services	Vendor #: Date: Assigned: Assigned By:
1 A.  Federal Employer Identification Number  If none  Owner's Social Security Number  1 B. Name of Business  This name will be used on purchase orders and checks issued to your company.	6. Type of Business  Corporation (State Incorporated)  (Date Incorporated)  Partnership  Sole Proprietorship (One individual owner)
Name of Firm, Individual(s), Partners or Corporation  Doing Business As (if same as above, leave blank)  Street Address	Non-Profit Organization Joint venture Other
City State Zip Code  2. Mailing Address (If same as above, leave blank)  Street Address	7. Licenses  Occupational License No. (Attach copy of license to application)  Issued by  Certificate of Competency (if applicable)  Other Licenses
City State Zip Code  3. Invoice Remittance Address (where check should be mailed) (If same as mailing address, leave blank)  Street Address  City State Zip Code  4. Telephone/Fax Number/Contact Person  Tel. Number Sumber Sumbe	8. Primary Business Classification (Check appropriate type)  Manufacturer/Producer General Contractor Dealer or Distributor Subcontractor  Retailer Broker (Type)  Maintenance/Repair Other (Type)  Professional Services (Type)
Affiliated Companies     (Parent company, subsidiary, joint venture, etc.)     Use separate sheet if necessary.  Name of Company  Street Address  City State Zip Code  Tel. Number	9. Owner/Gender Classification (Check those that apply)  Caucasian  African American  Hispanic  Female  Male  Other

If the contract or business transaction is with a corporation, patinership, sole proprietorship, or joint vertice, the full legal name and business address shall be provided for each clinical discontraction of the stock or ownership. If the contract or business transaction is with a trust, the full tegal name and address shall be provided for each trustee and each beneficiery. Post Office addresses are not acceptable.    Name	10. Ownership Disclosure													
11. Agent, Representative or Employee Authorized to Transact Business on Behalf of the Entity/Firm    Name   Title   Name   Title	business address shall be provided for each officer, director, and stockholder or owner who holds, directly or indirectly, five percent (5%) or more of the stock or ownership. If the contract or business transaction is with a trust, the full legal name and address shall be provided for													
Name Title Name Title  Name of company, if other than applicant  Street Address  City State Zip Code  Tel. Number  Tel. Number  12. Using the Category Code List as a reference, please use the spaces below to specify up to 36 unique co that identify the goods and/or services which your firm can supply. These codes will be used by Procurement Department when alerting vendors regarding new opportunities to do business. Only the unique codes specified on this application will be accepted, any additional codes submitted will not		Name			T	itle		Gender	Race/E	thnicity	Stock	Owr	ership	
Name Title Name Title  Name of company, if other than applicant  Street Address  City State Zip Code  Tel. Number  Tel. Number  12. Using the Category Code List as a reference, please use the spaces below to specify up to 36 unique co that identify the goods and/or services which your firm can supply. These codes will be used by Procurement Department when alerting vendors regarding new opportunities to do business. Only the unique codes specified on this application will be accepted, any additional codes submitted will not														
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Name of company, if other than applicant  Street Address  City State Zip Code  Tel. Number  Tel. Number  Tel. Number  12. Using the Category Code List as a reference, please use the spaces below to specify up to 36 unique co that identify the goods and/or services which your firm can supply. These codes will be used by Procurement Department when alerting vendors regarding new opportunities to do business. Only the unique codes specified on this application will be accepted, any additional codes submitted will not	11. Agent, Representative or Employee Authorized to Transact Business on Behalf of the Entity/Firm													
Street Address  City State Zip Code City State Zip Code  Tel. Number  Tel. Number  12. Using the Category Code List as a reference, please use the spaces below to specify up to 36 unique co that identify the goods and/or services which your firm can supply. These codes will be used by Procurement Department when alerting vendors regarding new opportunities to do business. Only the unique codes specified on this application will be accepted, any additional codes submitted will not	Name			Title	,		Name	, u.			Title			
City State Zip Code City State Zip Code  Tel. Number  Tel. Number  Tel. Number  Tel. Number  Tel. Number  12. Using the Category Code List as a reference, please use the spaces below to specify up to 36 unique code that identify the goods and/or services which your firm can supply. These codes will be used by Procurement Department when alerting vendors regarding new opportunities to do business. Only the unique codes specified on this application will be accepted, any additional codes submitted will not	Name of o	company, if ot	her than app	olicant			Name of c	ompany, if	other than	applica	nt			<del></del>
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12. Using the <u>Category Code List</u> as a reference, please use the spaces below to specify up to 36 unique co that identify the goods and/or services which your firm can supply. These codes will be used by Procurement Department when alerting vendors regarding new opportunities to do business. Only the unique codes specified on this application will be accepted, any additional codes submitted will not	City		State	Zi	p Code		City	<del></del>	State	•	Zi	р Сос	le	
that identify the goods and/or services which your firm can supply. These codes will be used by Procurement Department when alerting vendors regarding new opportunities to do business. Only the unique codes specified on this application will be accepted, any additional codes submitted will not	Tel. Numb	er				Tel. Number								
	unique	codes spe	ecified o	n this ap	plication	will be a	ccepted, an	y additi	onal co	odes s	ubmit	ted	will	not be

Under penalties of perjury, I certify that:

- The number shown on this vendor application is my correct taxpayer identification number (or I am waiting for a number to be issued to me)
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding. Vendor must cross out Item 2 above if he/she has been notified by the IRS that he/she is currently subject to backup withholding because of failure to report all interest and dividends on his/her tax return, and
- I agree with The School Board of Miami-Dade County, Florida, Business Code of Ethics and agree to comply with this Code and all applicable. School Board contracting and procurement policies and procedures. (School Board Policy 6460)

Pursuant to School Board Policy 6460, which may be accessed at http://www2.dadeschools.net/schoolboard/rules all bidders, proposers, consultants, and contractors are required to disclose the names of any of their employees who serve as agents or principals for the bidder, proposer or contractor, and who within the last two years, have been or are employees of the School Board. Such disclosures will be in accordance with current School Board rules, but will include, at a minimum, the name of the former School Board employee, a list of the positions the employee held in the last two years of his or her employment with the School Board, and the dates the employee held those positions.

\* Pursuant to Florida State Statute 119.071 (5) (2) (a), we are notifying you that the Division of Procurement Management is collecting your social security number or taxpayer identification number inasmuch as the Internal Revenue Service requires that we obtain this information to report income paid to you.

#### **CONE OF SILENCE**

#### **BOARD POLICY 1129**

The School Board of Miami-Dade County, Florida, enacts a <u>Cone of Silence</u> from issuance of a solicitation and shall terminate at the time the School Board acts on a written recommendation from the Superintendent to award or approve a contract, to reject all bids or responses, or to take any other action which ends the solicitation and review process. All provisions of School Board Policy 1129.

#### **LOBBYISTS**

#### **BOARD POLICY 8150**

School Board Policy 8150, delineates the policy regarding lobbyists. Pursuant to this rule, lobbyists shall complete annually, a Lobbyist Registration Form, and pay the annual registration fee.

Pursuant to this rule, every person required to register shall list all individuals who may make a presentation when the person appears as a representative for an individual or firm for an oral presentation before a site administrator, or instructional personnel, or certification, evaluation, selection, technical review or similar oral presentation committee. This listing shall include the Clerk's form, the list of presenters, and the indication of fee receipt, prior to the oral presentation. No person shall appear before any employee or committee on behalf of any individual or firm unless he or she has been listed as part of the firm's presentation team or unless he or she is registered with the Clerk's office and has paid all applicable fees.

The Board rule may be accessed at:

http://www2.dadeschools.net/schoolboard/rules/
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(Corporate Seal, if appropriate)	(Signature)	(Date)

## Miami-Dade County Public Schools Vendor Fingerprint Payment - Revised

Effective January 1, 2014, pursuant to Florida State Statute 1012.465, the revised fingerprint payment listed below applies to all contracted vendors who are permitted access on school grounds when students are present, who have direct contact with students or who have access to or control of school funds:

## \$83.50 Fingerprinting Processing Fee

- \$83.50 money order or company check made payable to <u>"SCHOOL</u>
   BOARD MIAMI-DADE FINGERPRINTING"
- No personal checks will be accepted

## Required Forms of Identification

- A current government issued picture identification such as a driver's license, passport or State of Florida identification card, <u>AND</u>
- Your social security card must be presented at the time of printing!

Please be advised this price increase does not include the fee for the identification badge

## M-DCPS Fingerprint Office

1450 NE 2<sup>nd</sup> Avenue, Suite 110 - Miami, FL 33132 Phone: 305-995-7472 Hours of Operation: Monday through Friday 7:00 a.m. - 4:00 p.m.

Revised 12/04/2013







### **Officials Insurance Program**

This is only a very general reference to what coverage(s) the insurance policy (or policies) will provide, and is not intended to attempt to describe all of the various details pertaining to the insurance. Actual coverages are detailed in the policy of insurance and are always subject to all terms, provisions, conditions, and exclusions as contained therein.

All coverages (General Liability and Participant Accident) will exclude claims for officiating at the professional level.

In order for medical expenses to be considered under the policy, the official must seek medical treatment within 30 days of the date of the accident or injury.

Our officials insurance program offers several types of insurance designed specifically for officials in your state. Coverages include General Liability and Participant Accident.

#### Eligibility & Policy Period (all coverages)

In order for coverage to apply, the individual must be a registered official with his/her state officials association. Membership will be verified with the state association before any claim is paid. Coverage for each official in the state association will begin the later of **July 1, 2014** or the date the official registers with the state association, and will expire on **July 1, 2015**.

#### **Covered Activities (All Coverages)**

- Coverage shall apply only while the member is engaging in officiating activities, which include assigning, chain crew, and attending or operating officiating camps, clinics or meetings, during regularly scheduled sports or activities competition. That sport/activity must be recognized in that state or U.S. territory/possession by the member state high school association or by high schools that follow the guidelines of the member state association (or an NFHS affiliate association in the territory/possession). If a sport is recognized for either men or women in that state, territory or possession the official will be covered for officiating both men and women.
- Coverage will not just apply during interscholastic competition, but will also apply during youth leagues, adult leagues, and other organized competition.
- Coverage may also be included for group or individual travel to or from the covered events.
- Officiating activities include assigning, chain crew, and attending or operating officiating camps, clinics or meetings.
- Coverage is not provided when officiating at the professional level.

#### **General Liability**

Policy will provide \$1 million per occurrence, subject to a policy aggregate of \$5 million per official. Participant Legal Liability is included within the limits of coverage.

#### **Participant Accident Benefits**

*Excess Accident Medical:* Coverage is provided up to a limit of \$50,000, with a \$250 deductible. Coverage is excess of any other valid and collectible insurance the official may have in force.

**Accidental Death & Dismemberment**: Policy provides a \$2,500 limit for accidental death and dismemberment including limited coverage for heart and circulatory disorders.

#### **Claims & Questions**

Report claims to American Specialty Insurance & Risk Services, Inc. at 800-245-2744.

For questions regarding your coverage, please contact Dissinger Reed, LLC, 55 Corporate Woods, 9300 W. 110th St., Suite 145, Overland Park, KS, 66210.

General Liability Carrier: Greenwich Insurance Company Policy Number: ASG0893049
Accident Medical Carrier: Mutual of Omaha Insurance Company Policy Number: B33MP-P-51938