



Plano Independent School District Fundraising Application

(** indicates required field)

Today's Date:		Website:	
Company Name:		Contact Person:	
Street Address:		Email address: **	
City		Phone:	
State			
Zip			
President		Subsidiary of:	
Owner/Partners		Tax ID# - Note: you will need to attach your W9 to this form	

Please describe your product or services, as well as how the fundraiser will be implemented @ the school -

What percentage will you give back to school?

Please list three references (customers) in this area:

1) Name: _____ District: _____ Email address:** _____
2) Name: _____ District: _____ Email address:** _____
3) Name: _____ District: _____ Email address:** _____

Insurance Requirements:

Please note that Plano ISD requires

- 1) Commercial general liability insurance in the amount of \$1,000,000, combined single limited policy aggregate: \$500,00 combined single limit each occurrence; and
- 2) Product liability—\$1,000,000.

NOTE THAT "PLANO ISD" MUST BE NAMED AS "CERTIFICATE HOLDER AND ADDITIONAL INSURED" ON ALL POLICIES!

The immunity of the owner shall not be a defense from the insurance carrier.

By signature, I agree that the information supplied herein is correct and I agree to comply with all requirements of Plano ISD.

Signature of Authorized Representative: _____

Print/type name & title : _____

Please note that:

- 1) All profits, proceeds, credits, etc., shall be paid directly to the school, not to staff members or students. State amount of profit the school will receive : _____
- 2) Gifts to staff member or students are not acceptable.**
- 3) A current Certificate of Insurance listing Plano ISD as certificate holder and additional insured must be on file in the PISD Purchasing Department.
- 4) PISD will not be responsible for defective/tainted merchandise. All claims arising from such will be the responsibility of the fundraising company.

Return this completed form with a W9 to Maria Berry at maria.berry@pisd.edu or fax to 469-725-0291.