



CARING CRITTERS

READING WITH THE CRITTERS *Pilot Program*

School / Library Program Agreement

Date _____
Name/Title _____
School / Library **Fort Bend County Libraries** _____
Address, City, Zip _____

This agreement outlines the expectations between the Caring Critters organization and their volunteers and your organization and staff.

- The animal partners our volunteers visit with are well-trained, well-behaved animals that have experience in various situations including hospital therapy, health care settings, special needs adults and children and emotional support.
- We believe our animal visits to your school/library will provide positive educational benefits. Reading to animals generally leads to a more relaxed child who enjoys reading with a non-judgmental listener.

CARING CRITTERS and our VOLUNTEERS WILL:

1. Assure that our animals are clean and well groomed and that our volunteers and their critters are clearly identified with a Caring Critters T-shirt, pet tags and photo ID.
2. Provide insurance for our volunteers and animals and assure that they are members in good standing of Caring Critters.
3. Comply with your school/library policies and undergo volunteer registration and/or orientation if required.
4. Assure that our volunteers are competent readers and skilled in supporting a child's reading efforts.
5. Understand the importance of student/client confidentiality and agree to sign a confidentiality form if desired/required.
6. Provide a volunteer and animal partner on the days and times agreed to.
7. Let you know at least 24 hours in advance if our volunteer is unable to attend due to illness or emergency or if the animal is ill or unable to attend.

8. Provide contact information in the event something occurs at the last minute causing the visit to be cancelled.
9. Never be alone with any student/client and refrain from taking photos of student/client.
10. Never leave the school/library with any student/client.
11. Provide or participate in any documentation related to student progress as required by the school (not applicable to libraries).
12. Report any incident immediately to appropriate staff.

YOUR SCHOOL/LIBRARY and STAFF WILL:

1. Provide orientation as needed to our volunteer.
2. Before the initial reading session, brief our volunteer about any circumstances concerning the student's decision to participate in the reading program. It is the teacher who makes the initial selection of the student, and it is helpful for the volunteer to know why the student was selected, i.e. ESL, struggles when reading out loud, shy, stutters, new with few friends, good reader but teacher doesn't have one-on-one time, etc. (not applicable to libraries).
3. Provide a school/library staff member to be present during every reading session between a student/client and Caring Critter volunteer as well as an appropriate place for conducting the student/client and volunteer reading sessions.
4. Let our volunteers know at least 24 hours in advance if a visit must be cancelled.
5. Provide contact information in the event something occurs at the last minute causing the visit to be cancelled.
6. Notify our volunteers of any illness among your students that might be contagious or be a threat to the health of our volunteer and/or animal (not applicable to libraries).
7. Contact our **Reading with the Critters** program coordinator if any problems occur with our volunteers or their animals.

ACCEPTED AND AGREED TO:

Fort Bend County Libraries
 Facility Name

Facility Administrator's Name	Title	Date
<u>Sharon Schrinner</u>	<u>Sharon Schrinner</u>	<u>9/23/2019</u>
Caring Critters Program Coordinator's Name		Date

[Signature] approves Tonya Rider
 Team Leader Name Member Name
 to participate in the Caring Critters Reading Program. 9/26/19
 Date



QBE INSURANCE CORPORATION

STATEMENT OF COVERAGE

Volunteers Insurance Service Association, Inc.

Underwritten by:
QBE Insurance Corporation
55 Water Street
New York, NY 10041

Administered by-as Agent:
The CIMA Companies, Inc.
2750 Killarney Drive, Ste 202
Woodbridge, VA 22192
1-800-468-4200

This Statement of Coverage confirms that Blanket Accidental Death and Dismemberment and Accident Medical Expense coverages are provided to Covered Persons volunteering with the Participating Volunteer Organization (Organization) named below, under Policy #MHH010303, issued by QBE to: Volunteers Insurance Service Association, Inc.

Organization Name

Caring Critters Inc.
2617-C Holcombe Blvd.
Box 265
Houston, TX 77025

Organization Number

TXHOUS27

Organization's Coverage Term

7/1/2019 to 7/1/2020

Covered Persons All designated, recorded Volunteers participating in a volunteer project through the Organization's program

Covered Activities Performance of duties required to carry out assignments made by the Organization, including travel to, during and from those assignments

Accidental Death and Dismemberment Coverage

Principal Sum	\$2,500
100% paid for.....	Loss of life, two or more hands or feet, sight of both eyes or one hand or foot and sight of one eye
50% paid for.....	Loss, or loss of use, of one hand or one foot, or loss of sight in one eye
25% paid for.....	Loss of thumb and index finger of the same hand

Accident Medical Expense Coverage

Maximum Benefits for any one Covered Accident.....	\$50,000
Benefit Period for any one Covered Accident.....	52 weeks
Deductible.....	None
Scope of Coverage.....	Excess—pays benefits after any other Health Care Plans have paid benefits
Benefit Amount Payable.....	100% of Usual and Customary charges, up to Maximum Benefit per Covered Accident
Covered Expenses Include.....	In & Out-Patient Hospital, Ambulatory Medical Center Emergency Room, Physician visits surgery, diagnostic tests, nursing services and ambulance charges

Exclusions and Limitations These coverages are subject to exclusions and limitations detailed in the Policy. Coverage is provided only for treatment of injuries sustained by Covered Persons during Covered Activities, and excludes injuries resulting from suicide, commission of a felony or assault, riot, war, flying except as a fare-paying passenger, races or speed contests, any sickness or disease, intoxication, or treatment of existing injuries.

This Statement of Coverage provides a brief overview of provisions, benefits and exclusions and limitations—only the Blanket Accident Medical Insurance policy provides full information and governs the terms of coverage provided. You may request a copy of that policy from The CIMA Companies, Inc., at the address shown above.

Surplus Lines Broker:
XS/Group, Inc.
Laurie S. Coleman
2750 Killarney Drive, Suite 202
Woodbridge VA 22192
License No. 1503608

Insuring Company:
Certain Underwriters at Lloyd's of London
Lloyds of London Syndicate
47.50% CSL (#1084) - Chaucer Specialist Lines
19.48% DUW (#1729) - Dale Syndicate
19.48% AML (#2001) - Amlin
10.00% SAM (#0727) - S.A. Meacock
3.54% AES (#1225) - AEGIS Managing Agency Limited

Named Organization and Mailing Address

Caring Critters Inc.
2617-C Holcombe Blvd.
Box 265
Houston, TX 77025
Risk location zip code is: 77025

Certificate No. TXHOUS27 - VIP
Unique Market Reference: B0113519B01331
PURCHASING GROUP

Named Organization's Business: Social Services

Certificate Period 07/01/2019 to 07/01/2020
(12:01 A.M.)
Certificate is: New

VOLUNTEERS INSURANCE SERVICE

Excess Volunteer Liability

Certificate of Insurance

This certificate, subject to all its terms, conditions, and limitations, shall expire on 07/01/2020, 12:01 a.m., Standard Time at the Named Organization Mailing Address.

Limits of Insurance

Each Occurrence Limit \$1,000,000
Annual Aggregate Limit \$3,000,000

Total Premium: \$205.00 TX Surplus Lines Tax: \$9.94 TX Stamping Fee: \$0.31

This policy has a minimum annual premium of \$100.00.

This Certificate and the attached coverage form and endorsements, if any, complete this policy.

NOTICE

By applying for this insurance, the applicant also is applying for membership in Volunteers Insurance Service Association, Inc., a risk purchasing group formed and operating pursuant to the Liability Risk Retention Act of 1986 (15USC 3901 et seq.).

Authorized Signature:



Date: May 13, 2019

ENDV2019