

USE AGREEMENT

This agreement made by and between the Boone County Board of Education,
_____ as Principal authorized so to act by direction of the
Board of Education and Immanuel School of Music
hereinafter referred to as "user" of the school facilities hereinafter described.

WITNESSETH:

The principal does hereby agree to permit user to utilize certain school facilities more particularly described as follows: Mozart Strings
at the following times and dates:

2023-2024 Days & Times of Boone County Schools Participating in Mozart Strings:

- 1) **Burlington**, Mozart Strings: Wednesday 3:45-4:45pm, Principal: Andrew Gatewood
- 2) **Erpenbeck**, Mozart Strings: Monday 3:45-4:40pm, Principal: Kim Simpson
- 3) **Goodridge**, Mozart Strings: Tuesday 3:45-4:45pm, Principal: Jennifer Patrick
- 4) **Longbranch**, Class: Thursday 7:30-8:30am, Principal: Stephanie Stambaugh
- 5) **Mann**, Mozart Strings: Wednesday 3:45-4:45pm, Principal: Connie Crigger
- 6) **New Haven**, Mozart Strings: Wednesday 3:45-4:45pm, Principal: Mary Goble
- 7) **North Pointe**, Mozart Strings: Thursday 3:45-4:45pm, Principal: Kelly Smith
- 8) **Steeplechase**, Mozart Strings: Thursday 3:40-4:40pm, Principal: Lisa Reising
- 9) **Thornwilde**, Mozart Strings: Tuesday 7:30-8:30am, Principal: David Fuller
- 10) **Yealey**, Mozart Strings: Tuesday 3:45-4:45 pm, Principal: Renee Turner

subject to the following terms and conditions:

1. The school property identified above may be utilized by the user as a permittee at will on the condition that all terms and conditions as hereinafter set out are complied with and any other terms and conditions may result in immediate termination of the Use Agreement and/or liability of the user. The utilization of the premises by the user is a privilege extended to the user by the Board of Education and said use does not constitute a property right nor shall it be deemed a lease or renewable beyond the specified period without the written consent of the principal.
2. The use of these school facilities shall be in compliance with all laws and regulations and the terms and conditions of Boone County Board of Education policies, including but not limited to BCBE Policy No. 05.3, 05.31, 05.32 and 10.3 which are incorporated by reference herein.
3. The reserved time/date for use by user may be cancelled or preempted by Principal and permission for use may be terminated without cause by notice from Principal.
4. User is responsible for the conduct of its participants or guests.
5. There shall be no subletting or assignment of this agreement nor any profit making or commercial venture subject of the use.
6. User shall return the facilities or premises in the same condition as at the commencement of the use, or if user fails to do so, the user will be responsible for the cost of clean-up and be prohibited from further use of facilities.
7. The user agrees to save harmless the Boone County Board of Education, its employees and agents, for any liability, damage, loss or expense incurred respecting the utilization of the school facilities; and the user agrees to reimburse the Boone County Board of Education for any damages to or replacement of school property damaged, lost, stolen or vandalized while in user's name.

IN WITNESS WHEREOF the principal for and on behalf of the Board of Education and the user hereunto set their hands this 10th day of August, 2023.

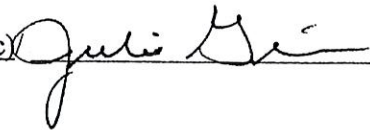
Boone County Schools Participating in Mozart Strings 2023-2024

- 1) **Burlington**, Mozart Strings: Wednesday 3:45-4:45pm, Principal: Andrew Gatewood
- 2) **Erpenbeck**, Mozart Strings: Monday 3:45-4:40pm, Principal: Kim Simpson
- 3) **Goodridge**, Mozart Strings: Tuesday 3:45-4:45pm, Principal: Jennifer Patrick
- 4) **Longbranch**, Class: Thursday 7:30-8:30am, Principal: Stephanie Stambaugh
- 5) **Mann**, Mozart Strings: Wednesday 3:45-4:45pm, Principal: Connie Crigger
- 6) **New Haven**, Mozart Strings: Wednesday 3:45-4:45pm, Principal: Mary Goble
- 7) **North Pointe**, Mozart Strings: Thursday 3:45-4:45pm, Principal: Kelly Smith
- 8) **Steeplechase**, Mozart Strings: Thursday 3:40-4:40pm, Principal: Lisa Reising
- 9) **Thornwilde**, Mozart Strings: Tuesday 7:30-8:30am, Principal: David Fuller
- 10) **Yealey**, Mozart Strings: Tuesday 3:45-4:45 pm, Principal: Renee Turner

SCHOOL

BY: _____
PRINCIPAL

Julie Geiman, Mozart Strings Coordinator (Immanuel School of Music)
USER/SIGNATURE



2551 Dixie Highway
ADDRESS

Lakeside Park, Kentucky 41017
CITY STATE ZIP

859.341.5330
PHONE NUMBER (Immanuel School of Music)

USE AGREEMENT

This agreement made by and between the Boone County Board of Education, Andy Gatewood as Principal authorized so to act by direction of the Board of Education and Mozart Strings hereinafter referred to as "user" of the school facilities hereinafter described.

WITNESSETH:

The principal does hereby agree to permit user to utilize certain school facilities more particularly described as follows:

Music Classroom

at the following times and dates: 3:45pm to 4:45pm on
wednesdays throughout school year.

subject to the following terms and conditions:

1. The school property identified above may be utilized by the user as a permittee at will on the condition that all terms and conditions as hereinafter set out are complied with and any other terms and conditions may result in immediate termination of the Use Agreement and/or liability of the user. The utilization of the premises by the user is a privilege extended to the user by the Board of Education and said use does not constitute a property right nor shall it be deemed a lease or renewable beyond the specified period without the written consent of the principal.
2. The use of these school facilities shall be in compliance with all laws and regulations and the terms and conditions of Boone County Board of Education policies, including but not limited to BCBE Policy No. 05.3, 05.31, 05.32 and 10.3 which are incorporated by reference herein.
3. The reserved time/date for use by user may be cancelled or preempted by Principal and permission for use may be terminated without cause by notice from Principal.
4. User is responsible for the conduct of its participants or guests.
5. There shall be no subletting or assignment of this agreement nor any profit making or commercial venture subject of the use.

6. User shall return the facilities or premises in the same condition as at the commencement of the use, or if user fails to do so, the user will be responsible for the cost of clean-up and be prohibited from further use of facilities.
7. The user agrees to save harmless the Boone County Board of Education, its employees and agents, for any liability, damage, loss or expense incurred respecting the utilization of the school facilities; and the user agrees to reimburse the Boone County Board of Education for any damages to or replacement of school property damaged, lost, stolen or vandalized while in user's name.

IN WITNESS WHEREOF the principal for and on behalf of the Board of Education and the user hereunto set their hands this _____ day of _____, 20 ____.

Burlington Elementary SCHOOL

BY: Andy Gatewood
PRINCIPAL

USER/SIGNATURE

5946 N. Orient St.

ADDRESS

Burlington, KY 41005
CITY STATE ZIP

859-334-4440

PHONE NUMBER

USE AGREEMENT

This agreement made by and between the Boone County Board of Education, Kim Simpson as Principal authorized so to act by direction of the Board of Education and Mozart Strings

hereinafter referred to as "user" of the school facilities hereinafter described.

WITNESSETH:

The principal does hereby agree to permit user to utilize certain school facilities more particularly described as follows:

The Mozart Strings Project offers after-school beginning string instruction to elementary school students. The program will use room 136.

at the following times and dates: Monday's, 3:30-4:30 pm Sept. 4-Dec. 11, 2023 and January 2024- April, 2024.

subject to the following terms and conditions:

1. The school property identified above may be utilized by the user as a permittee at will on the condition that all terms and conditions as hereinafter set out are complied with and any other terms and conditions may result in immediate termination of the Use Agreement and/or liability of the user. The utilization of the premises by the user is a privilege extended to the user by the Board of Education and said use does not constitute a property right nor shall it be deemed a lease or renewable beyond the specified period without the written consent of the principal.
2. The use of these school facilities shall be in compliance with all laws and regulations and the terms and conditions of Boone County Board of Education policies, including but not limited to BCBÉ Policy No. 05.3, 05.31. 05.32 and 10.3 which are incorporated by reference herein.

3. The reserved time/date for use by user may be cancelled or preempted by Principal and permission for use may be terminated without cause by notice from Principal.
4. User is responsible for the conduct of its participants or guests.
5. There shall be no subletting or assignment of this agreement nor any profit making or commercial venture subject of the use.
6. User shall return the facilities or premises in the same condition as at the commencement of the use, or if user fails to do so, the user will be responsible for the cost of clean-up and be prohibited from further use of facilities.
7. The user agrees to save harmless the Boone County Board of Education, its employees and agents, for any liability, damage, loss or expense incurred respecting the utilization of the school facilities; and the user agrees to reimburse the Boone County Board of Education for any damages to or replacement of school property damaged, lost, stolen or vandalized while in user's name.

IN WITNESS WHEREOF the principal for and on behalf of the Board of Education and the user hereunto set their hands this _____ day of _____, 20 23.

~~Erpenbeck Elementary School~~
BY: _____
PRINCIPAL

____ Julie Geiman - Mozart Strings Coordinator at Immanuel School of Music _____

USER/SIGNATURE

____ 2551 Dixie Highway, _____

ADDRESS

____ Lakeside Park, KY 41017 _____
CITY STATE ZIP

USE AGREEMENT

This agreement made by and between the Boone County Board of Education, Jen Patrick as Principal authorized so to act by direction of the Board of Education and Mozart Strings hereinafter referred to as "user" of the school facilities hereinafter described.

WITNESSETH:

The principal does hereby agree to permit user to utilize certain school facilities more particularly described as follows:

Music classes held in one of either the gym,

Cafeteria, or music room

at the following times and dates: to be set after September

board meeting

subject to the following terms and conditions:

1. The school property identified above may be utilized by the user as a permittee at will on the condition that all terms and conditions as hereinafter set out are complied with and any other terms and conditions may result in immediate termination of the Use Agreement and/or liability of the user. The utilization of the premises by the user is a privilege extended to the user by the Board of Education and said use does not constitute a property right nor shall it be deemed a lease or renewable beyond the specified period without the written consent of the principal.
2. The use of these school facilities shall be in compliance with all laws and regulations and the terms and conditions of Boone County Board of Education policies, including but not limited to BCBE Policy No. 05.3, 05.31, 05.32 and 10.3 which are incorporated by reference herein.
3. The reserved time/date for use by user may be cancelled or preempted by Principal and permission for use may be terminated without cause by notice from Principal.
4. User is responsible for the conduct of its participants or guests.
5. There shall be no subletting or assignment of this agreement nor any profit making or commercial venture subject of the use.

6. User shall return the facilities or premises in the same condition as at the commencement of the use, or if user fails to do so, the user will be responsible for the cost of clean-up and be prohibited from further use of facilities.
7. The user agrees to save harmless the Boone County Board of Education, its employees and agents, for any liability, damage, loss or expense incurred respecting the utilization of the school facilities; and the user agrees to reimburse the Boone County Board of Education for any damages to or replacement of school property damaged, lost, stolen or vandalized while in user's name.

IN WITNESS WHEREOF the principal for and on behalf of the Board of Education and the user hereunto set their hands this 11th day of August, 20 23.

Goodridge Elementary SCHOOL

BY: Jan Patrick
PRINCIPAL

USER SIGNATURE

ADDRESS

CITY STATE ZIP

PHONE NUMBER

USE AGREEMENT

This agreement made by and between the Boone County Board of Education, _____ Stephanie Stambaugh _____ as Principal authorized so to act by direction of the Board of Education and _____ Mozart Strings _____ hereinafter referred to as "user" of the school facilities hereinafter described.

WITNESSETH:

The principal does hereby agree to permit user to utilize certain school facilities more particularly described as follows:

_____ Mozart Strings will utilize the gym for strings program.

at the following times and dates:



Longbranch Mozart Strings

Level 1 - Beginning Strings Class
Violin, Viola, Cello, or Bass



Immanuel School of Music's overall goal is to offer this important outreach program, Mozart Strings, to local schools, which currently have no active strings program for their school community. Mozart classes will teach your child music, a string instrument, and important values such as individual discipline, creativity, and teamwork.

WHO: 3rd, 4th, and 5th grade students.

Experience: No prior music experience is necessary.

WHEN: Thursday, 7:30-8:30 am - weekly

FALL Term: September - December (\$175 per semester/child)

WHERE: onsite at Longbranch Elementary School

Mozart Teachers: Professional Musicians & Educators.

Minimum Class Size: Seven (7) Students

First Class: Thursday, TBD

SPRING Term: January - April (\$175 per semester/child)

****See our website for a complete listing of class locations.**

subject to the following terms and conditions:

1. The school property identified above may be utilized by the user as a permittee at will on the condition that all terms and conditions as hereinafter set out are complied with and any other terms and conditions may result in immediate termination of the Use Agreement and/or liability of the user. The utilization of the premises by the user is a privilege extended to the user by the Board of Education and said use does not constitute a property right nor shall it be deemed a lease or renewable beyond the specified period without the written consent of the principal.
2. The use of these school facilities shall be in compliance with all laws and regulations and the terms and conditions of Boone County Board of Education policies, including but not limited to BCBE Policy No. 05.3, 05.31, 05.32 and 10.3 which are incorporated by reference herein.

3. The reserved time/date for use by user may be cancelled or preempted by Principal and permission for use may be terminated without cause by notice from Principal.
4. User is responsible for the conduct of its participants or guests.
5. There shall be no subletting or assignment of this agreement nor any profit making or commercial venture subject of the use.
6. User shall return the facilities or premises in the same condition as at the commencement of the use, or if user fails to do so, the user will be responsible for the cost of clean-up and be prohibited from further use of facilities.
7. The user agrees to save harmless the Boone County Board of Education, its employees and agents, for any liability, damage, loss or expense incurred respecting the utilization of the school facilities; and the user agrees to reimburse the Boone County Board of Education for any damages to or replacement of school property damaged, lost, stolen or vandalized while in user's name.

IN WITNESS WHEREOF the principal for and on behalf of the Board of Education and the user hereunto set their hands this ____ 16th ____ day of

____ August ___, 2023 ____.

____ Longbranch __ SCHOOL

BY: ____ Stephanie Stambaugh ____
PRINCIPAL

____ *Stephanie Stambaugh* ____
USER/SIGNATURE

____ 2805 Longbranch Road ____
ADDRESS

____ Union, Ky 41091 ____
CITY STATE ZIP

____ 859-384-4500 ____
PHONE NUMBER

USE AGREEMENT

This agreement made by and between the Boone County Board of Education, _____ Connie Crigger _____ as Principal authorized so to act by direction of the Board of Education and _____ Mozart Strings _____ hereinafter referred to as "user" of the school facilities hereinafter described.

WITNESSETH:

The principal does hereby agree to permit user to utilize certain school facilities more particularly described as follows:

For musical instrument lessons after school. _____

at the following times and dates:

^{sep}
Aug 2023- April 2024 Wednesdays 4-5P _____

subject to the following terms and conditions:

1. The school property identified above may be utilized by the user as a permittee at will on the condition that all terms and conditions as hereinafter set out are complied with and any other terms and conditions may result in immediate termination of the Use Agreement and/or liability of the user. The utilization of the premises by the user is a privilege extended to the user by the Board of Education and said use does not constitute a property right nor shall it be deemed a lease or renewable beyond the specified period without the written consent of the principal.
2. The use of these school facilities shall be in compliance with all laws and regulations and the terms and conditions of Boone County Board of Education policies, including but not limited to BCBE Policy No. 05.3, 05.31, 05.32 and 10.3 which are incorporated by reference herein.
3. The reserved time/date for use by user may be cancelled or preempted by Principal and permission for use may be terminated without cause by notice from Principal.
4. User is responsible for the conduct of its participants or guests.

6. User shall return the facilities or premises in the same condition as at the commencement of the use, or if user fails to do so, the user will be responsible for the cost of clean-up and be prohibited from further use of facilities.
7. The user agrees to save harmless the Boone County Board of Education, its employees and agents, for any liability, damage, loss or expense incurred respecting the utilization of the school facilities; and the user agrees to reimburse the Boone County Board of Education for any damages to or replacement of school property damaged, lost, stolen or vandalized while in user's name.

IN WITNESS WHEREOF the principal for and on behalf of the Board of Education and the user hereunto set their hands this 18 day of August, 20 23.

MES SCHOOL

BY: Connie Crigger
PRINCIPAL

Juli
USER/SIGNATURE

2551 Dixie Highway -
ADDRESS

Lakeside Park Ky 41017
CITY STATE ZIP

859.341-5330
PHONE NUMBER

USE AGREEMENT

This agreement made by and between the Boone County Board of Education, Mary Goble, as Principal authorized so to act by direction of the Board of Education and Mozart Strings hereinafter referred to as “user” of the school facilities hereinafter described.

WITNESSETH:

The principal does hereby agree to permit user to utilize certain school facilities more particularly described as follows: instrument lesson to be held in the music room at the following times and dates: Wednesdays from 3:30 – 4:30 pm during the school calendar.

subject to the following terms and conditions:

1. The school property identified above may be utilized by the user as a permittee at will on the condition that all terms and conditions as hereinafter set out are complied with and any other terms and conditions may result in immediate termination of the Use Agreement and/or liability of the user. The utilization of the premises by the user is a privilege extended to the user by the Board of Education and said use does not constitute a property right nor shall it be deemed a lease or renewable beyond the specified period without the written consent of the principal.
2. The use of these school facilities shall be in compliance with all laws and regulations and the terms and conditions of Boone County Board of Education policies, including but not limited to BCBE Policy No. 05.3, 05.31, 05.32 and 10.3 which are incorporated by reference herein.
3. The reserved time/date for use by user may be cancelled or preempted by Principal and permission for use may be terminated without cause by notice from Principal.
4. User is responsible for the conduct of its participants or guests.
5. There shall be no subletting or assignment of this agreement nor any profit making or commercial venture subject of the use.
6. User shall return the facilities or premises in the same condition as at the commencement of the use, or if user fails to do so, the user will be responsible for the cost of clean-up and be prohibited from further use of facilities.
7. The user agrees to save harmless the Boone County Board of Education, its employees and agents, for any liability, damage, loss or

expense incurred respecting the utilization of the school facilities; and the user agrees to reimburse the Boone County Board of Education for any damages to or replacement of school property damaged, lost, stolen or vandalized while in user's name.

IN WITNESS WHEREOF the principal for and on behalf of the Board of Education and the user hereunto set their hands this 22nd day of August, 2023.

New Haven Elementary SCHOOL

BY: Mary Goble

PRINCIPAL

Mary Goble
USER/SIGNATURE

10854 US HWY 42
ADDRESS

Union KY 41091
CITY STATE ZIP

859-384-5325
PHONE NUMBER

USE AGREEMENT

This agreement made by and between the Boone County Board of Education, Kelly Smith as Principal authorized so to act by direction of the Board of Education and Mozart Strings hereinafter referred to as "user" of the school facilities hereinafter described.

WITNESSETH:

The principal does hereby agree to permit user to utilize certain school facilities more particularly described as follows:

music classroom

at the following times and dates: Thursdays throughout the 2023-24 school year as outlined in the attached schedule. (3:35-3:45 pm)
subject to the following terms and conditions:

1. The school property identified above may be utilized by the user as a permittee at will on the condition that all terms and conditions as hereinafter set out are complied with and any other terms and conditions may result in immediate termination of the Use Agreement and/or liability of the user. The utilization of the premises by the user is a privilege extended to the user by the Board of Education and said use does not constitute a property right nor shall it be deemed a lease or renewable beyond the specified period without the written consent of the principal.
2. The use of these school facilities shall be in compliance with all laws and regulations and the terms and conditions of Boone County Board of Education policies, including but not limited to BCBE Policy No. 05.3, 05.31, 05.32 and 10.3 which are incorporated by reference herein.
3. The reserved time/date for use by user may be cancelled or preempted by Principal and permission for use may be terminated without cause by notice from Principal.
4. User is responsible for the conduct of its participants or guests.
5. There shall be no subletting or assignment of this agreement nor any profit making or commercial venture subject of the use.

6. User shall return the facilities or premises in the same condition as at the commencement of the use, or if user fails to do so, the user will be responsible for the cost of clean-up and be prohibited from further use of facilities.
7. The user agrees to save harmless the Boone County Board of Education, its employees and agents, for any liability, damage, loss or expense incurred respecting the utilization of the school facilities; and the user agrees to reimburse the Boone County Board of Education for any damages to or replacement of school property damaged, lost, stolen or vandalized while in user's name.

IN WITNESS WHEREOF the principal for and on behalf of the Board of Education and the user hereunto set their hands this 17th day of August, 20 23.

North Pointe SCHOOL

BY: Kelly Smith / Kelly Smith
PRINCIPAL

USER/SIGNATURE

2551 Dixie Hwy,
ADDRESS

Lakeside Park KY 41017
CITY STATE ZIP

(859) 341-8555 x 27
PHONE NUMBER

FACILITY USE AGREEMENT

This agreement made by and between the Boone County Board of Education, Steeplechase Elementary and (user) Mozart String, of the school facilities hereinafter described.

The Principal does hereby agree to permit user to utilize school facilities on

DATE: Thursday August 24th - May 30th 2024

TIME: 3:40 - 4:40 pm

Subject to the following terms and conditions:

1. The school property identified above may be utilized by the user as a permittee at will on the condition that all terms and conditions as hereinafter set out are complied with and any other terms and conditions may result in immediate termination of the Use Agreement and/or liability of the user. The utilization of the premises by the user is a privilege extended to the user by the Board of Education and said use does not constitute a property right nor shall it be deemed a lease or renewable beyond the specified period without the written consent of the principal.
2. The use of these school facilities shall be in compliance with all laws and regulations and the terms and conditions of Boone County Board of Education policies, including but not limited to BCBE Policy No. 05.3, 05.31, 05.32 and 10.3 which are incorporated by reference herein.
3. The reserved time/date for use by the user may be canceled or preempted by the Principal and permission for use may be terminated without cause by notice from the Principal.
4. User is responsible for the conduct of its participants or guests.
5. There shall be no subletting or assignment of this agreement nor any profit making or commercial venture subject of the use.
6. Users shall return the facilities or premises in the same condition as at the commencement of the use, or if the user fails to do so, the user will be responsible for the cost of clean-up and be prohibited from further use of facilities.
7. The user agrees to save harmless the Boone County Board of Education, its employees and agents, for any liability, damage, loss or expense incurred respecting the utilization of the school facilities; and the user agrees to reimburse the Boone County Board of Education for any damages to or replacement of school property damaged, lost, stolen or vandalized while in user's name.

IN WITNESS WHEREOF the principal for and on behalf of the Board of Education and
the user hereunto set their hands this 7th day of
August, 2023.

STEEPLECHASE ELEMENTARY SCHOOL

BY: [Signature]

PRINCIPAL

Julie Geiman Julie G. (Mozart Strings
USER/SIGNATURE Coordinator)

2551 Dixie Highway
ADDRESS

Lakeside Park Ky 41017
CITY STATE ZIP

859.341.8555
PHONE NUMBER

SCES Staff Sponsor: Ann Hopkins

USE AGREEMENT

This agreement made by and between the Boone County Board of Education,
David Fuller as Principal authorized so to act by direction of the
Board of Education and Immanuel School of Music
hereinafter referred to as "user" of the school facilities hereinafter described.

WITNESSETH:

The principal does hereby agree to permit user to utilize certain school facilities more particularly described as follows: Mozart Strings at the following times and dates:

2023-2024 Days & Times of Boone County Schools Participating in Mozart Strings:

- 1) **Burlington**, Mozart Strings: Wednesday 3:45-4:45pm, Principal: Andrew Gatewood
- 2) **Erpenbeck**, Mozart Strings: Monday 3:45-4:40pm, Principal: Kim Simpson
- 3) **Goodridge**, Mozart Strings: Tuesday 3:45-4:45pm, Principal: Jennifer Patrick
- 4) **Longbranch**, Class: Thursday 7:30-8:30am, Principal: Stephanie Stambaugh
- 5) **Mann**, Mozart Strings: Wednesday 3:45-4:45pm, Principal: Connie Crigger
- 6) **New Haven**, Mozart Strings: Wednesday 3:45-4:45pm, Principal: Mary Goble
- 7) **North Pointe**, Mozart Strings: Thursday 3:45-4:45pm, Principal: Kelly Smith
- 8) **Steeplechase**, Mozart Strings: Thursday 3:40-4:40pm, Principal: Lisa Reising
- 9) **Thornwilde**, Mozart Strings: Tuesday 7:30-8:30am, Principal: David Fuller
- 10) **Yealey**, Mozart Strings: Tuesday 3:45-4:45 pm, Principal: Renee Turner

subject to the following terms and conditions:

1. The school property identified above may be utilized by the user as a permittee at will on the condition that all terms and conditions as hereinafter set out are complied with and any other terms and conditions may result in immediate termination of the Use Agreement and/or liability of the user. The utilization of the premises by the user is a privilege extended to the user by the Board of Education and said use does not constitute a property right nor shall it be deemed a lease or renewable beyond the specified period without the written consent of the principal.
2. The use of these school facilities shall be in compliance with all laws and regulations and the terms and conditions of Boone County Board of Education policies, including but not limited to BCBE Policy No. 05.3, 05.31, 05.32 and 10.3 which are incorporated by reference herein.
3. The reserved time/date for use by user may be cancelled or preempted by Principal and permission for use may be terminated without cause by notice from Principal.
4. User is responsible for the conduct of its participants or guests.
5. There shall be no subletting or assignment of this agreement nor any profit making or commercial venture subject of the use.
6. User shall return the facilities or premises in the same condition as at the commencement of the use, or if user fails to do so, the user will be responsible for the cost of clean-up and be prohibited from further use of facilities.
7. The user agrees to save harmless the Boone County Board of Education, its employees and agents, for any liability, damage, loss or expense incurred respecting the utilization of the school facilities; and the user agrees to reimburse the Boone County Board of Education for any damages to or replacement of school property damaged, lost, stolen or vandalized while in user's name.

IN WITNESS WHEREOF the principal for and on behalf of the Board of Education and the user hereunto set their hands this 10th day of August, 2023.

Boone County Schools Participating in Mozart Strings 2023-2024

- 1) **Burlington**, Mozart Strings: Wednesday 3:45-4:45pm, Principal: Andrew Gatewood
- 2) **Erpenbeck**, Mozart Strings: Monday 3:45-4:40pm, Principal: Kim Simpson
- 3) **Goodridge**, Mozart Strings: Tuesday 3:45-4:45pm, Principal: Jennifer Patrick
- 4) **Longbranch**, Class: Thursday 7:30-8:30am, Principal: Stephanie Stambaugh
- 5) **Mann**, Mozart Strings: Wednesday 3:45-4:45pm, Principal: Connie Crigger
- 6) **New Haven**, Mozart Strings: Wednesday 3:45-4:45pm, Principal: Mary Goble
- 7) **North Pointe**, Mozart Strings: Thursday 3:45-4:45pm, Principal: Kelly Smith
- 8) **Steeplechase**, Mozart Strings: Thursday 3:40-4:40pm, Principal: Lisa Reising
- 9) **Thornwilde**, Mozart Strings: Tuesday 7:30-8:30am, Principal: David Fuller
- 10) **Yealey**, Mozart Strings: Tuesday 3:45-4:45 pm, Principal: Renee Turner

012 Thornwilde SCHOOL

BY: _____

PRINCIPAL

Julie Geiman, Mozart Strings Coordinator (Immanuel School of Music)

USER/SIGNATURE

2551 Dixie Highway

ADDRESS

Lakeside Park, Kentucky 41017

CITY STATE ZIP

859.341.5330

PHONE NUMBER (Immanuel School of Music)

USE AGREEMENT

This agreement made by and between the Boone County Board of Education, Renée Turner Yealey Elem. as Principal authorized so to act by direction of the Board of Education and Mozart Strings hereinafter referred to as "user" of the school facilities hereinafter described.

WITNESSETH:

The principal does hereby agree to permit user to utilize certain school facilities more particularly described as follows:

music room

at the following times and dates: Tuesday after school

until 5:00 pm.

subject to the following terms and conditions:

1. The school property identified above may be utilized by the user as a permittee at will on the condition that all terms and conditions as hereinafter set out are complied with and any other terms and conditions may result in immediate termination of the Use Agreement and/or liability of the user. The utilization of the premises by the user is a privilege extended to the user by the Board of Education and said use does not constitute a property right nor shall it be deemed a lease or renewable beyond the specified period without the written consent of the principal.
2. The use of these school facilities shall be in compliance with all laws and regulations and the terms and conditions of Boone County Board of Education policies, including but not limited to BCBE Policy No. 05.3, 05.31, 05.32 and 10.3 which are incorporated by reference herein.
3. The reserved time/date for use by user may be cancelled or preempted by Principal and permission for use may be terminated without cause by notice from Principal.
4. User is responsible for the conduct of its participants or guests.
5. There shall be no subletting or assignment of this agreement nor any profit making or commercial venture subject of the use.

6. User shall return the facilities or premises in the same condition as at the commencement of the use, or if user fails to do so, the user will be responsible for the cost of clean-up and be prohibited from further use of facilities.
7. The user agrees to save harmless the Boone County Board of Education, its employees and agents, for any liability, damage, loss or expense incurred respecting the utilization of the school facilities; and the user agrees to reimburse the Boone County Board of Education for any damages to or replacement of school property damaged, lost, stolen or vandalized while in user's name.

IN WITNESS WHEREOF the principal for and on behalf of the Board of Education and the user hereunto set their hands this 22nd day of August, 20 23.

Yealey Elementary SCHOOL

BY: Renie Turner

PRINCIPAL

USER/SIGNATURE

ADDRESS

CITY

STATE

ZIP

PHONE NUMBER



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/03/2023

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PRODUCER
AMERICAN CHURCH GROUP OF TN
7121 AFTON DRIVE

KNOXVILLE TN 37918

CONTACT

NAME:

PHONE

(A/C, No, Ext): (865) 922-3111

FAX

(A/C, No):

E-MAIL

ADDRESS:

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: BROTHERHOOD MUTUAL INS CO

13528

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

INSURED
IMMANUEL CHURCH, INC.

2551 DIXIE HWY

LAKESIDE PARK KY 41017
(859) 341-5330

COVERAGES

JS

CERTIFICATE NUMBER: CERT ID 998

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		16MRA0525404	06/04/2023	06/04/2024	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 10,000,000 PRODUCTS - COMP/OP AGG \$ 10,000,000 EMPL BENEFITS LIAB \$ 1,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
							\$ \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101; Additional Remarks Schedule, may be attached if more space is required)
FOR MOZART STRINGS FROM AUGUST 2023-MAY 2024.

CERTIFICATE HOLDER

ANDREW.GATEWOOD@BOONE.KYSCHOOLS.US

BURLINGTON ELEMENTARY SCHOOL

5946 N ORIENT ST

BURLINGTON KY 41005

CANCELLATION

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

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/03/2023

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PRODUCER AMERICAN CHURCH GROUP OF TN 7121 AFTON DRIVE KNOXVILLE TN 37918	CONTACT NAME: PHONE (A/C, No, Ext): (865) 922-3111 FAX (A/C, No): E-MAIL: ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A: BROTHERHOOD MUTUAL INS CO NAIC # 13528 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
INSURED IMMANUEL CHURCH, INC. 2551 DIXIE HWY LAKESIDE PARK KY 41017 (859) 341-5330	

COVERAGES JS CERTIFICATE NUMBER: CERT ID 998 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 SUBR INSD Y/N	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	16MRA0525404	06/04/2023	06/04/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 10,000,000 PRODUCTS - COMP/OP AGG \$ 10,000,000 EMPL BENEFITS LIAB \$ 1,000,000
	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
						\$ \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
FOR MOZART STRINGS FROM AUGUST 2023-MAY 2024.

CERTIFICATE HOLDER

KIMBERLY.SIMPSON@BOONE.KYSCHOOLS.US

ERPENBECK ELEMENTARY SCHOOL

9001 WETHERINGTON BLVD

FLORENCE KY 41042

CANCELLATION

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

[Signature]

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/03/2023

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PRODUCER AMERICAN CHURCH GROUP OF TN 7121 AFTON DRIVE KNOXVILLE TN 37918	CONTACT NAME: PHONE (A/C No, Ext): (865) 922-3111 FAX (A/C No): E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A: BROTHERHOOD MUTUAL INS CO INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
INSURED IMMANUEL CHURCH, INC. 2551 DIXIE HWY LAKEVIEW PARK KY 41017 (859) 341-5330	NAIC # 13528

COVERAGES

JS

CERTIFICATE NUMBER: CERT ID 998

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		16MRA0525404	06/04/2023	06/04/2024	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 10,000,000 PRODUCTS - COMP/OP AGG \$ 10,000,000 EMPL BENEFITS LIAB \$ 1,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/ MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
							\$ \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
FOR MOZART STRINGS FROM AUGUST 2023-MAY 2024.

CERTIFICATE HOLDER

JENNIFER.PATRICK@BOONE.KYSCHOOLS.US

GOODRIDGE ELEMENTARY SCHOOL

3330 COUGAR PATH

HEBRON KY 41048

CANCELLATION

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

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CERTIFICATE OF LIABILITY INSURANCE

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PRODUCER AMERICAN CHURCH GROUP OF TN 7121 AFTON DRIVE KNOXVILLE TN 37918	CONTACT NAME: PHONE (A/C, No, Ext): (865) 922-3111 FAX (A/C, No): E-MAIL ADDRESS:
INSURED IMMANUEL CHURCH, INC. 2551 DIXIE HWY LAKESIDE PARK KY 41017 (859) 341-5330	INSURER(S) AFFORDING COVERAGE INSURER A: BROTHERHOOD MUTUAL INS CO INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES

JS

CERTIFICATE NUMBER: CERT ID 998

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		16MRA0525404	06/04/2023	06/04/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 10,000,000 PRODUCTS - COMP/OP AGG \$ 10,000,000 EMPL BENEFITS LIAB \$ 1,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
							\$ \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
FOR MOZART STRINGS FROM AUGUST 2023-MAY 2024.

CERTIFICATE HOLDER

CANCELLATION

SHEPHANIE.STAMBAUGH@BOONE.KYSCHOOLS.US

LONGBRANCH ELEMENTARY SCHOOL

2805 LONGBRANCH RD

UNION KY 41091

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

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/03/2023

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PRODUCER
AMERICAN CHURCH GROUP OF TN
7121 AFTON DRIVE

KNOXVILLE TN 37918

CONTACT

NAME:

PHONE (A/C, No, Ext): (865) 922-3111

FAX (A/C, No):

E-MAIL

ADDRESS:

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: BROTHERHOOD MUTUAL INS CO

13528

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

INSURED
IMMANUEL CHURCH, INC.

2551 DIXIE HWY

LAKESIDE PARK KY 41017
(859) 341-5330

COVERAGES

JS

CERTIFICATE NUMBER: CERT ID 998

REVISION NUMBER:

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A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	Y		16MRA0525404	06/04/2023	06/04/2024	EACH OCCURRENCE \$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000
							MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 10,000,000
							PRODUCTS - COMP/OP AGG \$ 10,000,000
							EMPL BENEFITS LIAB \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
	OTHER:						
	AUTOMOBILE LIABILITY						
	<input type="checkbox"/> ANY AUTO						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> OWNED AUTOS ONLY						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> NON-OWNED AUTOS ONLY						\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR						AGGREGATE \$
	EXCESS LIAB						\$
	<input type="checkbox"/> CLAIMS-MADE						
	DED						RETENTION \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N					PER STATUTE
	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					OTH-ER
							E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
							\$
							\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
FOR MOZART STRINGS FROM AUGUST 2023-MAY 2024.

CERTIFICATE HOLDER

CONNIE.CRIGGER@BOONE.KYSCHOOLS.US

MANN ELEMENTARY SCHOOL

10435 US-42

UNION KY 41091

CANCELLATION

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

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PRODUCER
AMERICAN CHURCH GROUP OF TN
7121 AFTON DRIVE
KNOXVILLE TN 37918

CONTACT
NAME:
PHONE
(A/C, No, Ext): (865) 922-3111 FAX
(A/C, No):
E-MAIL
ADDRESS:

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: BROTHERHOOD MUTUAL INS CO

13528

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

INSURED
IMMANUEL CHURCH, INC.

2551 DIXIE HWY

LAKESIDE PARK KY 41017
(859) 341-5330

COVERAGES

JS

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WYD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		16MRA0525404	06/04/2023	06/04/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 10,000,000 PRODUCTS - COM/PO/ AGG \$ 10,000,000 EMPL BENEFITS LIAB \$ 1,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
							\$ \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
FOR MOZART STRINGS FROM AUGUST 2023-MAY 2024.

CERTIFICATE HOLDER

MARY.GOBLE@BOONE.KYSCHOOLS.US

NEW HAVEN ELEMENTARY SCHOOL

10854 US-42

UNION KY 41091

CANCELLATION

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

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ACORD 25 (2016/03)

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/03/2023

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.

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PRODUCER AMERICAN CHURCH GROUP OF TN 7121 AFTON DRIVE KNOXVILLE TN 37918	CONTACT NAME: PHONE (A/C, No, Ext): (865) 922-3111 FAX (A/C, No): E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A: BROTHERHOOD MUTUAL INS CO NAIC # 13528 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
INSURED IMMANUEL CHURCH, INC. 2551 DIXIE HWY LAKESIDE PARK KY 41017 (859) 341-5330	

COVERAGES JS CERTIFICATE NUMBER: CERT ID 998 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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y		16MRA0525404	06/04/2023	06/04/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 10,000,000 PRODUCTS - COMPIOP AGG \$ 10,000,000 EMPL BENEFITS LIAB \$ 1,000,000 COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE \$ AGGREGATE \$ PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
							\$ \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
FOR MOZART STRINGS FROM AUGUST 2023-MAY 2024.

CERTIFICATE HOLDER

KELLY.SMITH@BOONE.KYSCHOOLS.US

NORTH POINTE ELEMENTARY SCHOOL

875 N BEND RD

HEBRON KY 41048

CANCELLATION

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

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/03/2023

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PRODUCER AMERICAN CHURCH GROUP OF TN 7121 AFTON DRIVE KNOXVILLE TN 37918	CONTACT NAME:	
	PHONE (A/C, No, Ext): (865) 922-3111	FAX (A/C, No):
INSURED IMMANUEL CHURCH, INC. 2551 DIXIE HWY LAKESIDE PARK KY 41017 (859) 341-5330	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: BROTHERHOOD MUTUAL INS CO	
	INSURER B:	
	INSURER C:	
	INSURER D:	
INSURER E:		
INSURER F:		
NAIC #		
13528		

COVERAGES

JS

CERTIFICATE NUMBER: CERT ID 998

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 INSD	SUBR WYD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	Y		16MRA0525404	06/04/2023	06/04/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 10,000,000 PRODUCTS - COMP/OP AGG \$ 10,000,000 EMPL BENEFITS LIAB \$ 1,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
							\$ \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
FOR MOZART STRINGS FROM AUGUST 2023-MAY 2024.

CERTIFICATE HOLDER

LISA.RESING@BOONE.KYSCHOOLS.US

STEEPLECHASE ELEMENTARY SCHOOL

12000 GRAND NATIONAL BLVD

WALTON KY 41094

CANCELLATION

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

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CERTIFICATE OF LIABILITY INSURANCE

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PRODUCER AMERICAN CHURCH GROUP OF TN 7121 AFTON DRIVE KNOXVILLE TN 37918	CONTACT NAME: PHONE (A/C, No, Ext): (865) 922-3111 FAX (A/C, No): E-MAIL ADDRESS:																					
INSURED IMMANUEL CHURCH, INC. 2551 DIXIE HWY LAKESIDE PARK KY 41017 (859) 341-5330	<table border="1"><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A:</td><td>BROTHERHOOD MUTUAL INS CO</td><td>13528</td></tr><tr><td>INSURER B:</td><td></td><td></td></tr><tr><td>INSURER C:</td><td></td><td></td></tr><tr><td>INSURER D:</td><td></td><td></td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	BROTHERHOOD MUTUAL INS CO	13528	INSURER B:			INSURER C:			INSURER D:			INSURER E:			INSURER F:		
INSURER(S) AFFORDING COVERAGE		NAIC #																				
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INSURER C:																						
INSURER D:																						
INSURER E:																						
INSURER F:																						

COVERAGES JS **CERTIFICATE NUMBER: CERT ID 998** **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 CERTIFICATION 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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		16MRA0525404	06/04/2023	06/04/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 10,000,000 PRODUCTS - COM/OP AGG \$ 10,000,000 EMPL BENEFITS LIAB \$ 1,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
							\$ \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
FOR MOZART STRINGS FROM AUGUST 2023-MAY 2024.

CERTIFICATE HOLDER

DAVID.FULLER@BOONE.KYSCHOOLS.US

THORNWILDE ELEMENTARY SCHOOL

1760 ELMBURN LANE

HEBRON KY 41048

CANCELLATION

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

David Fuller

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/03/2023

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PRODUCER
AMERICAN CHURCH GROUP OF TN
7121 AFTON DRIVE
KNOXVILLE TN 37918

CONTACT

NAME:

PHONE

(A/C, No, Ext): (865) 922-3111

FAX

(A/C, No):

E-MAIL

ADDRESS:

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: BROTHERHOOD MUTUAL INS CO

13528

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

INSURED
IMMANUEL CHURCH, INC.

2551 DIXIE HWY

LAKESIDE PARK KY 41017

(859) 341-5330

COVERAGES

JS

CERTIFICATE NUMBER: CERT ID 998

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.

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A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	Y		16MRA0525404	06/04/2023	06/04/2024	EACH OCCURRENCE \$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000
							MED EXP (Any one person) \$ 5,000
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							GENERAL AGGREGATE \$ 10,000,000
							PRODUCTS - COM/OP AGG \$ 10,000,000
							EMPL BENEFITS LIAB \$ 1,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR					EACH OCCURRENCE \$
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$
	DED	RETENTION \$					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A				OTH-ER
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
							\$
							\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

IMMANUEL SCHOOL OF MUSIC MOZART STRINGS FROM AUGUST 2023-MAY 2024. YEALEY ELEMENTARY IS LISTED AS ADDITIONAL INSURED.

CERTIFICATE HOLDER

RENEE.TURNER@BOONE.KYSCHOOLS.US

YEALEY ELEMENTARY

1760 ELMBURN LANE

HEBRON KY 41048

CANCELLATION

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AUTHORIZED REPRESENTATIVE