



FLOYD COUNTY BOARD OF EDUCATION
Henry Webb, Superintendent
106 North Front Avenue
Prestonsburg, Kentucky 41653
Telephone (606) 886-2354 Fax (606) 886-8862
www.floyd.kyschools.us

Jeff Stumbo, Chair - District 3
Linda Gearheart, Vice-Chair - District 1
Dr. Chandra Varia, Member - District 2
Rhonda Meade, Member - District 4
Sherry Robinson, Member - District 5

Floyd County Board of Education Issue Paper

Date: Oct. 14, 2016

Action/Discussion Item: **FACILITIES USE REQUEST:** Betsy Layne Lady Cats Athletics External Booster group is requesting that the Floyd County Board of Education allow their group of volunteers and officers to use facilities at Betsy Layne Elementary School and the "dome" gym for multiple concession sales at inflatables events on Dec. 9, Dec. 12 and Jan. 6, 2017.

Applicable Statutes or Regulation: Bd. Policies 05.21; 05.3; 05.31; 10.3

Issue: The Betsy Layne Lady Cats Athletics external boosters and volunteers have secured the appropriate liability insurance requirements as well as supplied the school's principal with current group officers and a completed Facilities Request forms.

Background: The Betsy Layne Lady Cats Athletics boosters and sponsors student-center activities as well as fundraising activities at the school to support and improve the school's Athletics team.

Fiscal/Budgetary Impact: There are no foreseeable costs associated with this group using our facilities.

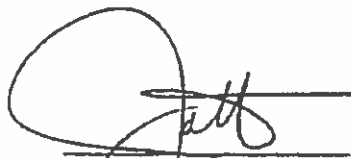
Alternative: To not allow the Betsy Layne Lady Cats Athletics boosters group of volunteers to use the facilities at Betsy Layne Elementary, the "dome" gym.

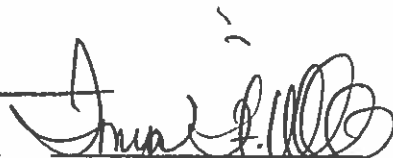
Recommended Action: To allow the Betsy Layne Lady Cats Athletics boosters group of volunteers to use the facilities at Betsy Layne Elementary, the "dome" gym.


Rationale: The Betsy Layne Lady Cats Athletics boosters group of volunteers have always cooperated with the school's administration and adhered to policies and procedures in the past and this group has been beneficial for our various programs.

Contact Person(s):

John A. Kidd / 606.478.9751 Patty Meade, Treasurer / 606.477.8200


Principal


Director of Instruction


Superintendent

The Floyd County Board of Education does not discriminate on the basis of race, color, national origin, age, religion, marital

Application and Agreement for Use of District Property

NOTE: Please complete this form in duplicate and submit both copies to the Central Office designee for approval. If the application is approved, one (1) copy of the signed agreement will be returned to the using organization along with a contract prepared by the Board attorney. The contract shall be signed by the designated representative of the using organization and returned to the Central Office designee. If the application is not approved, both copies will be returned.

| | | | |
|--|---|-----------------------|-------------------------------------|
| Name of Sponsoring Organization/Activity | <u>Ladycat Athletics Basketball</u> | Telephone | <u>454-1858</u> |
| Representative's Name | <u>Ashley Akers & Patty Meade</u> | | |
| Address | <u>672 Sansom Fork, Dana, Ky 41615</u> | | |
| The above organization/individual requests the use of: | | | |
| <input type="checkbox"/> auditorium <input checked="" type="checkbox"/> gymnasium <input type="checkbox"/> dining room/kitchen <input type="checkbox"/> stadium <input type="checkbox"/> classroom(s) <input type="checkbox"/> other, specify _____ | | | |
| Is the organization planning to use District-owned equipment? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | | |
| If yes, specify equipment _____ | | Operator's Name _____ | |
| Is the organization planning to conduct sales on school premises? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| If yes, give a complete description of what is being sold and how the proceeds will be used. <u>Will be selling tickets to an inflatables event + concession item sales.</u> | | | |
| Building/school/facility | <u>BLES Gym</u> | | |
| Purpose | <u>To help raise money for group trip to New York '50s</u> | | |
| Date(s) requested | <u>12-9/12-16 & 1/6/2017</u> | Time(s) Requested | <u>6pm-10pm</u> <u>Studies Trip</u> |
| Will public be admitted? | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | |
| Will advertisement(s) be used? | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | |
| Will admission be charged? | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | |

When using school facilities, this organization agrees to observe the following:

1. To schedule with the building Principal the time(s) District property is to be used. It is understood that the Superintendent/designee may cancel the use of the room or building at any time such use interferes with regular school activities.
2. To be legally responsible for any and all damage to individuals and school equipment, building(s), grounds, or facilities, resulting from use by the organization. To this end, the organization will procure sufficient liability insurance to indemnify the Board, school officers and employees for any injuries or property damage which might occur during the organization's use of the facilities. This insurance shall contain limits of \$1,000,000 for bodily injury and \$10,000 for property damage. A copy of the organization's insurance certificate shall be filed with the Board prior to the date the organization uses the building. The Board shall require the renting organization to assume all liability for injury to individuals by reason of the lease of Board property and that the organization indemnify and save harmless the Board from any loss or damage thereby.
3. To provide appropriate equipment for the use of District property. When gymnasiums are used, the organization agrees to permit on the gym floor only those persons wearing shoes that will not mark the floor.
4. To abide by the requirements of Board Policies 05.3 and 05.31 (see attached). Disregard of the rules and regulations governing the use of the school buildings, equipment and facilities shall result in the refusal of the Board to grant the offending organization further use.
5. To acknowledge that approval of this request does not signify District sponsorship, endorsement or approval of your organization or the activity.

Application and Agreement for Use of District Property**FEE SCHEDULE**

The organization agrees to pay the applicable fee(s) for the use of District facilities.

| | # of Employees Required | # of Hours | Hourly Rate (Overtime at 1.5 times) | Total |
|------------------------|-------------------------|------------|-------------------------------------|-------|
| Custodians | | | | |
| Food Service Employees | | | | |
| Supervisory Personnel | | | | |
| Other _____ | | | | |
| TOTAL PERSONNEL CHARGE | | | | |

| Property Used | Facility/ Equipment Fee | Personnel Cost, if applicable | Insurance cost, if applicable | Total Cost for Facility Use |
|---|-------------------------------|-------------------------------------|-------------------------------------|-----------------------------------|
| Gymnasium at <u>Betsy Layne Elem.</u> school | | | | |
| Auditorium at _____ school | | | | |
| Cafeteria - Dining Room Kitchen Both at _____ school | | | | |
| Classroom(s) Number _____ at _____ school | | | | |
| Stadium at _____ school | | | | |
| Other Property at _____ school | | | | |

Ashley Akers
Signature - Representative of User Group

10/13/16
Date

Signature - Superintendent/designee

Date

IN THE EVENT SCHOOL IS CLOSED DUE TO WEATHER CONDITIONS, ALL SCHEDULED ACTIVITIES, WITH THE EXCEPTION OF DINNER MEETINGS, WILL BE CANCELED AND OPPORTUNITY TO RESCHEDULE OR REFUND RENTAL FEE(S) WILL BE MADE.

POLICY NUMBER: XPK80963012
EFFECTIVE DATES: 1/17/2016 to 1/17/2017

COMMERCIAL GENERAL LIABILITY
CG 20 26 07 04

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

| Name Of Additional Insured Person(s) Or Organization(s) |
|--|
| Floyd County Board of Education 106 Front St Prestonsburg, KY 41653 Additional Insured: Event Description: BLES Lady Cats Athletics Start Date: 1/17/2016 End Date: 1/17/2017 |
| Information required to complete this Schedule, if not shown above, will be shown in the Declarations. |

Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- A. In the performance of your ongoing operations; or
- B. In connection with your premises owned by or rented to you.

SCHOOL SUPPORT GROUP/NONPROFIT ORGANIZATION COMMERCIAL PACKAGE INSURANCE POLICY

MEMORANDUM OF INSURANCE

| | | | |
|--|---------------------------|---|--------------------------|
| Master Policy Number: XPK80963012 | | Memorandum Number: NANPO0030463 | |
| Issuing Company: Fireman's Fund Insurance Company 777 San Marin Drive Novato, California 94998-2000 Nationwide Claims: 1-800-567-2685 | | National Program Administrator: R.V. Nuccio & Associates Insurance Brokers, Inc. 10148 Riverside Drive Toluca Lake, CA 91602 Nationwide: 1-800-567-2685 | |
| 01. MEMORANDUM HOLDER NAME AND ADDRESS (MEMORANDUM HOLDER MEANS NAMED INSURED) | | | |
| a. Memorandum Holder: Betsy Layne Lady Cats Athletics | | | |
| b. Street Address: 128 School St | | | |
| c. City: Betsy Layne | | | |
| d. State: KY | | | |
| e. Zip Code: 41605 | | | |
| 02. COVERAGE PERIOD | | | |
| Inception Date 1/17/2016 12:01A.M. to Expiration Date 1/17/2017 12:01A.M. Standard Time at the Named Insured's address as stated above. | | | |
| 03. BUSINESS TYPE | | | |
| <input type="checkbox"/> PTA <input type="checkbox"/> PTO <input checked="" type="checkbox"/> Booster Club <input type="checkbox"/> Educational Foundation <input type="checkbox"/> Nonprofit Organization | | | |
| 04. COVERAGE PART | | | |
| | LIMIT OF INSURANCE | DEDUCTIBLE | PREMIUM |
| a. INLAND MARINE PROPERTY COVERAGE PART | | | |
| Business Personal Property/Equipment | Not Covered | Not Covered | \$0.00 |
| b. INLAND MARINE CRIME COVERAGE PART | | | \$0.00 |
| (01) Employee Dishonesty | Not Covered | \$250 | |
| (02) Forgery Or Alteration | Not Covered | \$250 | |
| (03) Theft, Disappearance And Destruction Of Money | | | |
| (a) Inside The Premises | Not Covered | \$250 | |
| (b) Outside The Premises | Not Covered | \$250 | |
| c. GENERAL AND AUTOMOBILE LIABILITY COVERAGE PART | | | \$45.00 |
| (01) General Aggregate | \$2,000,000 | \$0 | |
| (02) Products/Completed Operations Aggregate | \$2,000,000 | | |
| (03) Personal And Advertising Injury | \$1,000,000 | | |
| (04) Each Occurrence | \$1,000,000 | | |
| (05) Damage To Premises Rented To You | \$100,000 | | |
| (06) Medical Expense | \$5,000 | | |
| (07) Non-Owned And Hired Automobiles | Not Covered | | |
| | | | State Guarantee Fund |
| 05. TOTAL PREMIUM Due At Inception | | | <u>\$0.00</u> \$45.00 |
| 06. FORMS AND ENDORSEMENTS ATTACHED AT INCEPTION | | | |

Date Issued:
Form Number: NPOUWS001

By



Robert V. Nuccio

1/20/2008
NPOUWS001

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/13/2016

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.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| | | | |
|---|---|--|-------------------------------------|
| PRODUCER Hall & Clark Insurance PO Box 508 Prestonsburg, KY 41653 | CONTACT NAME: Joan Gibson | PHONE (A/C, No. Ext.): 606-886-2318 | FAX (A/C, No.): 606-886-2351 |
| | E-MAIL ADDRESS: jgibson@hall-clark.com | | |
| INSURED Betsy Layne Lady Cats Athletics 128 School St Betsy Layne, KY 41605 | INSURER(S) AFFORDING COVERAGE | | NAIC # |
| | INSURER A: Fireman's Fund Insurance Company | | 21873 |
| | INSURER B: Nationwide Life Insurance Company | | 66869 |
| | INSURER C: | | |
| | INSURER D: | | |
| | INSURER E: | | |
| | | INSURER F: | |

COVERAGES **CERTIFICATE NUMBER:** **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 | ADOL SUBR INSR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|---|--------------------|-----------------------------|-------------------------|-------------------------|--|
| A | GENERAL LIABILITY | ✓ | XPK80963012 NANPO0030463 | 1/17/2016 | 1/17/2017 | EACH OCCURRENCE \$ 1,000,000 |
| | ✓ COMMERCIAL GENERAL LIABILITY | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 |
| | CLAIMS-MADE ✓ OCCUR | | | | | MED EXP (Any one person) \$ 5,000 |
| | | | | | | PERSONAL & ADV INJURY \$ 1,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | GENERAL AGGREGATE \$ 2,000,000 |
| | ✓ POLICY | PRO-JECT | LOC | | | PRODUCTS - COMP/OP AGG \$ 2,000,000 |
| | AUTOMOBILE LIABILITY | | | | | |
| | ANY AUTO | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ |
| | ALL OWNED AUTOS | SCHEDULED AUTOS | | | | BODILY INJURY (Per person) \$ |
| | HIRED AUTOS | NON-OWNED AUTOS | | | | BODILY INJURY (Per accident) \$ |
| | UMBRELLA LIAB | OCCUR | | | | PROPERTY DAMAGE (Per accident) \$ |
| | EXCESS LIAB | CLAIMS-MADE | | | | |
| | DED | RETENTION \$ | | | | EACH OCCURRENCE \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | AGGREGATE \$ |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | Y/N | | | | |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | N/A | | | | WC STATU- TORY LIMITS |
| | | | | | | OTH- ER |
| | | | | | | E L EACH ACCIDENT \$ |
| | | | | | | E L DISEASE - EA EMPLOYEE \$ |
| | | | | | | E L DISEASE - POLICY LIMIT \$ |

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

Additional Insured: Event Description: BLES Lady Cats Athletics Start Date: 1/17/2016 End Date: 1/17/2017

| | |
|--|---|
| CERTIFICATE HOLDER Floyd County Board of Education 106 Front St Prestonsburg, KY 41653 | 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 Robert V. Nuccio |
|--|---|

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