



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

**Consent Agenda Item (Action Item):**

Request approval for Kentucky Youth Assembly participation for 33 Prestonsburg High School students. The conference will be Sunday, December 4, 2016 – Tuesday, December 6, 2016 at the Crowne Plaza in Louisville, KY. After dropped off by school buses, students will use Miller Transportation buses to travel to and from the State Capitol.

**Applicable Statute or Regulation:**

KRS 162.90 Powers and duties of the local board.

**Fiscal/Budgetary Impact:**

KYA participants will need to use a county bus to drop them off on Sunday morning and to return on Tuesday evening, paid for by PHS.

**History/Background:**

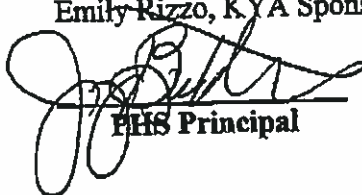
Students from PHS have participated in KYA for multiple years. Many were also participants in middle school. This year, PHS has a large number of students filling leadership roles at the conference. This gives them the opportunity to collaborate with their peers from across the state. The entire conference is student-led, giving students the chance to work on their public speaking, argumentative, and leadership skills. Participants also get to travel to the Capitol via Miller Transportation buses provided by the Kentucky YMCA. While at the Capitol they will present and vote on various bills written by our students and other students from across the state.

**Recommended Action:**

The KYA participants, sponsors, and school administrators at Prestonsburg High School recommend that the Floyd County Board of Education approve PHS participation in KYA December 4<sup>th</sup> – 6<sup>th</sup>, 2016 and use of Miller Transportation while there.

**Contact Person(s):**

Jerry Butcher, Principal  
Emily Rizzo, KYA Sponsor

  
JHS Principal

  
Director

  
Superintendent

**Date:** November 7, 2016

**ACORD** TM **CERTIFICATE OF LIABILITY INSURANCE**DATE (MM/DD/YYYY)  
09/27/2016**PRODUCER**Sure Linc Services, Inc.  
111 Outer LoopTHIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION  
ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE  
HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR  
ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

Louisville, KY 40214

**INSURED** MILLER TRANSPORTATION INC.,  
MILLER TRANSPORTATION BUS SERVICE, INC.  
111 OUTER LOOP  
LOUISVILLE, KY 40214**INSURERS AFFORDING COVERAGE**

NAIC #

INSURER A: PROTECTIVE INS CO

INSURER B:

INSURER C:

INSURER D:

INSURER E:

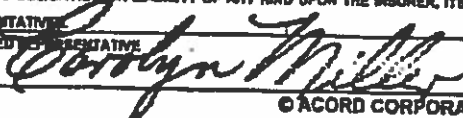
**COVERAGES**THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING  
ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR  
MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH  
POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSURANCE TYPE	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	TD000059	09/27/2016	09/27/2017	EACH OCCURRENCE \$ 5,000,000 DAMAGE TO RENTED PREMISES (EA OCCUR) \$ 100,000 MED EXP (Acc and Sickness) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMPROP AGG \$ INCL
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC <input type="checkbox"/>				
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> COLLISION <input checked="" type="checkbox"/> SPECIFIED PERIL	TD000059	09/27/2016	09/27/2017	COMBINED SINGLE LIMIT (EA accident) \$ 5,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO	TD000059	09/27/2016	09/27/2017	AUTO ONLY - EA ACCIDENT \$ 5,000,000 OTHER THAN AUTO ONLY: EA ACC \$ ADD \$
A	EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE	TX1349	09/27/2016	09/27/2017	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ \$ \$ \$
	DEDUCTIBLE RETENTION \$				
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER				WC STATU- TORY LIMITS <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	GARAGE KEEPERS	TD000059	09/27/2016	09/27/2017	500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

CERTIFICATE HOLDER IS TO BE LISTED AS AN ADDITIONAL INSURED

MAIL AND E-MAIL ph@kyymca.org

**CERTIFICATE HOLDER**FLOYD COUNTY BOARD OF EDUCATION  
106 NORTH FRONT AVENUE  
PRESTONBURG, KY 41653**CANCELLATION**SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION  
DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN  
NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL  
IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR  
REPRESENTATIVE.  
AUTHORIZED REPRESENTATIVE

ACORD 28 (2001/08)

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