



**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 C. Gearheart, Vice-Chair - District 1
Dr. Chandra Varia, Member - District 2
Rhonda Meade, Member - District 4
Sherry Robinson- Member - District 5

Date: December 7, 2016

Action/Discussion Item: Approve the use of McDowell Elementary Gymnasium by Left Beaver Development League.

Applicable State or Regulations: Board Policy 05.31 states that an application and agreement for use of district property must be approved by the board.

Background and Rationale: The Left Beaver Development League requests the use of the gymnasium from January 1, 2017 thru March 31, 2017

Budget/Financial Issues: Minimal cost for the district. Only the use of electricity for lighting will be used. Left Beaver Development League will maintain insurance as required by board policy to cover any damage that may occur.

Recommended Action: Recommend the Floyd County Board of Education approve the facility use agreement with Left Beaver Development League.

Rationale: This program will serve as another opportunity for kids to be involved in activities that will hopefully teach them important aspects to life including being part of a team and character development.

Contact Person(s): Delmas Johnson (606)-377-6536


Principal


Director


Superintendent

ACORD TM

CERTIFICATE OF LIABILITY INSURANCE

DET (REVISED)
12/5/2016

PRODUCER

1-804-733-2020

CHAPPELL INSURANCE AGENCY
25807-A COX RD
PETERSBURG, VA 23803THIS 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.

INSURERS AFFORDING COVERAGE

INSURER A: NATIONWIDE MUTUAL INSURANCE COMPANY
INSURER B: HARTFORD LIFE AND ACCIDENT INSURANCE CO
INSURER C:
INSURER D:
INSURER E:

INSURED

GYM RATS BASKETBALL ASSOCIATION
5310 MERCHANDISE DR.
FT. WAYNE, IN 46808

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, EXCLUSION AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSTR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY	RPG-276967-00	08/01/16	08/01/17	EACH OCCURRENCE	\$ 2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (any one fire)	\$ 300,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (any one person)	\$
	<input checked="" type="checkbox"/> ABUSE MOLESTATION \$1,000,000				GENERAL AGGREGATE	\$ 6,000,000
	<input checked="" type="checkbox"/> FILL \$2,000,000				PERSONAL AND INJURY	\$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES:				PRODUCTS - COMPROP AGG	\$ 2,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRODUCT <input type="checkbox"/> LOC					
B	OTHER	38-SB-204965	08/01/16	08/01/17	\$100,000 LIMIT \$100 Deductible	
	SECONDARY PARTICIPANT ACCIDENT					
	EXCESS LIABILITY				EACH OCCURRENCE	\$
	<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR				AGGREGATE	\$

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

COVERAGE INCLUDES AMATEUR PLAY AND PRACTICE IN THE INSURED SPORT. TEAM OR LEAGUE LISTED BELOW IS A NAMED
INSURED UNDER THE ABOVE REFERENCED POLICIES.

COVERAGE IS EFFECTIVE 12/3/2016.

CERTIFICATE HOLDER

ADDITIONAL INSURED; INSURER LETTER

CANCELLATION

LEFT BEAVER DEVELOPMENT LEAGUE (12) Teams
88 FOREST COURT
HI HAT, KY 41838SHOULD 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 REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

CERTIFICATE #: GR BK-2-94

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CERTIFICATE OF LIABILITY INSURANCE

Date (month/day/yr)
12/5/2016

PRODUCER

1-804-733-2020

CHAPPELL INSURANCE AGENCY
25807-A COX ROAD
PETERSBURG, VA 23803

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INSURERS AFFORDING COVERAGE

INSURED

GYM RATS BASKETBALL ASSOCIATION
6310 MERCHANDISE DR.
FT. WAYNE, IN 46838

INSURER A: NATIONWIDE MUTUAL INSURANCE COMPANY
INSURER B: HARTFORD LIFE ACCIDENT INSURANCE CO
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, EXCLUSION AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSURER	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIM MADE X OCCUR X ABUSE MOLESTATION \$1,000,000 X PLL \$2,000,000 FED. AGGREGATE LIMIT \$4,000,000 POLICY PROJECT LOC	RPG 2/0967-00	08/01/16	08/01/17	EACH OCCURRENCE \$ 2,000,000 PER DAMAGE (any one lim) \$ 300,000 MED P-IP (any one person) \$ Excluded FEDERAL AGGREGATE \$ 5,000,000 PERSONAL ADV INJURY \$ 2,000,000 POLICIES - TRANSFERRABLE \$ 2,000,000
B	OTHER SECONDARY PARTICIPANT ACCIDENT	38-28-204965	08/01/16	08/01/17	\$100,000 LIMIT
	EXCESS LIABILITY CLAIM MADE OCCUR				EACH OCCURRENCE \$ AGGREGATE \$

DESCRIPTION OF OPERATIONS/LOCATIONS/VENUES/EXCLUSIONS ADDED BY ENDORSEMENTS/SPECIAL PROVISIONS

COVERAGE INCLUDES AMATEUR PLAY AND PRACTICE IN THE INSURED SPORT FOR: LEFT BEAVER DEVELOPMENT LEAGUE OR BK-2-94. THE CERTIFICATEHOLDER SHALL BE AN ADDITIONAL INSURED WITH RESPECT TO LIABILITY CAUSED BY THE NEGLIGENCE ACTS OR OMISSIONS OF THE NAMED INSURED AND ONLY WITH RESPECT TO LOSSES RESULTING FROM THE TEAM FACILITY AND DATES LISTED

COVERAGE IS EFFECTIVE 12/5/2016.

CERTIFICATE HOLDER

ADDITIONAL INSURED; INSURER LETTER A

CANCELLATION

FLOYD COUNTY BOARD OF EDU
106 NORTH FRONT AVE
PRESTONSBURG, KY 41653

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 REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

CERTIFICATE #: GR BK-2-94 (LIABILITY ONLY)

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SCHOOL FACILITIES

05.31 AP.21

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	Boover Development League	Telephone	372-6536
Representative's Name	Delmas Johnson		
Address	88 Forest Court Hilltop, Ky 41630		
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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
If yes, specify equipment: <u>Basketball court, goals, and clock</u> Operator's Name: <u>Delmas Johnson</u>			
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>Concession items pop, candy, hot dogs, water, popcorn. To pay for insurance, shirts, and trophies</u>			
Building/school/facility <u>McDowell Elementary gym</u>			
Purpose <u>Development basketball league for kids 4 yrs thru 12 years' old</u>			
Date(s) requested <u>January 1, 2017 thru March 31, 2017</u> Time(s) Requested <u>10:00 pm</u>			
Will public be admitted? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
Will advertisement(s) be used? <input type="checkbox"/> YES <input checked="" 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.

SCHOOL FACILITIES

05.31 AP.21
(CONTINUED)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>McDowell Elementary</u> school				
Auditorium at _____ school				
Cafeteria - <input type="checkbox"/> Dining Room <input type="checkbox"/> Kitchen <input type="checkbox"/> Both at _____ school				
Classroom(s) Number _____ at _____ school				
Stadium at _____ school				
Other Property at _____ school				

[Signature]
Signature - Representative of User Group

11/28/2016
Date

[Signature]
Signature - Superintendent/designee

12-7-16
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.

SCHOOL FACILITIES

05.31 AP.21
(CONTINUED)

Application and Agreement for Use of District Property

For Office Use Only - To be Completed by School Official

Cost for use of District property \$ _____ Cost for school employee \$ _____ Total cost \$ _____
Deposit \$ _____ Is deposit refundable? ☐ Yes ☐ No
Date Deposit Received _____ Balance Due \$ _____
Board employee(s) assigned: _____
Board Action Date, if applicable _____ Board Order # _____

Review/Revised: 9/29/11