



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

Sherry Robinson- Chair - District 5  
Dr. Chandra Varia, Vice-Chair - District 2  
Linda C. Gearheart, Member - District 1  
William Newsome, Jr., Member - District 3  
Rhonda Meade, Member - District 4

**Consent Agenda Item (Action Item):** Approval of the request to use Allen Central Gym by the Masonic Lodge for their District Meeting.

**Applicable Statute or Regulation:** Board policy requires that only the board of education can enter into contracts or agreements and approve facility use agreements.

**Fiscal/Budgetary Impact:** no impact

**History/Background:** Allen Central High School has allowed other entities that met the insurance requirements and provided the completed facility use agreement to host their events on campus.

**Recommended Action:** consider and approve the facility use agreement for the Eastern Ky Wolves.

**Contact Person(s):** Larry Joe Begley

*Larry Joe Begley*  
Principal

*Manor*  
Director

*[Signature]*  
Superintendent

**Date:**  
2/27/2017

The Floyd County Board of Education does not discriminate on the basis of race, color, national origin, age, religion, marital status, sex, or disability in employment, educational programs, or activities as set forth in Title IX & VI, and in Section 504.

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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	Grand Lodge of KY F&AM	Telephone	226-4960
Representative's Name	Ernie Gullett		
Address	44 Meadow Court Prestonsburg KY 41653		
The above organization/individual requests the use of:			
<input type="checkbox"/> auditorium <input checked="" type="checkbox"/> gymnasium <input checked="" 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 type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
If yes, give a complete description of what is being sold and how the proceeds will be used. _____			
Building/school facility	Allen Central High School		
Purpose	Hold District meeting		
Date(s) requested	4/22/2017		
Times(s) Requested		_____	
Will public be admitted?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
Will advertisement(s) be used?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
Will admission be charged?	<input type="checkbox"/> YES <input checked="" 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

0531 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 (Over time at 1.5 times)	Total
Custodians	1			
Food Service Employees	0			
Supervisory Personnel	0			
Other _____				
TOTAL PERSONNEL CHARGE				

Property Used	Facility/ Equipment Fee	Personnel Cost, if applicable	Insurance cost, if applicable	Total Cost for Facility Use
Gymnasium at Allen Central High School				
Auditorium at _____ school				
Cafeteria - U Dining Room U Kitchen U Bath at _____ school				
Classroom(s) Number _____ at _____ school				
Stadium at _____ school				
Other Property at _____ school				

Emile M. M. M.  
Signature - Representative of User Group

2-2-17  
Date

[Signature]  
Signature - Superintendent/designee

2/23/17  
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 RETURN RENTAL FEE(S) WILL BE MADE.

SCHOOL FACILITIES

0531 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 \$ 0 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

Client#: 1117949

GRANDLODS

ACORD

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
2/17/2017

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).

<b>PRODUCER</b> USI Insurance Services LLC-CL 950 Breckenridge Lane Suite 50 Louisville, KY 40207		<b>CONTACT NAME</b> Commercial Lines <b>PHONE (A/C, No, Ext)</b> 502-815-5200 <b>FAX (A/C, No)</b> 855-209-1246 <b>E-MAIL ADDRESS:</b>															
<b>INSURED</b> Grand Lodge of Kentucky F&AM 300 Masonic Home Drive Masonic Home, KY 40041		<b>INSURER(S) AFFORDING COVERAGE</b> <table border="1"> <tr> <th>INSURER</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: New Hampshire Insurance Company</td> <td>23881</td> </tr> <tr> <td>INSURER B: Cincinnati Insurance Company</td> <td>10677</td> </tr> <tr> <td>INSURER C: Bridgefield Casualty Insurance</td> <td>10335</td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>		INSURER	NAIC #	INSURER A: New Hampshire Insurance Company	23881	INSURER B: Cincinnati Insurance Company	10677	INSURER C: Bridgefield Casualty Insurance	10335	INSURER D:		INSURER E:		INSURER F:	
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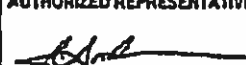
**COVERAGES** **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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 VVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	UNITS
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. <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:		01LX0113975340	01/01/2017	01/01/2018	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$300,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$5,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		01CA0481970910	01/01/2017	01/01/2018	COMBINED SINGLE LIMIT (Per occurrence) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per occurrence) \$ PROPERTY DAMAGE (Per occurrence) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> RETENTION:		EUP0057208	01/01/2017	01/01/2018	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE EACH OCCURRENCE \$1,000,000 AGGREGATE \$1,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/OWNER EXCLUDED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	019641757	11/01/2016	11/01/2017	<input checked="" type="checkbox"/> PER <input type="checkbox"/> STATUTE <input type="checkbox"/> OTHER EL EACH ACCIDENT \$1,000,000 EL DISEASE - EA EMPLOYEE \$1,000,000 EL DISEASE - POLICY UNIT \$1,000,000
A	Employee Dishonesty		01LX0113975340	01/01/2017	01/01/2018	\$150,000. Limit
A	Money & Securities		01LX0113975340	01/01/2017	01/01/2018	\$20,000. Inside Limit
A	Money & Securities		01LX0113975340	01/01/2017	01/01/2018	\$10,000. Outside Limit

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

James W. Alley #859

<b>CERTIFICATE HOLDER</b> Floyd County Board of Education Prestonsburg, KY 41653	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  <b>AUTHORIZED REPRESENTATIVE</b> 
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