

## *Henderson County Schools Transportation Department*

5674 Airline Road

(270) 831-5120 Fax: (270) 831-5122

[www.henderson.kyschools.us](http://www.henderson.kyschools.us)



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06-09-2017

Mrs. Tracy Williams	District 1
Dr. Sally Sugg	District 2
Mrs. Lisa Baird	District 3
Mr. Mike Waller	District 4
Mr. Wesley Smith	District 5
Mrs. Marganna Stanley	Superintendent
Mrs. Robin Newton	Assistant to Superintendent

I Ben Payne Director of Transportation, would like to get the Boards approval for the use of school Buses. Henderson Community College from June 26, 2017 thru June 30, 2017 and the Henderson County Extension Agent 4-H/Youth Development from June 27, 2017 thru June 30, 2017. I have attached the contracts and certificate of liability insurance to this letter.

Thank you for your time sincerely:  
Ben Payne Director of transportation  
[Ben.payne@henderson.kyschools.us](mailto:Ben.payne@henderson.kyschools.us)  
270-831-5120 270-724-0736

**Reply to:**  
**Cooperative Extension Service**  
Henderson County  
3341 Zion Road  
Henderson KY 42420  
(270) 826-8387  
Fax: (270) 826-8498  
[www.ca.uky.edu/ces](http://www.ca.uky.edu/ces)  
<http://henderson.ca.uky.edu/>

June 1, 2017

Henderson County Schools  
1805 Second Street  
Henderson, KY 42420

To Whom It May Concern:

The Henderson County 4-H Leader's Council would like to request the use of two school buses and drivers to transport 76 Henderson County 4-H youth and 5 adult volunteers to West Kentucky 4-H Camp on Tuesday, June 27th. We are scheduled to leave from the Henderson County Cooperative Extension Service office at 9:00 a.m. As in the past, there will be a secure place to park the bus for the week, and transportation will be provided for the driver to return to Henderson on June 27th. We will leave camp on Friday, June 30th, scheduled departure time is 3:30 p.m., and transportation will be provided for the driver to return to the bus. As of right now, I plan for the driver to leave Henderson with our program assistant at 2:00 p.m. on June 30<sup>th</sup>. If any of these times change (I know the dates won't!) I will let you know as soon as possible. The location of our extension office is: 3341 Zion Rd Henderson, KY 42420 and the address of West Kentucky 4-H Camp is: 600 4H Camp Drive Dawson Springs, KY 42408.

As always, I appreciate your assistance with this quality educational program for the youth of our county. If you need further information, please don't hesitate to contact me.

I have also attached a certificate liability from the University of Kentucky that covers automobile liability for our youth and adult participants.

Sincerely,

Allie Druin  
County Extension Agent  
4-H/Youth Development



Educational programs of Kentucky Cooperative Extension serve all people regardless of race, color, age, sex, religion, disability, or national origin. University of Kentucky, Kentucky State University, U.S. Department of Agriculture, and Kentucky Counties, Cooperating. Disabilities accommodated with prior notification.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
05/26/2017

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> MARSH USA Inc. 400 West Market Street, Suite 700 Louisville, KY 40202 Attn: Healthcare.AccountsCSS@marsh.com/Fax: 212-948-1307  704259-PROF-1M-16-17	<b>CONTACT NAME:</b>	<b>FAX (A/C, No):</b>	
	<b>PHONE (A/C, No, Ext):</b>	<b>E-MAIL ADDRESS:</b>	
<b>INSURED</b> University Of Kentucky 411 South Limestone Lexington, KY 40508-3009	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	INSURER A : United Educators Reciprocal Risk Retention		
	INSURER B : Safety National Casualty Corporation		15105
	INSURER C : N/A		N/A
	INSURER D :		
	INSURER E :		
INSURER F :			

## COVERAGES

CERTIFICATE NUMBER:

CLE-005337197-01

REVISION NUMBER: 2

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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			GLX201600047300 SIR \$1M	11/01/2016	11/01/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 0 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 \$
A	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			GLX201600047300 SIR \$1M	11/01/2016	11/01/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N	N/A	SP4051929 SIR \$1M	11/01/2016	11/01/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

RE: 4H events held on property

Henderson County Fiscal Court is included as Additional Insured, except for Workers Compensation, where required by written contract.

## CERTIFICATE HOLDER

## CANCELLATION

Henderson County Fiscal Court Henderson County Parks and Programs 399 Sam Ball Way Henderson, KY 42420	<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 of Marsh USA Inc. John C Logan
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**K C T C S**  
**(Kentucky Community and Technical College System)**

**HENDERSON COMMUNITY COLLEGE**

This **AGREEMENT**, made and entered into this 6th day of June, 2017

by and between Kentucky Community and Technical College System/ Henderson  
(Name of Individual or firm)

Community College, 2660 South Green Street, Henderson, KY 42420

(Address) (Zip)

hereinafter referred to as the First Party, and the Henderson County Public

(Name of Individual or Firm)

Schools, 1805 Second Street, Henderson, Kentucky 42420, hereinafter

(Address) (Zip)

referred to as the Second Party.

WHEREAS, the First Party, in the exercise of its lawful duties, wishes to obtain certain services, to wit: Transportation service to Summer Enrichment Program students.

WHEREAS, The Second Party is willing to perform such services.

NOW, THEREFORE, it is hereby and herewith mutually agreed by and between the parties hereto as follows:

- 1.) The Second Party agrees to perform the services as hereinafter described with particularity as follows:

Provide a school bus vehicle and driver for the duration of five (5) days.

- 2.) For the services as hereinbefore set forth, the First Party agrees to to pay the Second Party the sum of \$1.30 per mile and \$16.02 per hour salary for a bus driver with the minimum working hours of 3 hours per day, payable upon the receipt of billing from the Second Party. Second Party billing is due within ten days after the closing date of the program.

- 3.) The period in which the subject services are to be performed is from June 26, 2017 through June 30, 2017.

- 4.) Either Party shall have the right to terminate and cancel this agreement at any time upon a thirty (30) day written notice to the other Party.
- 5.) The Parties hereby agree to comply and state that they are in compliance with the Title VI of the Civil Rights Act of 1964, and requirements imposed by or pursuant to the Regulation of the Department of Health, Education and Welfare (45 CFR Part 80) of that Title.

**FIRST PARTY**

BY: \_\_\_\_\_  
Ms. Christine Stinson

TITLE: Chief Business Officer-HCC

DATE: \_\_\_\_\_

BY: \_\_\_\_\_  
Bill Dixon

TITLE: Director of Cultural Diversity

DATE: \_\_\_\_\_

**SECOND PARTY**

BY: \_\_\_\_\_  
Ms. Marganna Stanley

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_