FLOYD COUNTY BOARD OF EDUCATION
Stephen A. Trimble, Interim 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

Floyd County Board Of Education
Issue Paper

Date: April 9, 2018

Action/Discussion Item: Approve the use of Prestonsburg Elementary & Adams Middle School Gymnasiums by East Kentucky Hustle Basketball.

Applicable Statutes or Regulation: Board Policy 05.31 states that an application and agreement for use of District Property must be approved by the Board of Education.

Background: Travel Basketball offers children additional opportunities to improve athletic abilities as well as the qualities associated with being on a team.

Budget/Financial Issues: Minimal cost for the District. Only the use of electricity for lighting will be used. East Kentucky Hustle travel basketball maintains the proper insurance as required by Board Policy and has agreed to pay for any damages that would occur.

Alternative: The program will not be able to continue its' growth and the program will not be as successful as possible.

Recommended Action: Recommend the Floyd County Board of Education approve the facility use agreement with East Kentucky Hustle Basketball.

Contact Person: Doug Hopkins (606) 226-3704

Brent Rose
Principal

Director of Instruction

Superintendent

Thomas A. Rose Jr.
Principal

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.

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.* Gym Rats Basketball

Name of Sponsoring Organization/Activity East KY Hustle **Telephone** 606-226-3704

Representative's Name Doug Hopkins

Address PO Box 295 Wayland, KY 41666

The above organization/individual requests the use of:

☐ auditorium ☒ gymnasium ☐ dining room/kitchen ☐ stadium

☐ classroom(s) _____ ☐ other, specify _____

Is the organization planning to use District-owned equipment? ☒ YES ☐ NO

If yes, specify equipment Basketball Court Operator's Name _____

Is the organization planning to conduct sales on school premises? ☐ YES ☒ NO

If yes, give a complete description of what is being sold and how the proceeds will be used. _____

Building/school/facility Prestonsburg Elem + Adams Middle Gymnasiums

Purpose Practice and games

Date(s) requested April - June 2018 Time(s) Requested When available

Will public be admitted? ☒ YES ☐ NO

Will advertisement(s) be used? ☐ YES ☒ NO

Will admission be charged? ☐ YES ☒ 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	N/A			
Food Service Employees	N/A			
Supervisory Personnel	N/A			
Other _____ _____				
		TOTAL PERSONNEL CHARGE		

Property Used	Facility/ Equipment Fee	Personnel Cost, if applicable	Insurance cost, if applicable	Total Cost for Facility Use
Gymnasium at Prestonsburg Elem Adams school	N/A	N/A	N/A	N/A
Auditorium at _____ school				
Cafeteria - ☐ Dining Room ☐ Kitchen ☐ Both at _____ school				
Classroom(s) Number _____ at _____ school				
Stadium at _____ school				
Other Property at _____ school				

Signature - Representative of User Group — Date: 4/9/18

Signature - Superintendent/designee — Date: 4/10/18

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.

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/19/2018

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.

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PRODUCER	CONTACT NAME: Richard Chappell	
Chappell Insurance Agency 25807-A Cox Rd Petersburg, VA 23803	PHONE (A/C, No, Ext): 1-800-447-6797	FAX (A/C, No): 1-804-733-2968
	E-MAIL ADDRESS: support@chappellinsurance.com	

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	INSURER B: Hartford Life and Accident Company	70815
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: GR-BK-1-000805 REVISION NUMBER:

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							PRODUCTS-COMP/OP AGG	2,000,000
							PARTICIPANT LEGAL LIABILITY	2,000,000
	UMBRELLA LIAB [ ] OCCUR EXCESS LIAB [ ] CLAIMS-MADE DED [ ] RETENTION						EACH OCCURRENCE	
							AGGREGATE	
	PARTICIPANT ACCIDENT				12:01 AM	12:01 AM	EXCESS MEDICAL	
							DEDUCTIBLE	

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

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Coverage Effective From 02/19/2018 TO 08/01/2018

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Floyd County Board of Education 106 North Front Ave. Prestonsburg, KY 41653 Certificate Number: GR-BK-1-000805	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 Scott Turnbull

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Petersburg, VA 23803

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E-MAIL ADDRESS: support@chappellinsurance.com

INSURED

Gym Rats Basketball Association LLC
5310 Merchandise Drive
Fort Wayne, IN 46898
(1) Team Name(s): East Kentucky Hustle

INSURER(S) AFFORDING COVERAGE		NAIC #
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INSURER B:	Hartford Life and Accident Company	70815
INSURER C:		
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CERTIFICATE HOLDER

Prestonsburg Elementary
140 Clark Dr.
Prestonsburg, KY 41653
Certificate Number: GR-BK-1-000805

CANCELLATION

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AUTHORIZED REPRESENTATIVE

Scott Turnbull

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James D. Adams Middle School 2520 S. Lake Drive Prestonsburg, KY 41653 Certificate Number: GR-BK-1-000805	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 Scott Turnbull

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Chappell Insurance Agency 25807-A Cox Rd Petersburg, VA 23803	PHONE (A/C, No. Ext): 1-800-447-6797	FAX (A/C, No): 1-804-733-2968
	E-MAIL ADDRESS: support@chappellinsurance.com	

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
Gym Rats Basketball Association LLC 5310 Merchandise Drive Fort Wayne, IN 46898 (1) Team Name(s): East Kentucky Hustle	INSURER A: Nationwide Mutual Insurance Company	23787
	INSURER B: Hartford Life and Accident Company	70815
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: GR-BK-1-000805 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	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE [X] OCCUR X ABUSE MOLESTATION -$1,000,000 X PLL - 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER POLICY [ ] PROJECT [ ] LOC OTHER	X		RPG283681-00	08/01/2017 12:01 AM	08/01/2018 12:01 AM	EACH OCCURRENCE	2,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	300,000
							MED EXP (Any one person)	
							PERSONAL & ADV INJURY	2,000,000
							GENERAL AGGREGATE	5,000,000
							PRODUCTS-COMP/OP AGG	2,000,000
							PARTICIPANT LEGAL LIABILITY	2,000,000
	UMBRELLA LIAB [ ] OCCUR EXCESS LIAB [ ] CLAIMS-MADE DED [ ] RETENTION						EACH OCCURRENCE	
							AGGREGATE	
	PARTICIPANT ACCIDENT				12:01 AM	12:01 AM	EXCESS MEDICAL	
							DEDUCTIBLE	

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

The certificate holder listed below is an additional insured as respects the insured's negligence resulting from the insured's usage of owned or controlled premises of the certificate holder. The additional insured status only applies during such times that the insured is utilizing said premises. This insurance covers one (1) team only with maximum of 15 players per team for Basketball.

Coverage Effective From 02/19/2018 TO 08/01/2018

CERTIFICATE HOLDER	CANCELLATION
James D. Adams Middle School 2520 S. Lake Drive Prestonsburg, KY 41653 Certificate Number: GR-BK-1-000805	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 Scott Turbeville

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ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/19/2018

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PRODUCER	CONTACT NAME: Richard Chappell	
Chappell Insurance Agency 25807-A Cox Rd Petersburg, VA 23803	PHONE (A/C, No. Ext): 1-800-447-6797	FAX (A/C, No): 1-804-733-2968
	E-MAIL ADDRESS: support@chappellinsurance.com	

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
Gym Rats Basketball Association LLC 5310 Merchandise Drive Fort Wayne, IN 46898 (1) Team Name(s): East Kentucky Hustle	INSURER A: Nationwide Mutual Insurance Company	23787
	INSURER B: Hartford Life and Accident Company	70815
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: GR-BK-1-000805 REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR [X] ABUSE MOLESTATION -$1,000,000 [X] PLL - 2,000,000 [ ] GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PROJECT [ ] LOC [ ] OTHER:	X		RPG283681-00	08/01/2017 12:01 AM	08/01/2018 12:01 AM	EACH OCCURRENCE	2,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	300,000
							MED EXP (Any one person)	
							PERSONAL & ADV INJURY	2,000,000
							GENERAL AGGREGATE	5,000,000
							PRODUCTS-COMP/OP AGG	2,000,000
							PARTICIPANT LEGAL LIABILITY	2,000,000
	[ ] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION						EACH OCCURRENCE	
							AGGREGATE	
	PARTICIPANT ACCIDENT				12:01 AM	12:01 AM	EXCESS MEDICAL	
							DEDUCTIBLE	

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

The certificate holder listed below is an additional insured as respects the insured's negligence resulting from the insured's usage of owned or controlled premises of the certificate holder. The additional insured status only applies during such times that the insured is utilizing said premises. This insurance covers one (1) team only with maximum of 15 players per team for Basketball.

Coverage Effective From 02/19/2018 TO 08/01/2018

CERTIFICATE HOLDER	CANCELLATION
Floyd County Board of Education 106 North Front Ave. Prestonsburg, KY 41653 Certificate Number: GR-BK-1-000805	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 Scott Turnbull

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PRODUCER	CONTACT NAME: Richard Chappell	
Chappell Insurance Agency 25807-A Cox Rd Petersburg, VA 23803	PHONE (A/C, No. Ext): 1-800-447-6797	FAX (A/C, No): 1-804-733-2968
	E-MAIL ADDRESS: support@chappellinsurance.com	

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
Gym Rats Basketball Association LLC 5310 Merchandise Drive Fort Wayne, IN 46898 (1) Team Name(s): East Kentucky Hustle	INSURER A: Nationwide Mutual Insurance Company	23787
	INSURER B: Hartford Life and Accident Company	70815
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: GR-BK-1-000805 REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE [X] OCCUR [X] ABUSE MOLESTATION -$1,000,000 [X] PLL - 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER POLICY [ ] PROJECT [ ] LOC OTHER	X		RPG283681-00	08/01/2017 12:01 AM	08/01/2018 12:01 AM	EACH OCCURRENCE	2,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	300,000
							MED EXP (Any one person)	
							PERSONAL & ADV INJURY	2,000,000
							GENERAL AGGREGATE	5,000,000
							PRODUCTS-COMP/OP AGG	2,000,000
							PARTICIPANT LEGAL LIABILITY	2,000,000
	UMBRELLA LIAB [ ] OCCUR EXCESS LIAB [ ] CLAIMS-MADE DED [ ] RETENTION						EACH OCCURRENCE	
							AGGREGATE	
	PARTICIPANT ACCIDENT				12:01 AM	12:01 AM	EXCESS MEDICAL	
							DEDUCTIBLE	

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

The certificate holder listed below is an additional insured as respects the insured's negligence resulting from the insured's usage of owned or controlled premises of the certificate holder. The additional insured status only applies during such times that the insured is utilizing said premises. This insurance covers one (1) team only with maximum of 15 players per team for Basketball.

Coverage Effective From 02/19/2018 TO 08/01/2018

CERTIFICATE HOLDER	CANCELLATION
Prestonsburg Elementary 140 Clark Dr. Prestonsburg, KY 41653 Certificate Number: GR-BK-1-000805	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 Scott Turnbull

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PRODUCER

Chappell Insurance Agency
25807-A Cox Rd
Petersburg, VA 23803

CONTACT NAME: Richard Chappell
PHONE (A/C, No, Ext): 1-800-447-6797 FAX (A/C, No): 1-804-733-2968
E-MAIL ADDRESS: support@chappellinsurance.com

INSURED

Gym Rats Basketball Association LLC
5310 Merchandise Drive
Fort Wayne, IN 46898
(1) Team Name(s): East Kentucky Hustle

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A:	Nationwide Mutual Insurance Company	23787
INSURER B:	Hartford Life and Accident Company	70815
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

COVERAGES CERTIFICATE NUMBER: GR-BK-1-000805 REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE [X] OCCUR X ABUSE MOLESTATION -$1,000,000 X PLL - 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER POLICY [ ] PROJECT [ ] LOC OTHER	X		RPG283681-00	08/01/2017 12:01 AM	08/01/2018 12:01 AM	EACH OCCURRENCE	2,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	300,000
							MED EXP (Any one person)	
							PERSONAL & ADV INJURY	2,000,000
							GENERAL AGGREGATE	5,000,000
							PRODUCTS-COMP/OP AGG	2,000,000
							PARTICIPANT LEGAL LIABILITY	2,000,000
	UMBRELLA LIAB [ ] OCCUR EXCESS LIAB [ ] CLAIMS-MADE DED [ ] RETENTION						EACH OCCURRENCE	
							AGGREGATE	
	PARTICIPANT ACCIDENT				12:01 AM	12:01 AM	EXCESS MEDICAL	
							DEDUCTIBLE	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
The certificate holder listed below is an additional insured as respects the insured's negligence resulting from the insured's usage of owned or controlled premises of the certificate holder. The additional insured status only applies during such times that the insured is utilizing said premises. This insurance covers one (1) team only with maximum of 15 players per team for Basketball.

Coverage Effective From 02/19/2018 TO 08/01/2018

CERTIFICATE HOLDER

James D. Adams Middle School
2520 S. Lake Drive
Prestonsburg, KY 41653
Certificate Number: GR-BK-1-000805

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

Scott Turnbull

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PRODUCER	CONTACT NAME: Richard Chappell	
Chappell Insurance Agency 25807-A Cox Rd Petersburg, VA 23803	PHONE (A/C, No. Ext): 1-800-447-6797	FAX (A/C, No): 1-804-733-2968
	E-MAIL ADDRESS: support@chappellinsurance.com	

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
Gym Rats Basketball Association LLC 5310 Merchandise Drive Fort Wayne, IN 46898 (1) Team Name(s): East Kentucky Hustle	INSURER A: Nationwide Mutual Insurance Company	23787
	INSURER B: Hartford Life and Accident Company	70815
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: GR-BK-1-000805 REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE [X] OCCUR X ABUSE MOLESTATION -$1,000,000 X PLL - 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER POLICY [ ] PROJECT [ ] LOC OTHER			RPG283681-00	08/01/2017 12:01 AM	08/01/2018 12:01 AM	EACH OCCURRENCE	2,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	300,000
							MED EXP (Any one person)	
							PERSONAL & ADV INJURY	2,000,000
							GENERAL AGGREGATE	5,000,000
							PRODUCTS-COMP/OP AGG	2,000,000
							PARTICIPANT LEGAL LIABILITY	2,000,000
	[ ] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION						EACH OCCURRENCE	
							AGGREGATE	
B	PARTICIPANT ACCIDENT			36-SB-204965	08/01/2017 12:01 AM	08/01/2018 12:01 AM	EXCESS MEDICAL	100,000
							DEDUCTIBLE	$250.00

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

The team or league listed below as a certificate holder is a named insured within the above referenced policies during any amateur play or practice and in any other sanctioned event. This insurance covers one (1) team only with maximum of 15 players per team for Basketball.

Coverage Effective From 02/19/2018 TO 08/01/2018

CERTIFICATE HOLDER	CANCELLATION
East Kentucky Hustle 130 Bradley Branch Wayland, KY 41666 Certificate Number: GR-BK-1-000805	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 Scott Turbeville

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