



Bullitt County Public Schools

1040 Highway 44 East
Shepherdsville, Kentucky 40165

502-869-8000
Fax 502-543-3608
www.bullittschools.org

TO: Dr. Keith Davis, Superintendent

FROM: Rachelle Bramlage-Schomburg, Director of Secondary Education

DATE: May 11, 2018

IN RE: 8th Grade Dance

Bullitt Lick Middle School, pending board approval, would like to put on an 8th grade dance at Journey Church in Shepherdsville due to the construction at Bullitt Lick Middle School. The dance is scheduled for Friday, May 25, 2018 from 6:00pm-9:00pm.

Please approve the contract between Journey Church and Bullitt Lick Middle School to allow their 8th grade dance.

RAS

JK
5.10.18



Bullitt Lick Middle School

555 Blue Lick Road West
Shepherdsville, KY 40165
(502) 869-5400/FAX: (502) 543-1685

<http://ww2.bullittschools.org/bullittlickms/>

Kevin Connors, Principal Raymond Yaksic, Assistant Principal
Christy Fenwick, Guidance Counselor
Jed Turner, Guidance Counselor



TO: Bullitt County Board of Education
FROM: Kevin Connors, Principal of Bullitt Lick Middle School
RE: 8th Grade Dance, May 25, 2018
DATE: May 11, 2018

This request is for approval for our 8th grade dance to be held off site. The dance is scheduled for May 25, 2018, from 6:00 p.m. to 9:00 p.m. Due to construction at BLMS we are asking that the dance be held at Journey Church in Shepherdsville. Mrs. Jami Willis, a teacher at BLMS, is a member of the church and has secured the location at no cost to BLMS. The church has requested school insurance information including company and policy number. Liability will be covered by the District.

A copy of the Facility Event Space Rental Agreement for the Journey Church is attached.

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Facility Event Space Rental Agreement

This contract for the rental of a venue is made this day, 5/11/18, by and between Journey Church, hereafter referred to as the Owner, and Bullitt Wick Middle School hereafter referred to as the Renter.

Whereas, the Renter desires to temporarily rent, occupy, and make use of the Owner's venue, located at 416 S. Buckman St. and known as Journey Church, and

Whereas, the Owner agrees to such rental, occupation, and use in consideration of certain payments and covenants herein enumerated;

Now, therefore, the parties agree to the following terms and conditions:

1. The Renter shall pay to the Owner the sum of \$ no later than (recommended: 30 days before the commencement of the rental period). Of this amount, \$ is a non-refundable deposit that will be applied to rental charges upon final settlement of accounts. The remainder, \$, is for damages/security deposit which will be returned to the Renter upon settlement, minus any charges for actual damages done to the venue by Renter or his/her associates.

2. The Renter shall have access to and use of the venue from 4 PM o'clock on 5/24/18, to 10 PM o'clock on 5/25/18, for the purpose of hosting the Renter's 8th Grade Dance event. Owner shall provide to Renter all keys, access control codes, and other items necessary to give Renter such access no later than 5/24/18.

3. The full rental fee for the use of the venue described in (2) above shall be \$. The balance of the rental fee due, less the non-refundable deposit described in (1) above, shall be payable to the Owner upon the expiration of the rental period described in (2) above.

4. Within 30 of the rental period's expiration, Renter shall tender to Owner the rental fee balance due, and all keys and other access control devices in his/her possession.

5. Renter shall remove all personal property, trash, and other items that were not present in the venue when Renter took control of it.

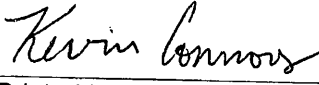

6. Upon Renter's completion of his/her obligations under (4) and (5) above, the Owner shall return to Renter the security deposit minus any amounts deemed necessary to repair damages inflicted upon the venue by Renter and/or Renter's associates, guests, invitees, contractors, and all other persons whatsoever who enter the venue during the rental period, whether or not such persons did so with Renter's knowledge or consent.

7. In the event that Renter fails to pay the balance due within the time period agreed upon in this contract, interest shall accrue upon the unpaid balance at the rate of 0 % per year until it is paid. Renter shall also be liable to owner for any legal fees, court costs, and other expenses associated with collection.

8. Renter will be liable for any physical damages, legal actions, and/or loss of reputation or business opportunities that Owner may incur as a consequence of the actions of Renter or any of Renter's guests while Renter is in control of the venue, and shall indemnify and hold harmless the Owner against any and all legal actions which may arise from Renter's use of the venue.

9. Any disputes arising under this contract shall be adjudicated in the Owner's local jurisdiction.

In witness of their understanding of and agreement to the terms and conditions herein contained, the parties affix their signatures below.

Renter's Signature, date  5/11/18	Owner's Signature, date 
Printed Name Kevin Connors	Printed Name Jeremy Willis
Address Blue Lick Middle	Address 416 S. Buckman St.
City, State, Zip Code Shepherdsville, KY, 40205	City, State, Zip Code Shepherdsville, KY 40165



BULLCOU-01

VLOWE

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/11/2018

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.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or 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).

PRODUCER Lexington / AssuredPartners NL 2443 Sir Barton Way, Suite 400 Lexington, KY 40509	CONTACT NAME: Lisa Manley		
	PHONE (A/C, No, Ext): (859) 685-6542 6542	FAX (A/C, No):	
	E-MAIL ADDRESS: lisa.manley@assuredpartners.com		
INSURED Bullitt County (KY) Board Of Education 1040 Highway 44e Shepherdsville, KY 40165	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : Netherlands Insurance Co		24171
	INSURER B : Indiana Insurance Company		22659
	INSURER C :		
	INSURER D :		
	INSURER E :		
		INSURER F :	

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	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			CBP 8420379	07/01/2017	07/01/2018	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000				
	<input checked="" type="checkbox"/> ELL/SML 1 Million		MED EXP (Any one person) \$ 5,000				
	<input checked="" type="checkbox"/> Law Enforcement 1Mil		PERSONAL & ADV INJURY \$ 1,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 2,000,000
	OTHER:						EBL AGG \$ 3,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY			BA8420536	07/01/2017	07/01/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000
	<input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS		BODILY INJURY (Per person) \$				
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		BODILY INJURY (Per accident) \$				
			PROPERTY DAMAGE (Per accident) \$				
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			CU 8420601	07/01/2017	07/01/2018	EACH OCCURRENCE \$ 10,000,000
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		AGGREGATE \$ 10,000,000				
	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N N/A						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/>						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
A	Buildings/BPP/EDP			CBP 8420379	07/01/2017	07/01/2018	E.L. DISEASE - POLICY LIMIT \$
							BLANKET

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

RE:
8th Grade Dance

CERTIFICATE HOLDER

CANCELLATION

Journey Church
416 S. Buckman Street
Shepherdsville, KY 40165

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