



Bullitt County Public Schools

1040 Highway 44 East
Shepherdsville, Kentucky 40165

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

MEMO

TO: Jessie Bacon 

FROM: Mark Mitchell 

DATE: November 6, 2018

RE: Board Agenda Item--Fundraiser--North Bullitt High School--Girls Basketball Tournament

The North Bullitt High School girls basketball team requests permission to host a basketball tournament at North Bullitt High and Hebron Middle on January 19-20, 2019 and February 23-24, 2019.

Midwest Basketball Tournaments will facilitate the tournament splitting the profits 50/50 with the girls' basketball program. Midwest Basketball Tournaments will organize and schedule the tournament and North Bullitt High School will supply the facility and workers. They will have district employees at all times during the tournament.

Attached are the Application and Agreement Form and Liability Insurance Certificates for this event.

I recommend the Board approve this request for the North Bullitt High School girls' basketball team to host the basketball tournaments on January 19-20, 2019 and February 23-24, 2019.



North Bullitt High School



3200 E Hebron Lane
Shepherdsville, KY 40165

#ProveIt

Tel: 502-869-6200
Fax: 502-957-6762

10/19/2018

To whom it may concern:

I am in agreement with Coach David Marion, Basketball Coach at North Bullitt High School to hold a Basketball tournament at North Bullitt High School on January 19th & 20th, 2019 from 8:00 AM till 8:00 PM.

Thank you,

Joni Britt, Principal
North Bullitt High School

Assistant Principals

Jessica Sturgeon
Nick Sutherland
Lindsey Wegley

Principal

Joni Britt

Counselors

Chelsea Mullenex
Ashley Poore

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. 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	NBHS GIRLS Basketball			Telephone	502-297-3041
Representative's Name	David Marion (Coach) DISTRICT EMPLOYEE				
Address	2001 GRAINGER ROAD FAIRDALE, KY 40118				
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 type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
If yes, specify equipment <u>N/A</u> Operator's Name _____					
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>CONCESSIONS</u>					
<u>TO HELP PAY FOR CHRISTMAS TRIP, EQUIPMENT SENIOR NIGHT</u>					
Building/school/facility	<u>NORTH BULLITT HIGH SCHOOL GYMNASIUM (MAIN & AUX)</u>				
Purpose	<u>BASKETBALL TOURNAMENT FUNDRAISER</u>				
Date(s) requested	<u>January 19th 20th</u>	Time(s) Requested	<u>8:00 AM - 8:00 PM</u>		
Will public be admitted?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO If yes, please explain	<u>TO WATCH GAMES</u>		
Will advertisement(s) be used?	<input type="checkbox"/> YES	<input type="checkbox"/> NO If yes, please explain	_____		
Will admission be charged?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO If yes, please explain	<u>ADMISSION FOR FUNDRAISER</u>		

When using school facilities, this organization agrees to observe the following:

1. To schedule with the Superintendent/designee 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

For Office Use Only - To be Completed by School Official			
Cost for use of District property \$	<u>0</u>	Cost for school employee \$	<u>239.76</u>
Total cost \$		<u>239.76</u>	
Deposit \$	<u>N/A</u>	Is deposit refundable? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date Deposit Received	<u>N/A</u>	Balance Due \$	
Board employee(s) assigned: <u>David Marion</u>			
Board Action Date, if applicable		Board Order #	
Date of Use	<u>02/23 - 2/24/2019</u>	Length of Time <u>12 hours each day</u>	

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	<u>Judy Ice</u>	<u>4-8</u>	<u>30.00/hr</u>	<u>\$180 approx</u>
Food Service Employees				
Supervisory Personnel				
Other <u>Fringes</u>				<u>59.76</u>
TOTAL PERSONNEL CHARGE				<u>239.76 APPROX</u>

Property Used	Facility/ Equipment Fee	Personnel Cost, if applicable	Total Cost for Facility Use
Gymnasium at <u>NBHS</u> school	<u>0</u>	<u>239.76</u>	<u>239.76</u>
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			

SCHOOL FACILITIES

05.31 AP.21
(CONTINUED)

Application and Agreement for Use of District Property

RATES FOR DISTRICT FACILITY USE

(The Principal of the school may set additional charges if not specifically stated.)

ALL PURPOSE ROOM

- \$30 for up to 3 hours, \$5 per hour each additional hour

AUDITORIUM

- \$50 for up to 3 hours, \$10 per hour each additional hour

GYMNASIUM

- \$50 for up to 3 hours, \$10 per hour each additional hour

CAFETERIA

- \$30 per hour

KITCHEN

- \$50 per hour, SFS personnel must be present and paid at a rate of time and a half

KITCHEN AND CAFETERIA

- \$80 per hour, SFS personnel must be present and paid at a rate of time and a half

OUTSIDE PROPERTIES

- \$30 for elementary/middles schools
- \$50 for high schools

David Marston
Signature - Representative of User Group

10-19-18
Date

J. Butt
Signature - Superintendent/designee

10/22/18
Date

IN THE EVENT SCHOOL IS CLOSED DUE TO WEATHER CONDITIONS, ALL SCHEDULED ACTIVITIES, WITH THE EXCEPTION OF DINNER MEETINGS, WILL BE CANCELED AND THE OPPORTUNITY TO RESCHEDULE OR REFUND RENTAL FEE(S) WILL BE MADE.

Review/Revised:7/19/11



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/30/2018

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 Louisville Insurance LLC 11828 Ransom Dr Louisville KY 40243	CONTACT NAME: D. Glenn Pike	
	PHONE (A/C, No, Ext): 502-473-5454 FAX (A/C, No): 502-473-8695	
	EMAIL ADDRESS: Glenn@LouisvilleIns.com	
INSURED Frederick A. Hale LLC DBA Midwest Basketball Tournaments 1906 Waterson Trail Louisville, KY 40299	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Secura Insurance	22643
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X	CP3272878	08/02/2018	08/02/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A			PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

Bullitt County Board of Education is named as additional insured.

CERTIFICATE HOLDER Bullitt County Public Schools 1040 Highway 44 East Shepherdsville, KY 40165	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
--	--

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. 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 <u>NBH GIRLS BASKETBALL</u>		Telephone <u>(502) 257-3041</u>
Representative's Name <u>DAVID MARION (COACH, DISTRICT EMPLOYEE)</u>		
Address <u>2007 GRANGER RD. FARRDALL, KY 40118</u>		
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"/> 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 <u>N/A</u>		Operator's Name <u>N/A</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>CONCESSIONS - TO HELP PAY FOR CHRISTMAS TREE, EQUIPMENT, SENIOR NIGHT CELEBRATION</u>		
Building/school/facility <u>HEERON MIDDLE SCHOOL GYMNASIUM</u>		
Purpose <u>BASKETBALL TOURNAMENT FUNDRAISER</u>		
Date(s) requested <u>JANUARY 15th - 20th</u>		Time(s) Requested <u>8:00-8:00</u>
Will public be admitted?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO If yes, please explain <u>TO WATCH GAMES</u>
Will advertisement(s) be used?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO If yes, please explain <u>N/A</u>
Will admission be charged?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO If yes, please explain <u>Admission For FUNDRAISER</u>

When using school facilities, this organization agrees to observe the following:

1. To schedule with the Superintendent/designee 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

For Office Use Only - To be Completed by School Official			
Cost for use of District property \$ _____	Cost for school employee \$ _____	Total cost \$ <u>833.36</u>	
Deposit \$ _____	Is deposit refundable? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Date Deposit Received _____	Balance Due \$ _____		
Board employee(s) assigned: _____			
Board Action Date, if applicable _____		Board Order # _____	
Date of Use _____	Length of Time _____		

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	<u>Tonya Vag L</u>	<u>24</u>	<u>\$17.81 Reg / \$26.81 OT</u>	<u>643.32</u>
Food Service Employees				
Supervisory Personnel				
Other <u>Fringes</u>			<u>estimated</u>	<u>190.04</u>
TOTAL PERSONNEL CHARGE				<u>833.36</u>

Property Used	Facility/ Equipment Fee	Personnel Cost, if applicable		Total Cost for Facility Use
Gymnasium				
at _____ 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				

Application and Agreement for Use of District Property**RATES FOR DISTRICT FACILITY USE**

(The Principal of the school may set additional charges if not specifically stated.)

ALL PURPOSE ROOM

- \$30 for up to 3 hours, \$5 per hour each additional hour

AUDITORIUM

- \$50 for up to 3 hours, \$10 per hour each additional hour

GYMNASIUM

- \$50 for up to 3 hours, \$10 per hour each additional hour

CAFETERIA

- \$30 per hour

KITCHEN


- \$50 per hour, SFS personnel must be present and paid at a rate of time and a half

KITCHEN AND CAFETERIA

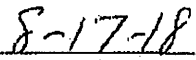
- \$80 per hour, SFS personnel must be present and paid at a rate of time and a half

OUTSIDE PROPERTIES

- \$30 for elementary/middles schools
- \$50 for high schools



Signature - Representative of User Group



Date



Signature - Superintendent/designee



Date

IN THE EVENT SCHOOL IS CLOSED DUE TO WEATHER CONDITIONS, ALL SCHEDULED ACTIVITIES, WITH THE EXCEPTION OF DINNER MEETINGS, WILL BE CANCELED AND THE OPPORTUNITY TO RESCHEDULE OR REFUND RENTAL FEE(s) WILL BE MADE.

Review/Revised: 7/19/11

EMP # 7801
NAME TONYA VOGT DATE _____

PAY RATE \$ 17.87

OT 24.00 Time & Half Y or N

HOURS _____

GROSS PAY \$ 643.32

COUNTY EMPLOYMENT RETIREMENT TEACHERS (CERS)
21.48%

\$ 138.19 (0232)

FICA
6.20%

\$ 39.89 (0221)

MEDICARE
1.45%

\$ 9.33 (0222)

Unemployment Insurance
1.00% On the first \$6,000 / max \$60

\$ 6.43 (0251)

WC
0.41% Administrative
4.07% Mechanics, Maintenance, Custodians, Sweepers, Food Service

\$ 2.64 (0260)

TOTAL FRINGES \$ 190.04 190.04

TOTAL CHECK \$ 833.36



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/30/2018

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 Louisville Insurance LLC 11828 Ransom Dr Louisville KY 40243	CONTACT NAME: D. Glenn Pike	
	PHONE (A/C No. Ext): 502-473-5454 FAX (A/C No.): 502-473-8895 E-MAIL ADDRESS: Glenn@LouisvilleIns.com	
INSURED Frederick A. Hale LLC DBA Midwest Basketball Tournaments 1906 Waterson Trail Louisville, KY 40299	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Secura Insurance	22543
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

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 <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	X		CP3272878	08/02/2018	08/02/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

Bullitt County Board of Education is named as additional insured.

CERTIFICATE HOLDER

CANCELLATION

Bullitt County Public Schools 1040 Highway 44 East 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

© 1988-2015 ACORD CORPORATION. All rights reserved.

North Bullitt High School



3200 E Hebron Lane
Shepherdsville, KY 40165

#ProveIt

Tel: 502-869-6200
Fax: 502-957-6762

10/19/2018

To whom it may concern:

I am in agreement with Coach David Marion, Basketball Coach at North Bullitt High School to hold a Basketball tournament at North Bullitt High School on February 23rd & 24th, 2019 from 8:00 AM till 8:00 PM.

Thank you,

Joni Britt, Principal
North Bullitt High School

Assistant Principals
Jessica Sturgeon
Nick Sutherland
Lindsey Wegley

Principal
Joni Britt

Counselors
Chelsea Mullennex
Ashley Poore

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. 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 <u>NBA'S GIRLS BASKETBALL</u>		Telephone <u>(502) 247-3041</u>
Representative's Name <u>David MARTIN (COACH, DISTRICT EMPLOYEE)</u>		
Address <u>2007 GRANGER RD. FAIRDALE, KY 40118</u>		
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"/> 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 <u>N/A</u>		Operator's Name <u>N/A</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>CONCESSIONS - TO HELP PAY FOR CHRISTMAS TREE, EQUIPMENT, SENIOR NIGHT CELEBRATION</u>		
Building/school/facility <u>HEBRON MIDDLE SCHOOL GYMNASIUM</u>		
Purpose <u>BASKETBALL TOURNAMENT FUNDRAISER</u>		
Date(s) requested <u>FEBRUARY 23RD - 24TH</u>		Time(s) Requested <u>8:00-8:00</u>
Will public be admitted?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO If yes, please explain <u>TO WATCH GAMES</u>
Will advertisement(s) be used?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO If yes, please explain <u>N/A</u>
Will admission be charged?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO If yes, please explain <u>ADMISSION FOR FUNDRAISER</u>

When using school facilities, this organization agrees to observe the following:

1. To schedule with the Superintendent/designee 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

For Office Use Only - To be Completed by School Official	
Cost for use of District property \$ _____	Cost for school employee \$ _____ Total cost \$ <u>833.36</u>
Deposit \$ _____	Is deposit refundable? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date Deposit Received _____	Balance Due \$ _____
Board employee(s) assigned: _____	
Board Action Date, if applicable _____	Board Order # _____
Date of Use _____	Length of Time _____

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	<u>Tonya Vogt</u>	<u>24</u>	<u>\$17.87 Reg. \$26.81 OT</u>	<u>643.32</u>
Food Service Employees				
Supervisory Personnel				
Other <u>Fringes</u>			<u>estimated</u>	<u>190.04</u>
TOTAL PERSONNEL CHARGE				<u>833.36</u>

Property Used	Facility/ Equipment Fee	Personnel Cost, if applicable		Total Cost for Facility Use
Gymnasium				
at _____ 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				

Application and Agreement for Use of District Property

RATES FOR DISTRICT FACILITY USE

(The Principal of the school may set additional charges if not specifically stated.)

ALL PURPOSE ROOM

- \$30 for up to 3 hours, \$5 per hour each additional hour

AUDITORIUM

- \$50 for up to 3 hours, \$10 per hour each additional hour

GYMNASIUM

- \$50 for up to 3 hours, \$10 per hour each additional hour

CAFETERIA

- \$30 per hour

KITCHEN

- \$50 per hour, SFS personnel must be present and paid at a rate of time and a half

KITCHEN AND CAFETERIA

- \$80 per hour, SFS personnel must be present and paid at a rate of time and a half

OUTSIDE PROPERTIES

- \$30 for elementary/middles schools
- \$50 for high schools



Signature - Representative of User Group

8-17-18

Date



Signature - Superintendent/designee

8/21/18

Date

IN THE EVENT SCHOOL IS CLOSED DUE TO WEATHER CONDITIONS, ALL SCHEDULED ACTIVITIES, WITH THE EXCEPTION OF DINNER MEETINGS, WILL BE CANCELED AND THE OPPORTUNITY TO RESCHEDULE OR REFUND RENTAL FEE(s) WILL BE MADE.

Review/Revised:7/19/11



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/30/2018

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 Louisville Insurance LLC 11828 Ransom Dr Louisville KY 40243	CONTACT NAME: D. Glenn Pike
	PHONE (A/C, No, Ext): 502-473-5454 FAX (A/C, No): 502-473-8695
	E-MAIL ADDRESS: Glenn@LouisvilleIns.com
	INSURER(S) AFFORDING COVERAGE
	INSURER A: Secure Insurance NAIC # 22543
	INSURER B:
	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 <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LMT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	X		CP3272878	08/02/2018	08/02/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY SCHEDULED AUTOS HRED NON-OWNED AUTOS ONLY AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

Bullitt County Board of Education is named as additional insured.

CERTIFICATE HOLDER	CANCELLATION
Bullitt County Public Schools 1040 Highway 44 East 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

© 1988-2015 ACORD CORPORATION. All rights reserved.

EMP #

7801

NAME

TONYA VOGT

DATE

PAY RATE

\$ 17.87

OT

24.00

Time & Half Y or N

HOURS

GROSS PAY

\$ 643.32

COUNTY EMPLOYMENT RETIREMENT TEACHERS (CERS)

21.48%

\$ 138.19 (0232)

FICA

6.20%

\$ 39.89 (0221)

MEDICARE

1.45%

\$ 9.33 (0222)

Unemployment Insurance

1.00% On the first \$6,000 / max \$60

\$ 6.43 (0251)

WC

0.41% Administrative

4.07% Mechanics, Maintenance, Custodians, Sweepers, Food Service

\$ 2.64 (0260)

TOTAL FRINGES \$ 190.04

190.04

TOTAL CHECK \$ 833.36

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. 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	<u>NBHS Girls Basketball</u>		Telephone	<u>562-297-3041</u>
Representative's Name	<u>David Marion - District Employee - COACH</u>			
Address	<u>2001 GRANGER ROAD, Fairdale, Ky 40118</u>			
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 type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
If yes, specify equipment		Operator's Name		
<u>N/A</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>CONCESSIONS</u>				
<u>TO HELP PAY FOR CHRISTMAS TRIP, EQUIPMENT, SENIOR NIGHT</u>				
Building/school/facility	<u>NORTH BULLITT HIGH SCHOOL GYMNASIUMS (MAIN & AUX)</u>			
Purpose	<u>BASKETBALL TOURNAMENT FUNDRAISER</u>			
Date(s) requested	<u>February 23rd - 24th 2019</u>		Time(s) Requested	<u>8:00 AM - 8:00 PM</u>
Will public be admitted?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO If yes, please explain	<u>TO WATCH GAMES</u>	
Will advertisement(s) be used?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO If yes, please explain	_____	
Will admission be charged?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO If yes, please explain	_____	

When using school facilities, this organization agrees to observe the following:

1. To schedule with the Superintendent/designee 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

For Office Use Only - To be Completed by School Official

Cost for use of District property \$ 0 Cost for school employee \$ 239.76 Total cost \$ _____
 Deposit \$ _____ Is deposit refundable? ☐ Yes ☐ No

Date Deposit Received _____ Balance Due \$ _____

Board employee(s) assigned: David Marron

Board Action Date, if applicable _____ Board Order # _____

Date of Use 1-19 / 1-20 / 2019 Length of Time 12 Hours EACH DAY

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	<u>Judy Ice</u>	<u>4-8</u>	<u>30.00 / HR.</u>	<u>\$180</u>
Food Service Employees				
Supervisory Personnel				
Other <u>Fringes</u>				<u>59.76</u>
TOTAL PERSONNEL CHARGE				<u>239.76</u>

APPROX

APPROX

Property Used	Facility/ Equipment Fee	Personnel Cost, if applicable	Total Cost for Facility Use
Gymnasium at <u>NORTH BULLITT HS</u> school	<u>0</u>	<u>239.76</u>	<u>239.76</u>
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			

SCHOOL FACILITIES

05.31 AP.21
(CONTINUED)

Application and Agreement for Use of District Property

RATES FOR DISTRICT FACILITY USE

(The Principal of the school may set additional charges if not specifically stated.)

ALL PURPOSE ROOM

- \$30 for up to 3 hours, \$5 per hour each additional hour

AUDITORIUM

- \$50 for up to 3 hours, \$10 per hour each additional hour

GYMNASIUM

- \$50 for up to 3 hours, \$10 per hour each additional hour

CAFETERIA

- \$30 per hour

KITCHEN

- \$50 per hour, SFS personnel must be present and paid at a rate of time and a half

KITCHEN AND CAFETERIA

- \$80 per hour, SFS personnel must be present and paid at a rate of time and a half

OUTSIDE PROPERTIES

- \$30 for elementary/middles schools
- \$50 for high schools

David Marion
Signature - Representative of User Group

10-19-18
Date

J. Bitt
Signature - Superintendent/designee

10/22/18
Date

IN THE EVENT SCHOOL IS CLOSED DUE TO WEATHER CONDITIONS, ALL SCHEDULED ACTIVITIES, WITH THE EXCEPTION OF DINNER MEETINGS, WILL BE CANCELED AND THE OPPORTUNITY TO RESCHEDULE OR REFUND RENTAL FEE(s) WILL BE MADE.

Review/Revised:7/19/11



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/30/2018

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 Louisville Insurance LLC 11828 Ransom Dr Louisville KY 40243	CONTACT NAME: D. Glenn Pike	
	PHONE (A/C, No, Ext): 502-473-5454 FAX (A/C, No): 502-473-8895	
	E-MAIL ADDRESS: Glenn@Louisvilleins.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Secura Insurance	22543
	INSURER B:	
	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 <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	X		CP3272878	08/02/2018	08/02/2019	<table border="1"><tr><td>EACH OCCURRENCE</td><td>\$ 1,000,000</td></tr><tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$ 100,000</td></tr><tr><td>MED EXP (Any one person)</td><td>\$ Excluded</td></tr><tr><td>PERSONAL & ADV INJURY</td><td>\$ 1,000,000</td></tr><tr><td>GENERAL AGGREGATE</td><td>\$ 2,000,000</td></tr><tr><td>PRODUCTS - COMP/OP AGG</td><td>\$ 2,000,000</td></tr><tr><td></td><td>\$</td></tr><tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$</td></tr><tr><td>BODILY INJURY (Per person)</td><td>\$</td></tr><tr><td>BODILY INJURY (Per accident)</td><td>\$</td></tr><tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td></tr><tr><td></td><td>\$</td></tr></table>	EACH OCCURRENCE	\$ 1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000	MED EXP (Any one person)	\$ Excluded	PERSONAL & ADV INJURY	\$ 1,000,000	GENERAL AGGREGATE	\$ 2,000,000	PRODUCTS - COMP/OP AGG	\$ 2,000,000		\$	COMBINED SINGLE LIMIT (Ea accident)	\$	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$		\$
EACH OCCURRENCE	\$ 1,000,000																														
DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000																														
MED EXP (Any one person)	\$ Excluded																														
PERSONAL & ADV INJURY	\$ 1,000,000																														
GENERAL AGGREGATE	\$ 2,000,000																														
PRODUCTS - COMP/OP AGG	\$ 2,000,000																														
	\$																														
COMBINED SINGLE LIMIT (Ea accident)	\$																														
BODILY INJURY (Per person)	\$																														
BODILY INJURY (Per accident)	\$																														
PROPERTY DAMAGE (Per accident)	\$																														
	\$																														
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY						<table border="1"><tr><td></td><td>\$</td></tr><tr><td></td><td>\$</td></tr><tr><td></td><td>\$</td></tr><tr><td></td><td>\$</td></tr><tr><td></td><td>\$</td></tr><tr><td></td><td>\$</td></tr></table>		\$		\$		\$		\$		\$		\$												
	\$																														
	\$																														
	\$																														
	\$																														
	\$																														
	\$																														
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$						<table border="1"><tr><td>EACH OCCURRENCE</td><td>\$</td></tr><tr><td>AGGREGATE</td><td>\$</td></tr><tr><td></td><td>\$</td></tr></table>	EACH OCCURRENCE	\$	AGGREGATE	\$		\$																		
EACH OCCURRENCE	\$																														
AGGREGATE	\$																														
	\$																														
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				<table border="1"><tr><td>PER STATUTE</td><td>OTHER</td></tr><tr><td>E.L. EACH ACCIDENT</td><td>\$</td></tr><tr><td>E.L. DISEASE - EA EMPLOYEE</td><td>\$</td></tr><tr><td>E.L. DISEASE - POLICY LIMIT</td><td>\$</td></tr></table>	PER STATUTE	OTHER	E.L. EACH ACCIDENT	\$	E.L. DISEASE - EA EMPLOYEE	\$	E.L. DISEASE - POLICY LIMIT	\$																
PER STATUTE	OTHER																														
E.L. EACH ACCIDENT	\$																														
E.L. DISEASE - EA EMPLOYEE	\$																														
E.L. DISEASE - POLICY LIMIT	\$																														

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

Bullitt County Board of Education is named as additional insured.

CERTIFICATE HOLDER

Bullitt County Public Schools
1040 Highway 44 East
Shepherdsville, KY 40165

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

D. Glenn Pike