





Bullitt County Public Schools

1040 Highway 44 East
Shepherdsville, Kentucky 40165

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

Memo

To: Jesse Bacon 
From: Lesa Howell 
Date: November 14, 2018
Re: Vision and Hearing Screenings

Attached for the Board's approval is an agreement for Sullivan University to provide vision and hearing screenings to our elementary students. Attached you will find the Memorandum of Agreement and the certificate of liability insurance that have been reviewed by Eric Farris. This is a great benefit for the students and we look forward to partnering with Sullivan once again. If you have any questions, please feel free to contact me.





SULLUNI-01

SSPALDING

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/13/2018

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 Robert H. Clarkson Insurance Agency, LLC 401 W Main St. Suite 1500 Louisville, KY 40202	CONTACT NAME:	
	PHONE (A/C, No, Ext): (502) 585-3600	FAX (A/C, No): (502) 585-8819
INSURED The Sullivan University System 2100 Gardiner Lane, #327 Louisville, KY 40205	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A : CNA	
	INSURER B : ClearPath Mutual Company	
	INSURER C :	
	INSURER D :	
INSURER E :		
INSURER F :		
NAIC # 35289		

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 <input checked="" type="checkbox"/> Liquor Liab. GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	X		6012672475	06/01/2018	06/01/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED/NON			6012672492	06/01/2018	06/01/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			6012672511	06/01/2018	06/01/2019	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	1427	01/01/2018	01/01/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 2,000,000 E.L. DISEASE - EA EMPLOYEE \$ 2,000,000 E.L. DISEASE - POLICY LIMIT \$ 2,000,000

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

The certificate holder is named as an additional insured on a primary non contributory basis as respects operations of Sullivan University System

CERTIFICATE HOLDER

CANCELLATION

Bullitt County Public Schools
1040 Hwy 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



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Memorandum of Agreement between Bullitt County Public Schools and Sullivan University

** * * * *

This Memorandum of Agreement by and between Sullivan University., (hereinafter "Sullivan University"), and Bullitt County Public Schools (hereinafter "BCPS") from the date this agreement is lawfully adopted by the Board of Education through June 30, 2019. This Agreement relates to the administration of free vision and hearing screenings to BCPS students through Family and Resource Youth Centers (FRYCs) and Volunteer Coordinators.

Duties of BCPS:

1. BCPS agrees to schedule all screenings through the BCPS District Health Coordinator, Volunteer Coordinator and/or applicable FRYC School Director and to provide a suitable examination area on school premises.
2. The school principal or designee shall be informed when Sullivan University personnel arrive at the facility/location.

Duties of Sullivan University:

1. Sullivan University shall provide to BCPS verification of liability coverage in the minimum amount of One Million Dollars.
2. Sullivan University shall assure BCPS that every individual administering vision and hearing screenings possesses the requisite training required by law.
3. Sullivan University shall coordinate all vision and hearing screenings through the BCPS District Health Coordinator, Volunteer Coordinator, and/or applicable FRYC School Director on school premises.
4. Sullivan University agrees to assume responsibility for all liability or damages caused by its students, agents, employees or materials and to indemnify, save and hold harmless BCPS, its agents, board and employees from any and all liability or damages.

5. Sullivan University agrees to adhere to State and Federal privacy requirements, unless requested to release information by appropriate authorization, lawful subpoena or court order.

Reviewed and agreed to by:

Jesse Bacon, Superintendent, Bullitt County Public Schools

Date

Deborah Atherton, Chairperson, Bullitt County Board of Education

Date

Open Gordon, Vice President

10/11/18

Authorized Officer, Sullivan University

Date