





## 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: January 11, 2019

RE: Agenda Item for January 28, 2019 Board Meeting  
Facility Use Application for Bullitt Central High School

Bullitt Central High School is requesting permission to allow Chess Teaching & Performance to use their facility on February 23, 2019 from 7:00 am to 7:00 pm to hold a chess tournament.

Attached are the Application and Agreement Form and Liability Insurance Certificate.

I recommend the Board approve this request for Chess Teaching & Performance to use Bullitt Central High School on February 23, 2019.






# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
01/15/2019

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).

<b>PRODUCER</b>  <b>State Farm</b> GREG HAUS STATE FARM 100 CANNONS LANE LOUISVILLE, KY		<b>CONTACT</b> NAME: GREG HAUS PHONE (A/C, No. Ext.): 502-894-4406 FAX (A/C, No.): 502-894-4463 E-MAIL ADDRESS: GREG@GREGHAUS.COM	
<b>INSURED</b> CHESS TEACHING & PERFORMANCE EVALUATION 3807 THERINA WAY LOUISVILLE KY 40241		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: State Farm Fire and Casualty Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 25143	

## COVERAGES

CERTIFICATE NUMBER: BD080218

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.

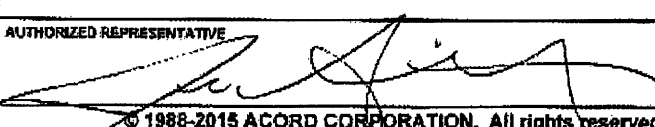
INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<input checked="" type="checkbox"/>	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X	97-BG-C759-9	08/17/2018	08/17/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (EA occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000 \$
<input type="checkbox"/>	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Per accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
<input type="checkbox"/>	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <b>DED</b> <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
<input type="checkbox"/>	<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	N/A				PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYED \$ 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 ADDITIONAL INSURED

## CERTIFICATE HOLDER

## CANCELLATION

BULLITT COUNTY BOARD OF EDUCATION 1040 HWY 44 EAST SHEPHERDSVILLE KY 40166	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 



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
08/18/2018

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 endorsements.

PRODUCER <b>State Farm</b> GREG HAUS STATE FARM 100 CANNONS LANE LOUISVILLE, KY	CONTACT NAME: GREG HAUS PHONE: 502-894-4406 FAX: 502-894-4463 E-MAIL: GREG@GREGHAUS.COM ADDRESS: GREG@GREGHAUS.COM
INSURED CHESS TEACHING & PERFORMANCE EVALUATION 3807 THERIA WAY LOUISVILLE, KY 40241-1539	INSURER(S) AFFORDING COVERAGE INSURER A: State Farm Fire and Casualty Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES CERTIFICATE NUMBER: CTPE080818 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.

TYPE OF INSURANCE	ADDITIONAL INSURED	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GENERAL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROD. <input type="checkbox"/> LDC <input type="checkbox"/> OTHER	X	87-B3-C755-9	08/17/2017	08/17/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (if applicable) \$ 200,000 MED EXP (Adv one person) \$ 5,000 PERSONAL & ADTV INJURY \$ GENERAL AGGREGATE \$ 2,000,000 PROPRIETARY - COMPROP AGG \$ 2,000,000
AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY LEASED AUTOS ONLY HIREN AUTOS ONLY NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
UMBRELLA LIA EXCESS LIA DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETARY PARTHOLDING EXECUTIVE OFFICER/BOARD MEMBER EXCLUDED (Name only in box) DESCRIPTION OF OPERATIONS N/A	Y/N N/A				PER STATUTE E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER BULLITT COUNTY BOARD OF EDUCATION 1040 HWY 44 EAST SHEPHERDSVILLE, KY 40365	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 
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# *Bullitt Central High School*



1330 Highway 44 East – Shepherdsville, KY – 502-869-6000 – Fax 502-543-1797

**TO: Mark Mitchell**

**FROM: Erik Huber, Principal**

**DATE: January 10, 2019**

**REF: Facility Use Request**

I am sending you the Facility Request from Chess Teaching & Performance for your review and Board approval. Chess Performance is requesting the use of the large gym, cafeteria, and library for the regional Chess Championship on February 23, 2019 from 7:00am to 7:00pm. If you have any questions please let me know.

Thank you,

**Erik Huber,  
Principal**

Principal:  
**Erik Huber**

Assistant Principals:  
**Christy Burden    Chad Foster**

**Joe Pat Lee**



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

Equal Education and Employment Institution

**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	Chess Performance	Telephone	502 418 5312
Representative's Name	JOHN SIMONS		
Address	173 SEARS AVE #072 Louisville, KY 40207		
The above organization/individual requests the use of:			
<input type="checkbox"/> auditorium	<input checked="" type="checkbox"/> gymnasium	<input checked="" type="checkbox"/> dining room/kitchen	<input type="checkbox"/> stadium
<input type="checkbox"/> classroom(s)	<input type="checkbox"/> other, specify <u>Library</u>		
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	
Is the organization planning to conduct sales on school premises? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
If yes, give a complete description of what is being sold and how the proceeds will be used.			
Building/school/facility	Bullitt Central High School		
Purpose	Regional Chess Championship		
Date(s) requested	2/23/19	Time(s) Requested	7:00 AM to 7:00 PM
Will public be admitted?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO If yes, please explain	Parents & Coaches Only
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	Tournament Players pay \$25

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.

## SCHOOL FACILITIES

05.31 AP.21  
(CONTINUED)

## Application and Agreement for Use of District Property

For Office Use Only - To be Completed by School Official

Cost for use of District property \$ 335.00 Cost for school employee \$ 504.35 Total cost \$ 839.35

Deposit \$ \_\_\_\_\_ Is deposit refundable? ☐ Yes ☐ No

Date Deposit Received \_\_\_\_\_ Balance Due \$ \_\_\_\_\_

Board employee(s) assigned: T. Stokes

Board Action Date, if applicable \_\_\_\_\_ Board Order # \_\_\_\_\_

Date of Use 2/23/19 Length of Time 7:00 AM to 7:00 P.M.

## 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>T. Stokes</u>	<u>14</u>	<u>OT - \$389.34</u>	
Food Service Employees			<u>Frings - \$115.01</u>	
Supervisory Personnel				
Other _____				
TOTAL PERSONNEL CHARGE				<u>\$504.35</u>

Property Used	Facility/ Equipment Fee	Personnel Cost, if applicable	Total Cost for Facility Use
Gymnasium at <u>BCHS</u> school	<u>50.00 - 3 hrs.</u> <u>10.00 - 9 hrs.</u>		<u>\$140.00</u>
Auditorium at _____ school			
Cafeteria <input checked="" type="checkbox"/> Dining Room <input type="checkbox"/> Kitchen <input type="checkbox"/> Both at <u>BCHS</u> school	<u>\$30.00</u> <u>X 4</u>		<u>\$120.00</u>
Classroom(s) Number _____ at _____ school			
Stadium at _____ school			
Other Property at <u>HUB BCHS</u> school	<u>\$30.00 - 3 hrs</u> <u>\$15.00 - 9 hrs.</u>		<u>\$45.00</u>

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**

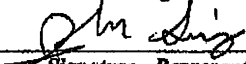
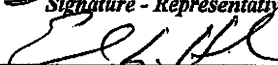
- \$50 per hour, SFS personnel must be present and paid at a rate of time and a half

**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

  
\_\_\_\_\_  
Signature - Representative of User Group  
  
\_\_\_\_\_  
Signature - Superintendent/designee

12/5/18  
\_\_\_\_\_  
Date  
1/9/18  
\_\_\_\_\_  
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