



## 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 *JB*  
FROM: Mark Mitchell *hm*  
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 the Grand Lodge of Kentucky to use their auditorium to host their District Meeting on March 2, 2019 from 4:00 pm to 9:00 pm.

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

I recommend the Board approve this request for the Grand Lodge to use Bullitt Central High School on March 2, 2019.

*Blystan*

# *Bullitt Central High School*



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

**TO: Mark Mitchell**

**FROM: Erik Huber, Principal**

**DATE: January 9, 2019**

**REF: Facility Use Request**

I am sending you the Facility Request from Jim Vernon, Grand lodge of KY, for your review and Board approval. They are requesting the use of the Auditorium for a district meeting. They have requested the date of March 2, 2019 from 4:00pm to 9:00pm. If you have any questions please let me know.

Thank you,

**Erik Huber,  
Principal**

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Principal:  
**Erik Huber**

Joe Pat Lee    Assistant Principals:  
Christy Burden    Chad Foster



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

Equal Education and Employment Institution

SCHOOL FACILITIES

05.31 AP.21

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>GRAND LODGE OF KY</u>   |   | Telephone <u>502-658-3689</u>                                       |
| Representative's Name <u>JIM VERNON</u>   |   |   |
| Address <u>PO BOX 148 TAYLORSVILLE KY 40071</u>   |   |   |
| The above organization/individual requests the use of:  |   |   |
| <input checked="" type="checkbox"/> auditorium  | <input 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 _____ 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 <u>AUDITORIUM / MEETING</u>  |   |   |
| Purpose <u>DISTRICT MEETING</u>   |   |   |
| Date(s) requested <u>MARCH 2, 2019</u>  |   | Time(s) Requested <u>4:30 PM To 9:00 PM APPROX.</u>                 |
| Will public be admitted?  | <input type="checkbox"/> YES                  | <input checked="" type="checkbox"/> NO If yes, please explain _____ |
| Will advertisement(s) be used?  | <input type="checkbox"/> YES                  | <input checked="" type="checkbox"/> NO If yes, please explain _____ |
| Will admission be charged?  | <input type="checkbox"/> YES                  | <input checked="" 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 \$ <u>70.00</u>        | Cost for school employee \$ <u>216.15</u> Total cost \$ <u>286.15</u>           |
| Deposit \$ _____   | Is deposit refundable? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Date Deposit Received _____                              | Balance Due \$ _____  |
| Board employee(s) assigned: <u>T. Stokes</u>             |   |
| Board Action Date, if applicable _____                   | Board Order # _____   |
| Date of Use <u>March 2/2019</u>                          | Length of Time <u>4:00 pm to 9 p.m.</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>T. Stokes</u>        | <u>6</u>   | <u>OT: \$166.86</u>                 |                 |
| Food Service Employees |                         |            | <u>fringes - \$49.29</u>            |                 |
| Supervisory Personnel  |                         |            |                                     |                 |
| Other _____            |                         |            |                                     |                 |
| TOTAL PERSONNEL CHARGE |                         |            |                                     | <u>\$216.15</u> |

| Property Used  | Facility/Equipment Fee                                     | Personnel Cost, if applicable | Total Cost for Facility Use |
|--|--|-------------------------------|-----------------------------|
| Gymnasium<br>at _____ school   |  |                               |                             |
| Auditorium<br>at <u>yes</u> school   | <u>50.00 for 3</u><br><u>10.00 for 2</u><br><u>\$10.00</u> |                               | <u>\$70.00</u>              |
| Cafeteria <input type="checkbox"/> Dining Room <input type="checkbox"/> Kitchen <input type="checkbox"/> Both<br>at _____ school |  |                               |                             |
| Classroom(s) Number _____<br>at _____ school   |  |                               |                             |
| Stadium<br>at _____ school   |  |                               |                             |
| Other Property<br>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

  
Signature - Representative of User Group

  
Signature - Superintendent/designee

12-17-18  
Date

1-9-19  
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



ACORD™

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/14/2019

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 any rights to the certificate holder in lieu of such endorsement(s).

| <b>PRODUCER</b><br>USI Insurance Services LLC-CL<br>950 Breckenridge Lane<br>Suite 50<br>Louisville, KY 40207 |        | <b>CONTACT NAME:</b> Commercial Lines<br><b>PHONE (A/C, No, Ext):</b> 502-815-5200<br><b>FAX (A/C, No):</b> 855-209-1246<br><b>E-MAIL ADDRESS:</b>   |  |                               |        |   |       |  |       |  |       |             |  |             |  |             |  |
|---|--------|--|--|-------------------------------|--------|---|-------|--|-------|--|-------|-------------|--|-------------|--|-------------|--|
| <b>INSURED</b><br>Grand Lodge of Kentucky F&AM<br>300 Masonic Home Drive<br>Masonic Home, KY 40041            |        | <table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : New Hampshire Insurance Company</td> <td>23841</td> </tr> <tr> <td>INSURER B : Cincinnati Insurance Company</td> <td>10677</td> </tr> <tr> <td>INSURER C : Bridgefield Casualty Insurance Company</td> <td>10335</td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table> |  | INSURER(S) AFFORDING COVERAGE | NAIC # | INSURER A : New Hampshire Insurance Company | 23841 | INSURER B : Cincinnati Insurance Company | 10677 | INSURER C : Bridgefield Casualty Insurance Company | 10335 | INSURER D : |  | INSURER E : |  | INSURER F : |  |
| INSURER(S) AFFORDING COVERAGE   | NAIC # |  |  |                               |        |   |       |  |       |  |       |             |  |             |  |             |  |
| INSURER A : New Hampshire Insurance Company   | 23841  |  |  |                               |        |   |       |  |       |  |       |             |  |             |  |             |  |
| INSURER B : Cincinnati Insurance Company  | 10677  |  |  |                               |        |   |       |  |       |  |       |             |  |             |  |             |  |
| INSURER C : Bridgefield Casualty Insurance Company  | 10335  |  |  |                               |        |   |       |  |       |  |       |             |  |             |  |             |  |
| 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 INSR | SUBR WVD | POLICY NUMBER  | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |
|----------|--|-----------|----------|----------------|-------------------------|-------------------------|---|
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: | X         |          | 01LX0626492472 | 01/01/2019              | 01/01/2020              | EACH OCCURRENCE \$1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000<br>MED EXP (Any one person) \$10,000<br>PERSONAL & ADV INJURY \$1,000,000<br>GENERAL AGGREGATE \$5,000,000<br>PRODUCTS - COMP/OP AGG \$2,000,000<br>\$ |
| A        | AUTOMOBILE LIABILITY<br><input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY<br><input checked="" type="checkbox"/> HIRED AUTOS ONLY<br><input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY  |           |          | 01CA0481970912 | 01/01/2019              | 01/01/2020              | COMBINED SINGLE LIMIT (Ea accident) \$1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$  |
| B        | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB<br><input type="checkbox"/> CLAIMS-MADE<br>DED RETENTION \$  | X         |          | EUP0057208     | 01/01/2019              | 01/01/2020              | EACH OCCURRENCE \$1,000,000<br>AGGREGATE \$1,000,000<br>\$  |
| C        | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   | Y/N       | N/A      | 19641757       | 11/01/2018              | 11/01/2019              | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$1,000,000<br>E.L. DISEASE - EA EMPLOYEE \$1,000,000<br>E.L. DISEASE - POLICY LIMIT \$1,000,000                                    |
| A        | Employee Dishones  |           |          | 01LX0626492472 | 01/01/2019              | 01/01/2020              | \$150,000 LIMIT   |
| A        | Money & Securitie  |           |          | 01LX0626492472 | 01/01/2019              | 01/01/2020              | \$20,000 INSIDE LIMIT   |
| A        | Money & Securitie  |           |          | 01LX0626492472 | 01/01/2019              | 01/01/2020              | \$10,000 OUTSIDE 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 an Additional Insured with respects to the above General Liability Policy regarding use of Bullitt Central High School's auditorium & classrooms as required in written contract. All Additional Insureds are subject to the Policy Term.

## CERTIFICATE HOLDER

## CANCELLATION

Bullitt County Board of Education  
 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

