

**Hazels Old School of Dance**  
**215 East Office Street**  
**Harrodsburg, Kentucky 40330**  
**859-733-0073**

April 16, 2019

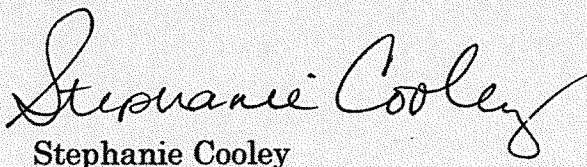
Dear Members of the Mercer County School Board,

I respectfully request the use of the auditorium at the Mercer County Senior High School on May 31, 2019 for the dress rehearsal and June 1, 2019 for the Hazels Old School of Dance annual recital. We have been honored to be able to keep our recital in Mercer County for the past 10 years with the use of this facility. I hope that the tradition could continue since the majority of my 35 dancers are students (or future students) of the Mercer County School system.

In the past we have opened our door for the dance team to use when it was in it's beginning phase and have offered other students costumes for use on other occasions. We are not listed as a non-profit organization, but as a small business. However, the only reason that we open the studio in the first place was to continue to teach the art of dance in Mercer County. Our monthly fee is charged only to offset the cost of the studio. We have never turned a profit since opening the studio, nor have I ever turned a student away for the inability to cover the monthly fee. There have been occasions that I have had to pick up extra shifts at my nursing job to cover the extra costs of costumes and dance gear. This is truly a labor of love for myself and my nieces Allison Craig and Ashton Davis.

I would hope that you will consider our use of the facility so we can have our tradition carried forward. Attached you will find that I have provided copies of my insurance policy with Mercer County School system listed and a copy of my workers compensation policy.

Thank you in advance for your consideration and dance like no one is watching,

  
Stephanie Cooley

### Facilities Use Request Information

**PROCESS:**

1. Obtain an Application and Agreement for Use of District Property form (05.31 AP.21) from the School Office.
2. Complete all items on the form with dates and time needed and the facility which is requested.
3. Return completed form with proof of liability insurance certificate to Principal at least one (1) month prior to date(s) requested.
4. Rental rate (Level III and Level IV) is \$150 per day/night plus the cost of a custodian who must be present at the times requested. Custodial wages will be paid by the Board of Education and the organization will reimburse the Board. (Custodial rate will be computed at 1 ½ times hourly rate since this will be overtime plus fixed charges.)
5. Use of facility is based on:
  - a. Principal approval (Level I and II)  
Board approval (Level III and IV)
  - b. Availability of school custodian and/or other school personnel
  - c. Availability of proposed site as indicated by building administrator

Level	Group Requesting	Must be Approved by	Fee Charged	Insurance Required
Level I	<u>School Groups</u> – must have a certified employee present	Principal	No Fee	No insurance required
Level II If all students are Mercer Co. students	<u>Student Support Groups</u> i.e., 4H, Scouts, Co. Recreation, Little League, YMCA, Mercer Ed. Foundation	Principal	No Fee (unless custodian works overtime)	Proof of Insurance required \$1 Million bodily injury and \$10,000 property
Level III  If it is for a fundraiser and some team members are outside of Mercer Co. OR some of the profits will go outside of Mercer Co.	<u>Community Interest Groups</u> i.e., Civic, Church, Homemakers, Farm Bureau, Historical Society	The Board at a Board meeting Board meetings are the 3rd Thur. of each month. Paperwork due at least 8 days before meeting.	<b>Fee Charged*</b> <b>\$150/day</b>	Proof of Insurance required \$1 Million bodily injury and \$10,000 property
Level IV	<u>Meetings of General Public</u> i.e., community or political groups	The Board at a Board Meeting Board meetings are the 3rd Thurs. of each month. Paperwork due at least 8 days before meeting.	<b>Fee Charged*</b> <b>\$150/day</b>	Proof of Insurance required \$1 Million bodily injury and \$10,000 property

**\*Fee must be paid seven (7) calendar days in advance via money order made out to Mercer County Schools and delivered to 530 Perryville St., Harrodsburg, KY 40330.**

**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 along with a contract prepared by the Board attorney. 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>Hazels Old School of Dance</u> Telephone <u>859-733-0073</u>	
Representative's Name <u>Stephanie Cooley / Allison Craig / Ashton Davis</u>	
Address <u>215 EAST Office Street Harrodsburg Ky 40330</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"/> stadium <input type="checkbox"/> classroom(s) _____ <input type="checkbox"/> other, specify _____	
Is the organization planning to use District-owned equipment? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, specify equipment <u>lights &amp; sound</u> Operator's Name <u>Will Thomas</u>	
Is the organization planning to conduct sales on school premises? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <u>ticket sales</u>	
If yes, give a complete description of what is being sold and how the proceeds will be used. _____	
<u>Ticket sales generate enough money for summer utilities</u>	
Building/school/facility <u>Mercer County Senior High School auditorium</u>	
Purpose <u>dance recital</u>	
Date(s) requested <u>5/31/19 &amp; 6/1/19</u>	Time(s) Requested <u>3pm - 10pm</u>
Will public be admitted? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Will Rental Fee be Charged?
Will advertisement(s) be used? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <u>Facebook</u>	If Level I or II <input type="checkbox"/> No
Will admission be charged? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	If Level III or IV <input type="checkbox"/> Yes

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

- To schedule with the building Principal 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.
- 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.
- 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.
- 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.
- 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****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	1			
Food Service Employees	0			
Supervisory Personnel				
Other _____				
TOTAL PERSONNEL CHARGE				

Property Used	Facility/ Equipment Fee*	Personnel Cost, if applicable	Insurance cost, if applicable	Total Cost for Facility Use
Gymnasium at _____ school				
Auditorium at <u>MCSH</u> 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				

\*Fee must be paid seven (7) calendar days in advance via money order made out to Mercer County Schools and delivered to 371 E. Lexington St., Harrodsburg, KY 40330.

Stephanie Cooley  
Signature - Representative of User Group

4/16/19  
Date

Spe Ta  
Signature - Principal

4-16-19  
Date

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

# COMMONWEALTH OF KENTUCKY WORKERS' COMPENSATION NOTICE

*Employees of this business are covered by the Kentucky Workers' Compensation Act  
(KRS Chapter 342) Conspicuous Posting of this Notice is required by law*

Stephanie Cooley  
Hazels Old School of Dance  
215 E Office St  
Harrodsburg, KY 40330

Policy Number: 421222  
Effective: 06/01/2018-06/01/2019

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Stephanie Cooley DBA Hazels Old School of Dance

**Location Name: Hazels Old School of Dance**

**Workers' Compensation Carrier:**

**Kentucky Employers' Mutual Insurance  
250 W Main St Lexington, KY 40507**

**Contact KEMI Center for Assistance:**

**1-800-868-4553 or 1-859-425-7800**

## REPORT AN INJURY

EMPLOYEES: If injured, notify your supervisor immediately: when possible, notice should be in writing. Failure to notify your supervisor could result in denial of benefits. Obtain medical care. Your employer must pay for all necessary medical care to treat a workplace injury. The employee may select the physician or medical facility to render care. If the employer is enrolled in an approved Managed Care Plan, employee selection of physicians is limited to the Approved Provider Network, except in certain emergencies. For injuries requiring continuing care, the employee must designate a treating physician. A form to do so will be furnished by your employer or its insurance carrier.

This employer is participating in a Managed Care Plan for medical care. The Managed Care Plan is Bluegrass Health Network. For information call 1-800-868-4553 or 1-859-425-7800.

DISABILITY BENEFITS to replace wages lost due to a workplace injury are payable under the Workers' Compensation Act after seven (7) days of disability. A Claim must be filed with the Office of Workers' Claims within two years of the date of injury, or last payment of temporary total disability benefits.

## NEED ASSISTANCE?

Contact your employer's claim representative. If your questions about workers' compensation rights are not promptly answered, call The Kentucky Office of Workers' Claims at 1-800-554-8601 to speak to an Ombudsman or Workers' Compensation Specialist.

EMPLOYER SUPERVISORS – NOTIFY MANAGEMENT IMMEDIATELY OF ALL INJURIES SO THAT TIMELY REPORTS CAN BE MADE AS REQUIRED BY LAW.





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
5/22/2018

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).

<b>PRODUCER</b> NORTHEAST AGENCIES INC/PHS 214608 P:(866) 467-8730 F:(888) 443-6112 301 WOODS PARK DRIVE CLINTON NY 13323	<b>CONTACT NAME:</b>	
	<b>PHONE</b> (A/C, No, Ext): (866) 467-8730	<b>FAX</b> (A/C, No): (888) 443-6112
<b>INSURED</b> STEPHANIE COOLEY 215 E OFFICE ST HARRODSBURG KY 40330	<b>E-MAIL ADDRESS:</b>	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A:</b> Sentinel Ins Co LTD	
	<b>NAIC#</b> 11000	
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
<b>INSURER D:</b>		
<b>INSURER E:</b>		
<b>INSURER F:</b>		

**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 FVLD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY			01 SBM RG3857	07/13/2018	07/13/2019	EACH OCCURRENCE	\$1,000,000
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000
	General Liab	X	X				MED EXP (Any one person)	\$10,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY	\$1,000,000
	POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC						GENERAL AGGREGATE	\$2,000,000
	OTHER:						PRODUCTS - COMPIOP AGG	\$2,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	ANY AUTO						BODILY INJURY (Per person)	\$
	OWNED AUTOS ONLY						BODILY INJURY (Per accident)	\$
	HIRED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
	SCHEDULED AUTOS							\$
	NON-OWNED AUTOS ONLY							\$
	UMBRELLA LIAB						EACH OCCURRENCE	\$
	EXCESS LIAB						AGGREGATE	\$
	DED							\$
	RETENTION \$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE	OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N					E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				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)

Those usual to the Insured's Operations. Certificate holder is an additional insured per the Business Liability Coverage Form SS 00 08 attached to this policy. Waiver of Subrogation applies in favor of the Certificate Holder per the Business Liability Coverage Form SS 00 08, attached to this policy.

**CERTIFICATE HOLDER**MERCER COUNTY SCHOOLS  
530 PERRYVILLE ST  
HARRODSBURG, KY 40330**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

*Susan L. Castaneda*



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	<b>INSURER A:</b> Sentinel Ins Co LTD	
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
<b>INSURER E:</b>		
<b>INSURER F:</b>		

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							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	\$2,000,000
							PRODUCTS - COM/POP AGG	\$2,000,000
								\$
	<b>AUTOMOBILE LIABILITY</b>						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> OWNED AUTOS ONLY						BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS							\$
	<input type="checkbox"/> NON-OWNED AUTOS ONLY							\$
	<b>UMBRELLA LIAB</b>						EACH OCCURRENCE	\$
	<input type="checkbox"/> OCCUR						AGGREGATE	\$
	<b>EXCESS LIAB</b>							\$
	<input type="checkbox"/> CLAIMS-MADE							\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	\$
	<input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N					E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
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	AUTHORIZED REPRESENTATIVE <i>Susan L. Castaneda</i>

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