



**FLOYD COUNTY BOARD OF EDUCATION**  
**Danny Adkins, Superintendent**  
**106 North Front Avenue**  
**Prestonsburg, Kentucky 41653**  
**Telephone (606) 886-2354 Fax (606) 886-4550**  
**www.floyd.kyschools.us**

**Sherry Robinson- Chair - District 5**  
**William Newsome, Jr., Vice-Chair - District 3**  
**Linda C. Gearheart, Member - District 1**  
**Dr. Chandru Varia, Member- District 2**  
**Rhonda Meade, Member - District 4**

**Floyd County Board Of Education**  
**Issue Paper**

**Date:**

April 30, 2019

**Consent Agenda Item (Action Item):**

Please approve the request for Mountain Comprehensive Care Center to use the J. D. Adams Middle School facility to include the gymnasium, cafeteria, and classrooms for their Summer Fun Camp on June 10 – June 13, 2019 and approve the MCCC Summer Fun Camp Agreement.

**Applicable Statute or Regulation:**

Facility use must have Board of Education approval.

**Fiscal/Budgetary Impact:**

Not applicable to J. D. Adams Middle School or the Floyd County Board of Education.

**History/Background:**

J. D. Adams Middle School assists agencies, when possible, to provide adequate space for activities.

**Recommended Action:**

Approve the requests.

**Contact Person(s):**

Danny Newsome, MCCC  
Tommy Poe, AMS Principal

**Principal**

**Director**

**Superintendent**

**Date:** April 30, 2019

**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>MCCF Summer Fun Camp</u> Telephone <u>886-4350</u>	
Representative's Name <u>Danny Newsome</u>	
Address <u>104 South Front Avenue Prestonsburg KY 41653</u>	
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 checked="" type="checkbox"/> classroom(s) <u>10</u> <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>T.D. Adams Middle School</u>	
Purpose <u>MCCF Summer Fun Camp</u>	
Date(s) requested <u>June 10 - 13, 2019</u>	Time(s) Requested <u>7AM - 5PM</u>
Will public be admitted?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Will advertisement(s) be used?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Will admission be charged?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

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

1. 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.
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>          </u>	Cost for school employee \$ <u>          </u> Total cost \$ <u>          </u>
Deposit \$	<u>          </u>	Is deposit refundable? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date Deposit Received	<u>          </u>	Balance Due \$ <u>          </u>
Board employee(s) assigned:	<u>          </u>	
Board Action Date, if applicable	<u>          </u>	Board Order # <u>          </u>

Review/Revised:9/29/11



MOUNCOM-02

HPROFFITT

# CERTIFICATE OF LIABILITY INSURANCE

 DATE (MM/DD/YYYY)  
 05/07/2019

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> Lexington (C&S) / AssuredPartners NL 2443 Sir Barton Way, Suite 400 Lexington, KY 40509	<b>CONTACT Hope Proffitt</b> PHONE (A/C, H/O, Ext): (859) 543-1716 FAX (A/C, H/O): (859) 543-1987 E-MAIL ADDRESS: ADDRESS:														
<b>INSURED</b> Mountain Comprehensive Care Center, Inc. 104 S Front St Prestonsburg, KY 41653	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Philadelphia Indemnity Insurance Co</td> <td>18058</td> </tr> <tr> <td>INSURER B: ClearPath Mutual</td> <td>18273</td> </tr> <tr> <td>INSURER C:</td> <td></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: Philadelphia Indemnity Insurance Co	18058	INSURER B: ClearPath Mutual	18273	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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## 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.

TYPE OF INSURANCE	ADDITIONAL INSURED	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXP. DATE (MM/DD/YYYY)	LIMITS
<b>A</b> <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:		PHPK1954230	04/01/2019	04/01/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMPROP AGG \$ 3,000,000
<b>A</b> <input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NONOWNED AUTOS ONLY		PHPK1954230	04/01/2019	04/01/2020	COMBINED SINGLE LIMIT (Per occurrence) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
<b>A</b> <input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		PHUB624220	04/01/2019	04/01/2020	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000
<b>B</b> <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	Y/N <input type="checkbox"/> N/A	WC100-0015507-2018	07/01/2018	07/01/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER EL EACH ACCIDENT \$ 2,000,000 EL DISEASE - EA EMPLOYEE \$ 2,000,000 EL DISEASE - POLICY LIMIT \$ 2,000,000
<b>A</b> <b>Professional Liab</b> <b>A</b> <b>Property</b>		PHPK1954230 PHPK1801718	04/01/2019 04/01/2018	04/01/2020 04/01/2019	Per Occurrence \$ 1,000,000 Blanket BPP Limit

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 Floyd County Summer Camp  
 June 10-13, 2019

## CERTIFICATE HOLDER

## CANCELLATION

Floyd County Board of Education 106 North Front Avenue Prestonsburg, KY 41653	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 Gary Stoddard
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