

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>KBCC</u>	Telephone	<u>666-7591</u>
Representative's Name	<u>Charles Shouse</u>		
Address	<u>3830 Hwy 15 Jackson Ky 41339</u>		
The above organization/individual requests the use of:			
<input checked="" type="checkbox"/> auditorium	<input checked="" type="checkbox"/> gymnasium	<input checked="" type="checkbox"/> dining room/kitchen	<input checked="" type="checkbox"/> stadium
<input checked="" type="checkbox"/> classroom(s)	<u>hallways</u>		
<input type="checkbox"/> other, specify _____			
Is the organization planning to use District-owned equipment?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, specify equipment		<u>tables, chairs, lockers</u>	
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>BHS</u>			
Purpose <u>Video Prevention Series for Kentucky</u>			
Date(s) requested <u>See Attached</u>		Time(s) Requested _____	
Will public be admitted?	<input checked="" type="checkbox"/> YES	<input 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:

- 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	<u>0</u>			
Food Service Employees	<u>0</u>			
Supervisory Personnel	<u>0</u>			
Other _____				
TOTAL PERSONNEL CHARGE				

Property Used	Facility/Equipment Fee	Personnel Cost, if applicable	Insurance cost, if applicable	Total Cost for Facility Use
Gymnasium at <u>BHS</u> school				
Auditorium at <u>BHS</u> school				
Cafeteria - <input checked="" type="checkbox"/> Dining Room <input checked="" type="checkbox"/> Kitchen <input type="checkbox"/> Both at _____ school				
Classroom(s) Number <u>2</u> at <u>BHS</u> school				
Stadium at <u>BHS</u> school				
Other Property at _____ school				

[Signature]
Signature - Representative of User Group

5/24/19
Date

[Signature]
Signature - Superintendent/designee

5-20-19
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.

For Office Use Only - To be Completed by School Official	
Cost for use of District property \$ _____	Cost for school employee \$ _____ Total cost \$ _____
Deposit \$ _____	Is deposit refundable? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date Deposit Received _____	Balance Due \$ _____
Board employee(s) assigned: _____	
Board Action Date, if applicable _____ Board Order # _____	

Review/Revised: 7/26/11

Proposed days to shoot in Breathitt High School

May 28. Lunch Room Scene. 20-30 people. Actors, Crew and Extras. All day

June 7, Drama Classroom or just a plain classroom with office. 20+ people. All day

June 12, School Hallway at lockers, 20-30 people All day

June 13, Lunch Room and Hallway 20-30 people all day

June 20, Counselor office and Hallway, 20-30 people All Day

June 25, Coliseum, 25 people, All Day

June 26, Art Room or Class room, 10-15 people, All Day

June 28, Hallway, 20-30 people, All Day

July 9, Lunch Room, 20-30 people, All Day

July 10, Classroom, 20-25 people, All Day

July 15, Hallway and Bathroom, 10-20 people, All Day

July 16, Lunch Room, 20-30 people, All Day

July 23, Hallway, 20 people, All Day

July 24, Lunch Room, 20-30 people, Half Day

July 25, Counselor Office, 20 people, Half Day

July 31, Lunch Room, Counselor's Office, 25 people, All Day

August 6, Lunch Room, 20-30 people, All Day

August 12, Hallway, 20-30 people, Half Day

August 22, School Exterior 20-30 people, All Day



KRCC000-01

JESTILL

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/19/2018

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 Central Insurance Services 2400 Harrodsburg Road Lexington, KY 40503	CONTACT NAME:	PHONE (A/C, No, Ext): (859) 253-8799	FAX (A/C, No): (859) 278-6921
	E-MAIL ADDRESS: insurance@centralbank.com		
INSURED Ky River Community Care Inc Ky River Community Care Inc PO Box 794 Jackson, KY 41339	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Philadelphia Insurance Company		18058
	INSURER B: Kentucky Employer's Mutual Ins		10320
	INSURER C:		
	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 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 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER			PHPK1844476	07/01/2018	07/01/2019	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 \$ 3,000,000 PRODUCTS - COM/OP AGG \$ 3,000,000 PROF AND ABUSE \$ 3,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			PHUB636622	07/01/2018	07/01/2019	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ \$
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	Y/N <input type="checkbox"/>	N/A	407634	11/23/2018	11/23/2019	<input checked="" type="checkbox"/> PER STATUTE <input checked="" type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Professional Errors			PHPK1844476	07/01/2018	07/01/2019	1,000,000 3,000,000

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

CERTIFICATE HOLDER

CANCELLATION

KRCC
PO Box 794
Jackson, KY 41339

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

Tom Francis