

Darrin Herndon  
4705 Sparta Pike  
Sparta KY 41086

Dear Gallatin County Board of Education

I am writing this letter seeking approval for a booster program for the Gallatin County Varsity Cheerleaders. The purpose of this booster program is to assist and help fund the varsity Cheer team for competitions and other events they will compete in.

Thank You

Darrin Herndon

# OFFICERS FOR CHEER BOOSTERS

DARRIN HERNDON - PRESIDENT

ANITA TILLET - V. P.

LEE ANN FARRAR - TREASURER

STACEY KEMPER - SECRETARY

## Request for Taxpayer Identification Number and Certification

► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Give Form to the  
requester. Do not  
send to the IRS.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>Gallatin Co. Varsity CheerLEADING Boosters</b>	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ► _____	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>	
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number										
				-				-		
or										
Employer identification number										
8	3	-	3	0	6	3	8	9	4	

### Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ►	Date ►
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)  
Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.



Darrin Herndon &lt;dherndon@northamericanstainless.com&gt;

**Fwd: Ref:313585755052 West Bend Online Payment Confirmation**

1 message

Darrin Herndon <dherndon4256@gmail.com>  
To: Darrin <dherndon@northamericanstainless.com>

Fri, Aug 16, 2019 at 9:50 AM

----- Forwarded message -----

From: <[Ebillservice@wbmi.com](mailto:Ebillservice@wbmi.com)>  
Date: Wed, Jul 24, 2019, 12:05  
Subject: Ref:313585755052 West Bend Online Payment Confirmation  
To: <[dherndon4256@gmail.com](mailto:dherndon4256@gmail.com)>

Dear West Bend Policyholder,

This is a confirmation that you have authorized payment on billing account 100018313800 as follows:

Customer Name: Gallatin County Varsity Cheer Boosters(Darrin Herndon)  
Payment Amount: \$258.52  
Date: 07/24/2019  
Payment Method: Checking \*\*\*\*\*6899  
Customer Reference Number: 313585755052

Your agreement to the terms is acknowledgment that the information you provided regarding your financial institution will be used to make an online payment of your insurance premium.

If you have any questions about this transaction, please contact Billing support at 1-800-236-5002 during business hours 8:00 AM - 4:30 PM CST.

Thank you for choosing West Bend as your insurance carrier.

[www.thesilverlining.com](http://www.thesilverlining.com)





**Quote Proposal**

**Customer Number:** 1000183138  
**Policy Number:** A558761 00

**Quoted Policy Term:** 01/24/2019 to 01/24/2020  
**Date Quoted:** 01/24/2019

**Customer Name and Address:**  
Gallatin County Varsity Cheer Boosters  
4705 Sparta Pike  
Sparta, KY 41086

**Agency Name and Address:**  
HUMMEL'S WARSAW INSURANCE INC  
505 E MAIN ST., P O BOX 465  
WARSAW, KY 41095  
859-567-4141

16330

**Thank you for the opportunity to provide a quote.**

**See below for a summary of premiums quoted. Refer to additional pages for more details.**

This quote proposal is based on the underwriting and rating information provided to date, including deductibles and retention. Please keep in mind this quote proposal may be subject to additional rating, pricing or underwriting considerations, as well as to a loss prevention survey and compliance with its recommendations.

**These rate levels and this quote proposal are valid for 60 days or until 7 days past the proposed effective date, whichever comes first. This quote proposal is valid until: 01/31/2019**

Coverage Part	Premium
Commercial General Liability Coverage	\$484.00
Total Premium:	\$484.00
Kentucky Taxes, Fees and Surcharges:	\$33.04
Total Including Taxes, Fees and Surcharges:	\$517.04

Riley Fragosso  
Phone: 608-410-3665 | Fax: 1-800-320-1622  
Email: rfragosso@wbmi.com

**This quote proposal is not the insurance contract.  
Only the actual provisions of the issued policy will apply.**

# TERRORISM RISK INSURANCE ACT REJECTION FORM

**Customer Number:** 1000183138  
**Policy Number:** A558761  
**Policy Effective Date:** 2019-01-24  
**Insured Name:** Gallatin County Varsity Cheer Boosters  
**Agent Name:** HUMMEL'S WARSAW INSURANCE INC  
**Agent Code:** 16330

The disclosure notice required by the Terrorism Risk Insurance Act (the "Act") is attached to your policy as an endorsement. The premium for coverage against certified acts of terrorism as provided for by the Act is shown on the policy declaration pages.

You have the option to reject coverage under the Act. If you choose to reject coverage for certified acts of terrorism, this rejection form must be signed and returned to our office.

This form must be received by us within 30 days after the policy effective date if you desire to reject the coverage. If this form is not received within this time period, coverage against certified acts of terrorism will remain on this policy for the remainder of the policy term and you will be required to pay the applicable premium.

If a location(s) covered by this policy is located in a Standard Fire Protection state\*, then the requirements for fire coverage, as to that location, are established by law and you cannot reject coverage for that location for fire losses resulting from an act of terrorism. The premium for fire coverage is shown separately on the policy declarations page. The premium for fire coverage applicable to a location in a Standard Fire Protection state will not be returned to you even if you indicate to us that you wish to reject coverage for certified acts of terrorism.

I understand and agree by signing below, that except for fire coverage on locations in Standard Fire Protection states, I have elected to reject coverage for certified acts of terrorism under the Terrorism Risk Insurance Act.

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Policyholder's Signature

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Date

*If coverage against certified acts of terrorism is rejected, the endorsement removing this coverage will be processed using the policy effective date.*

**\*Standard Fire Protection States:**

Illinois (Property Coverages)  
Iowa (Property Coverages)  
Missouri (Property & Inland Marine Coverages)  
Wisconsin (Property & Inland Marine Coverages)



# KENTUCKY NOTICE OF PAYMENT PLAN OPTIONS

West Bend Mutual Insurance Company offers several payment plan options. The various payment plans are described below.

## 1. Direct Bill Options

- a. Semiannual (Annual premium of \$125 or more)
  - (1) First payment of 50 percent of total premium plus an installment fee due at inception.
  - (2) Second payment of 50 percent of total premium plus an installment fee due in six months.
- b. Quarterly (Annual premium of \$125 or more)
  - (1) First payment of 25 percent of total premium plus an installment fee due at inception.
  - (2) Second payment of 25 percent of total premium plus an installment fee due in three months.
  - (3) Third payment of 25 percent of total premium plus an installment fee due in six months.
  - (4) Fourth payment of 25 percent of total premium plus an installment fee due in nine months.
- c. Down payment plus nine (Annual premium of \$455 or more)
  - (1) Down payment of 25 percent of total premium plus an installment fee due at inception.
  - (2) Remaining nine monthly payments of 8.333 percent of total premium plus an installment fee on each installment.
- d. In addition, the following payment plans are available. The down payment for each of these plans is the first installment plus an installment fee.
  - (1) 10 equal payments plus an installment fee on each installment (Annual premium of \$455 or more)
  - (2) 12 equal payments plus an installment fee on each installment (Annual premium of \$575 or more)

2. For more information regarding payment options, visit [www.paymyinsurance.com](http://www.paymyinsurance.com).

## FEES:

- Installment Fees apply to each installment.
- A \$7.00 Installment Fee applies when receiving paper invoices.
- A \$4.00 Installment Fee applies when receiving electronic invoices.
- A \$1.00 Installment Fee applies when receiving electronic invoices and utilizing automatic payments.
- Items returned by the financial institution as unpaid will generate a \$25.00 fee.

## RENEWAL INVOICE/CANCELLATION:

Your policy premium can be found on the first page of the policy accompanying this notice. If this is a renewal policy, you will receive an invoice, indicating the down payment amount, based on the selected payment plan, and due date, 21 days prior to the due date. Down payment is due by the effective date of your renewal policy. If we do not receive your down payment by the fifth day after the effective date, we will cancel your policy as of the effective date of the policy and mail you a copy of the cancellation notice.

## PLEASE NOTE:

When sending payment for a plan other than the installment amount invoiced, include a statement with your payment indicating the desired plan.

If we receive payment prior to binding coverage, we may process the payment. However, our processing of the payment does not bind coverage. If we do not bind coverage for any reason, we will return the payment.

Any questions you may have about payment plan options or to change a current payment plan, please contact West Bend's Accounting Department (1-800-236-5002).



THE SILVER LINING™

### Binding Instructions

**Customer Name:** Gallatin County Varsity Cheer Boosters  
**Quote/Policy Number:** A558761

**Quoted Policy Term:** 01/24/2019 to 01/24/2020

Thank you for choosing NSI, we appreciate your business! To ensure that we process your new business correctly, please help us verify the following information:

**Effective Date:** 1-24-2019

**Expiration Date:** 1-24-2020

**Customer Care Agencies:** Please issue this policy through Customer Care (circle one): **Yes** **No**

Please issue with the following Payment Plan Option (circle one):

**Annual**

**Semi-Annual**

**Quarterly**

**Down Payment Plus Nine**

**10 Equal Payments**

**12 Equal Payments**

Checks for down payment should be made payable to NSI and sent with your binding instructions to:

PO Box 620976 Middleton, WI 53562

Premiums should be issued per line as follows:

<b>General Liability</b>	\$ <u>484.00</u> <i>excluding taxes</i>	<b>Crime &amp; Fidelity:</b>	\$ _____
<b>Property:</b>	\$ _____	<b>Commercial Auto:</b>	\$ _____
<b>Work Comp:</b>	\$ _____	<b>Inland Marine:</b>	\$ _____
<b>Umbrella:</b>	\$ _____	<b>Liquor Liability:</b>	\$ _____
<b>EPLI:</b>	\$ _____	<b>Directors and Officers:</b>	\$ _____

\* Note – Special Events, Hole In One, Games of Chance and Monoline Crime-Bonds must be paid in full at the time of binding.

**Comments:**

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**Loss History:**

- ☐ Already submitted with the original application materials.
- ☐ Have been ordered from the previous carrier and will be forwarded upon receipt.
- ☒ Not applicable – no prior loss history available or this is a new business venture.

WB 2582 01 18

*Darin Henderson*



**Commercial Lines Policy Declarations**

**Customer Number:** 1000183138  
**Policy Number:** A558761 00

**Policy Period:** 01/24/2019 to 01/24/2020  
at 12:01 AM Standard Time at Your Mailing Address Shown Below

**Named Insured and Address:**  
Gallatin County Varsity Cheer Boosters  
4705 Sparta Pike  
Sparta, KY 41086

**Agency Name and Address:** 16330  
HUMMEL'S WARSAW INSURANCE INC  
505 E MAIN ST., P O BOX 465  
WARSAW, KY 41095  
859-567-4141

**Location Schedule**

Loc	Address	City	County	State	Zip
1	4705 Sparta Pike	Sparta	Gallatin	KY	41086

**Commercial Lines Policy Declarations**

**Customer Number:** 1000183138  
**Policy Number:** A558761 00

**Policy Period:** 01/24/2019 to 01/24/2020  
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4705 Sparta Pike  
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HUMMEL'S WARSAW INSURANCE INC  
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**Forms Schedule**

Number	Edition	Description
IL0017Z	1198	COMMON POLICY CONDITIONS
IL0021	0908	NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT (BROAD FORM)
IL0985Z	0115	DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT
WB214	0417	MEMBERSHIP AND VOTING NOTICE
WB660	0109	TWO OR MORE COVERAGE FORMS OR POLICIES ISSUED BY US
IL0263Z	0908	KENTUCKY CHANGES - CANCELLATION AND NONRENEWAL

This is not a complete representation of all forms that may be attached to your policy

**Commercial Lines Policy Declarations**

**Customer Number:** 1000183138  
**Policy Number:** A558761 00

**Policy Period:** 01/24/2019 to 01/24/2020  
at 12:01 AM Standard Time at Your Mailing Address Shown Below

**Named Insured and Address:**  
Gallatin County Varsity Cheer Boosters  
4705 Sparta Pike  
Sparta, KY 41086

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**Kentucky Local Government Premium and Surcharge**

		Tax/Surcharge Amount
LGT Reporting Line	Taxing Authority	
Casualty	SPARTA	\$29.04
Collection Fee		\$4.00
<b>Total KY Local Government Tax and Collection Fee</b>		<b>\$33.04</b>
<b>KY Surcharge*</b>		<b>\$0.00</b>

\*As required by Kentucky Statute KRS 136.392

THIS ENDORSEMENT IS ATTACHED TO AND MADE PART OF YOUR POLICY IN RESPONSE TO THE DISCLOSURE REQUIREMENTS OF THE TERRORISM RISK INSURANCE ACT. THIS ENDORSEMENT DOES NOT GRANT ANY COVERAGE OR CHANGE THE TERMS AND CONDITIONS OF ANY COVERAGE UNDER THE POLICY.

## DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT

### SCHEDULE

#### SCHEDULE – PART I

**Terrorism Premium (Certified Acts) \$**

This premium is the total Certified Acts premium attributable to the following Coverage Part(s), Coverage Form(s) and/or Policy(ies):

If you have previously rejected coverage under this policy for Certified Acts of Terrorism under the Terrorism Risk Insurance Act, Coverage will remain excluded unless you request coverage within 30 days of the policy effective date.

Additional information, if any, concerning the terrorism premium:

#### SCHEDULE – PART II

Federal share of terrorism losses 85% Year: 2015

Federal share of terrorism losses 83% Year: 2017

Federal share of terrorism losses 81% Year: 2019

(Refer to Paragraph B. in this endorsement)

Federal share of terrorism losses 84% Year: 2016

Federal share of terrorism losses 82% Year: 2018

Federal share of terrorism losses 80% Year: 2020

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

#### A. Disclosure Of Premium

In accordance with the federal Terrorism Risk Insurance Act, we are required to provide you with a notice disclosing the portion of your premium, if any, attributable to coverage for terrorist acts certified under the Terrorism Risk Insurance Act. The portion of your premium attributable to such coverage is shown in the Schedule of this endorsement or in the policy Declarations.



**B. Disclosure Of Federal Participation In Payment Of Terrorism Losses**

The United States Government, Department of the Treasury, will pay a share of terrorism losses insured under the federal program. The federal share equals a percentage (as shown in Part II of the Schedule of this endorsement or in the policy Declarations) of that portion of the amount of such insured losses that exceeds the applicable insurer retention. However, if aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a calendar year, the Treasury shall not make any payment for any portion of the amount of such losses that exceeds \$100 billion.

**C. Cap On Insurer Participation In Payment Of Terrorism Losses**

If aggregate insured losses attributable to terrorist acts certified under the Terrorism Risk Insurance Act exceed \$100 billion in a calendar year and we have met our insurer deductible under the Terrorism Risk Insurance Act, we shall not be liable for the payment of any portion of the amount of such losses that exceeds \$100 billion, and in such case insured losses up to that amount are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.

**Commercial General Liability Coverage Declarations**

**Customer Number:** 1000183138  
**Policy Number:** A558761 00

**Policy Period:** 01/24/2019 to 01/24/2020  
at 12:01 AM Standard Time at Your Mailing Address Shown Below

**Named Insured and Address:**  
Gallatin County Varsity Cheer Boosters  
4705 Sparta Pike  
Sparta, KY 41086-8997

**Agency Name and Address:**  
HUMMEL'S WARSAW INSURANCE INC  
505 E MAIN ST., P O BOX 465  
WARSAW, KY 41095  
859-567-4141

16330

Insured is a(n) Non-Profit Organization

**Limits of Insurance**

General Aggregate Limit (other than Products/Completed Operations)	\$2,000,000
Products/Completed Operations Aggregate Limit	\$2,000,000
Each Occurrence Limit	\$1,000,000
Personal and Advertising Injury Liability Limit	\$1,000,000
Damage to Premises Rented to You Limit	\$300,000
Medical Expense Limit, Any One Person	\$10,000
See attached Forms Schedule for forms and endorsements applicable to this coverage.	

**Commercial General Liability Classification Schedule**

**Customer Number:** 1000183138  
**Policy Number:** 6568761 00

**Policy Period:** 01/24/2019 to 01/24/2020  
at 12:01 AM Standard Time at Your Mailing Address Shown Below

**Named Insured and Address:**  
Gallatin County Varsity Cheer Boosters  
4705 Sparta Pike  
Sparta, KY 41096-8997

**Agency Name and Address:** 16330  
HUMMEL'S WARSAW INSURANCE INC  
505 E MAIN ST., P O BOX 465  
WARSAW, KY 41095  
859-567-4141

**Commercial General Liability Classifications**

Loc	Class Code	Description	Exposure	Premium Basis	Rate	Premium	Coverage
1	41670	Clubs - civic, service or social - no buildings or premises owned or leased except for office purposes - Not-For-Profit only	1	Members	1.030 Included	\$1 Included	Prem/Ops Prod/Co
1	63210	Exhibitions - in buildings - no admission charged - Not-For-Profit only	10	Exhibitions	43.078 Included	\$431 Included	Prem/Ops Prod/Co

**Commercial General Liability Endorsements and Miscellaneous Premiums**

**Customer Number:** 1000183138  
**Policy Number:** A558761 00

**Policy Period:** 01/24/2019 to 01/24/2020  
at 12:01 AM Standard Time at Your Mailing Address Shown Below

**Named Insured and Address:**  
Gallatin County Varsity Cheer Boosters  
4705 Sparta Pike  
Sparta, KY 41086-8997

**Agency Name and Address:**  
HUMMEL'S WARSAW INSURANCE INC  
505 E MAIN ST., P O BOX 465  
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**Additional Insureds**

Description	Form Number	Premium
Club Members	CG2002	\$0

**Endorsements**

Description	Form Number	Premium
Voluntary Property Damage Coverage	WB144	Included
Amendment - Who Is An Insured	WB1460	Included
Plus Pak - Liability	WB2000GL	\$50

**Miscellaneous Premiums**

Description	Form Number	Premium
Terrorism Risk Insurance Act		\$2

**Total General Liability Premium:** \$484



**Commercial General Liability Forms Schedule**

**Customer Number:** 1000183138  
**Policy Number:** 4558761 00

**Policy Period:** 01/24/2019 to 01/24/2020  
at 12:01 AM Standard Time at Your Mailing Address Shown Below

**Named Insured and Address:**  
Gallatin County Varsity Cheer Boosters  
4705 Sparta Pike  
Sparta, KY 41086-8997

**Agency Name and Address:**  
HUMMEL'S WARSAW INSURANCE INC  
505 E MAIN ST., P O BOX 465  
WARSAW, KY 41095  
859-567-4141

16330

**Forms Schedule**

Number	Edition	Description
CG 01	0413	COMMERCIAL GENERAL LIABILITY COVERAGE FORM
CG 02	1185	ADDITIONAL INSURED - CLUB MEMBERS
CG 03	1185	EXCLUSION - ATHLETIC OR SPORTS PARTICIPANTS
CG 06	0514	EXCLUSION - ACCESS OR DISCLOSURE OF CONFIDENTIAL OR PERSONAL INFORMATION AND DATA-RELATED LIABILITY - WITH LIMITED BODILY INJURY EXCEPTION
CG 09	0615	EXCLUSION - UNMANNED AIRCRAFT
CG 13	0708	ABUSE OR MOLESTATION EXCLUSION
CG 14	1207	EMPLOYMENT-RELATED PRACTICES EXCLUSION
CG 10	0115	CAP ON LOSSES FROM CERTIFIED ACTS OF TERRORISM
NS 13	0409	EXCESS PROVISION
NS 1GL	0114	EXCLUSION - TRAMPOLINES
NS 1GL	0114	EXCLUSION - DISCRIMINATION
NS 1	0108	EXCLUSION - DESCRIBED HAZARDS FIREWORKS
NS 1GL	0108	TOTAL LIQUOR LIABILITY EXCLUSION
NS 1GL	0108	EXCLUSION - DESCRIBED HAZARDS-MECHANICALLY OPERATED AMUSEMENT DEVICES
NS 1	0108	LIMITED FUNGI COVERAGE

This is not a complete representation of all forms that may be attached to your policy

**Commercial General Liability Forms Schedule**

**Customer Number:** 1000183138  
**Policy Number:** A55876100

**Policy Period:** 01/24/2019 to 01/24/2020  
at 12:01 AM Standard Time at Your Mailing Address Shown Below

**Named Insured and Address:**  
Gallatin County Varsity Cheer Boosters  
4705 Sparta Pike  
Sparta, KY 41086-8997

**Agency Name and Address:** 16330  
HUMMEL'S WARSAW INSURANCE INC  
505 E MAIN ST., P O BOX 465  
WARSAW, KY 41095  
859-567-4141

**Forms Schedule**

Number	Edition	Description
WB1004	0109	VOLUNTARY PROPERTY DAMAGE COVERAGE
WB1000	0118	AMENDMENT - WHO IS AN INSURED
WB1001GL	0111	EXCLUSION - ASBESTOS OR ASBESTOS PRODUCTS
WB1001GL	0114	EXCLUSION - LEAD LIABILITY
WB1001GL	0118	PLUS PAK - LIABILITY
CB1001	1001	KENTUCKY CHANGES - BINDING ARBITRATION

This is not a complete representation of all forms that may be attached to your policy

POLICY NUMBER: A558761

**COMMERCIAL GENERAL LIABILITY**

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**EXCLUSION – ATHLETIC OR SPORTS PARTICIPANTS**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

**SCHEDULE**

Description of Operations:

None

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

With respect to any operations shown in the Schedule, this insurance does not apply to "bodily injury" to any person while practicing for or participating in any sports or athletic contest or exhibition that you sponsor.



## Club Questionnaire (Attach to an Acord application)

Policy Number: \_\_\_\_\_

Applicant's name <u>Gallatin County Varsity Cheer Boosters</u>			
Address <u>4705 Sparta Pike</u>	City <u>Sparta</u>	State <u>KY</u>	Zip <u>41086</u>
Street	City	State	Zip
Applicant's website address _____		Contact's email address _____	

### GENERAL INFORMATION

- 1) Describe the activities and primary purpose of your organization: (civic, social, fraternal, political, etc.)  
Gallatin County High School cheerleading fundraising booster club

- 2) How many years have you been in operation? \_\_\_\_\_  
 3) How many members in your organization? \_\_\_\_\_  
 4) What is the total square footage of the clubhouse? \_\_\_\_\_  
 5) Is the club restricted to club members and their guests?  
     a. If not, what percentage of the club has public access? \_\_\_\_\_  
 6) What are the hours of operation each day? \_\_\_\_\_

new  
 1 217 members total  
 n/a  
☐ Yes ☐ No  
 n/a

### FACILITY RENTAL

(Complete this section if your organization rents your premises to others (receptions, parties, etc.))

- 1) Square footage used for rental: \_\_\_\_\_  
 2) Number of times a year your premises is rented, either for a fee or at no cost? \_\_\_\_\_  
 3) Are employees always on-site during facility rental? \_\_\_\_\_  
 4) Is alcohol served or allowed on the premises during facility rental? \_\_\_\_\_  
 5) Are renters required to sign a written rental contract?  
     a. If yes, submit a copy of the rental contract.

n/a  
 n/a  
☐ Yes ☐ No  
☐ Yes ☐ No  
☐ Yes ☐ No

### SPECIAL EVENTS / PARADES

- 1) Submit a list of scheduled club or organization meetings, gatherings, planned events, parades, and other activities that take place during the year, for which insurance coverage issued is to apply. This includes events or activities that are open to the public.

<u>Event Dates</u>	<u>Attendance</u>	<u>Location</u>	<u>Describe Briefly</u>

- 2) Events which are not restricted to club members and their guests, attracting more than 200 attendees, require the completion of an NSI Special Events Questionnaire.





TAVERN OR RESTAURANT

1) Tavern or restaurant occupancy?

☐ Yes ☒ No

2) Liquor sales? no

a. To obtain a liquor liability quote, complete a NSI Liquor Liability Questionnaire.

3) Food and non-alcoholic beverage sales? pancake breakfast, spaghetti dinners, etc

4) Other sales and income? \_\_\_\_\_

5) Commercial cooking? (deep fryers or indoor grill)

☐ Yes ☒ No

a. If yes, protected by extinguishing system meeting UL 300 standards?

☐ Yes ☐ No

b. Do you have a semi-annual servicing/cleaning contract for the ext. system?

☐ Yes ☐ No

The information I have provided is true and accurate to the best of my knowledge. I have not willfully concealed or misrepresented any material fact(s) or information. I understand completion of this questionnaire does not compel the company to provide coverage.

Darin Henderson

Applicant's Signature

1-24-19

Date

Asheley Huddendoy

Agent's Signature

Hummel Ins Group

Agency Name

1-24-19  
Date



# COMMERCIAL GENERAL LIABILITY SECTION

 DATE (MM/DD/YYYY)  
01/22/2019

AGENCY Hummel Warsaw Insurance		CARRIER	NAIC CODE
POLICY NUMBER	EFFECTIVE DATE	APPLICANT / FIRST NAMED INSURED Gallatin County Varsity Cheer Boosters	
<b>IMPORTANT - If CLAIMS MADE is checked in the COVERAGE / LIMITS section below, this is an application for a claims-made policy.</b> Read all provisions of the policy carefully.			

## COVERAGES

## LIMITS

<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCURRENCE OWNER'S & CONTRACTOR'S PROTECTIVE		GENERAL AGGREGATE \$ 2,000,000 LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> LOCATION <input type="checkbox"/> PROJECT <input type="checkbox"/> OTHER:	PREMIUMS PREMISES/OPERATIONS
DEDUCTIBLES PROPERTY DAMAGE \$ <input type="checkbox"/> PER CLAIM BODILY INJURY \$ <input type="checkbox"/> PER OCCURRENCE		PRODUCTS & COMPLETED OPERATIONS AGGREGATE \$ 2,000,000 PERSONAL & ADVERTISING INJURY \$ 1,000,000 EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (each occurrence) \$ 300,000 MEDICAL EXPENSE (Any one person) \$ 5,000 EMPLOYEE BENEFITS \$	PRODUCTS OTHER TOTAL

OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS (For hired/non-owned auto coverages attach the applicable state Business Auto Section, ACORD 137)

APPLICABLE ONLY IN WISCONSIN: IF NON-OWNED ONLY AUTO COVERAGE IS TO BE PROVIDED UNDER THE POLICY:

 1. UM / UIM COVERAGE ☐ IS ☐ IS NOT AVAILABLE. 2. MEDICAL PAYMENTS COVERAGE ☐ IS ☐ IS NOT AVAILABLE.

## SCHEDULE OF HAZARDS (ACORD 211, Schedule of Hazards, may be attached if more space is required)

LOC #	HAZ #	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
						PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS
CLASSIFICATION DESCRIPTION fundraising booster club									
LOC #	HAZ #	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS
CLASSIFICATION DESCRIPTION									
LOC #	HAZ #	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS
CLASSIFICATION DESCRIPTION									
LOC #	HAZ #	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	PREM / OPS	PRODUCTS	PREM / OPS	PRODUCTS
CLASSIFICATION DESCRIPTION									
RATING AND PREMIUM BASIS (P) PAYROLL - PER \$1,000/PAY (C) TOTAL COST - PER \$1,000/COST (U) UNIT - PER UNIT (S) GROSS SALES - PER \$1,000/SALES (A) AREA - PER 1,000/SQ FT (M) ADMISSIONS - PER 1,000/ADM (T) OTHER									

## CLAIMS MADE (Explain all "Yes" responses)

EXPLAIN ALL "YES" RESPONSES	Y / N
1. PROPOSED RETROACTIVE DATE:	
2. ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE:	
3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE?	
4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY?	

## EMPLOYEE BENEFITS LIABILITY

1. DEDUCTIBLE PER CLAIM: \$	3. NUMBER OF EMPLOYEES COVERED BY EMPLOYEE BENEFITS PLANS:
2. NUMBER OF EMPLOYEES:	4. RETROACTIVE DATE:

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**CONTRACTORS**

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)					Y / N
1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS?					
2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL?					
3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING?					
4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS?					
5. ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE?					
6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS?					
DESCRIBE THE TYPE OF WORK SUBCONTRACTED	\$ PAID TO SUB-CONTRACTORS:	% OF WORK SUBCONTRACTED:	# FULL-TIME STAFF:	# PART-TIME STAFF:	

**PRODUCTS / COMPLETED OPERATIONS**

PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS

EXPLAIN ALL "YES" RESPONSES (For all past or present products or operations) PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC.		Y / N
1. DOES APPLICANT INSTALL, SERVICE OR DEMONSTRATE PRODUCTS?		
2. FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS? (If "YES", attach ACORD 815)		
3. RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED?		
4. GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS?		
5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY?		
6. PRODUCTS RECALLED, DISCONTINUED, CHANGED?		
7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL?		
8. PRODUCTS UNDER LABEL OF OTHERS?		
9. VENDORS COVERAGE REQUIRED?		
10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSUREDS?		

**ADDITIONAL INTEREST / CERTIFICATE RECIPIENT**

☐ ACORD 45 attached for additional names

<b>INTEREST</b> <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	<b>INTEREST IN ITEM NUMBER</b> LOCATION: BUILDING: ITEM CLASS: ITEM: ITEM DESCRIPTION	
					REFERENCE / LOAN #:	

**GENERAL INFORMATION**

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)

1. ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONALS EMPLOYED OR CONTRACTED?

2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS?

3. DO/HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g. landfills, wastes, fuel tanks, etc)

4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST FIVE (5) YEARS?

5. DO YOU RENT OR LOAN EQUIPMENT TO OTHERS?

EQUIPMENT	TYPE OF EQUIPMENT		INSTRUCTION GIVEN (Y/N)
	SMALL TOOLS	LARGE EQUIPMENT	

6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED?

7. ANY PARKING FACILITIES OWNED/RENTED?

8. IS A FEE CHARGED FOR PARKING?

9. RECREATION FACILITIES PROVIDED?

10. ARE THERE ANY LODGING OPERATIONS INCLUDING APARTMENTS? (If "YES", answer the following):

# APTS	TOTAL APT AREA Sq. Ft.	DESCRIBE OTHER LODGING OPERATIONS

11. IS THERE A SWIMMING POOL ON PREMISES? (Check all that apply)

☐ APPROVED FENCE ☐ LIMITED ACCESS ☐ DIVING BOARD ☐ SLIDE ☐ ABOVE GROUND ☐ IN GROUND ☐ LIFE GUARD

12. ARE SOCIAL EVENTS SPONSORED?

13. ARE ATHLETIC TEAMS SPONSORED?

TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP		TYPE OF SPORT	CONTACT SPORT (Y/N)	AGE GROUP	
		12 & UNDER	13 - 18			12 & UNDER	13 - 18

EXTENT OF SPONSORSHIP:

EXTENT OF SPONSORSHIP:

14. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?

15. ANY DEMOLITION EXPOSURE CONTEMPLATED?



**GENERAL INFORMATION (continued)**

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)				Y / N
16. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?				
17. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?				
LEASE TO	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	LEASE FROM	WORKERS COMPENSATION COVERAGE CARRIED (Y/N)	
18. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES?				
19. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?				
20. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE (3) YEARS?				
21. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?				
22. DOES THE BUSINESSES' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES?				

**REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)****SIGNATURE**

**Applicable in AL, AR, DC, LA, MD, NM, RI and WV:** Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

**Applicable in CO:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Applicable in FL and OK:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)\*. \*Applies in FL Only.

**Applicable in KS:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in KY, NY, OH and PA:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

**Applicable in ME, TN, VA and WA:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

**Applicable in NJ:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in OR:** Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in PR:** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE <i>Ashley Middendorf</i>	PRODUCER'S NAME (Please Print) <i>Ashley Middendorf</i>	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE <i>Darin Hendon</i>	DATE <i>1-24-19</i>	NATIONAL PRODUCER NUMBER