

# Bullitt County Public Schools

1040 Highway 44 East  
Shepherdsville, Kentucky 40165

Phone: 502-869-8000  
Fax: 502-543-3608  
[www.bullittschools.org](http://www.bullittschools.org)

TO: Dr. Jesse Bacon *JB*  
FROM: Ed Oyler  
DATE: March 12, 2021  
RE: Hebron Middle School Band Boosters  
Vendor Craft Fair

Hebron Middle School Band Booster is requesting permission to organize a vendor event and craft fair for the community on Saturday, April 17, 2021. The event will be held outdoors utilizing the parking areas and the front patio area of Hebron Middle School. In the event of rain, and alternate date of Saturday, May 8, 2021 has been set.

Mitigation measures will be implemented to include booths to be spaced a minimum of 10 feet apart to maintain a safe social distance, masks will be required at all times even though the event is being held outside and sanitation stations will be spaced throughout the area.

The Facility Use Application and Agreement Form as well as the Certificate of Liability Insurance are provided.

I recommend the Board approve this request.

Attachments:

- Facility Use Application and Agreement
- Certificate of Liability Insurance
- Memo from Hebron Middle School

*Blyton*

Ms. Bramlage,

As you may have heard, the Hebron Music Boosters would like to organize a vendor event and craft fair for our community on the 17th of April. While I realize these are unprecedented times, we believe this event is essential to maintaining future opportunities for our students. The money raised from this event will be used to provide new repertoire, instruments, PPE, and potentially, travel expenses if this is permitted in the 2021-2022 school year.

Ms. Usher visited our classrooms earlier this year, and we were able to show her the many ways our music students are mitigating the risks of COVID-19. Our band students wear handmade masks that allow them to play while still covering their faces. They utilize bell covers assembled with MERV13 fabric. Choir students wear clear masks that keep them safe while still allowing us to provide constructive feedback. And most importantly, we maintain six feet of distance during class by maximizing the space in our rooms. I say all this to explain that the safety precautions we intend to take for our vendor event will be similar.

Here is a list of the mitigation measures we intend to implement for our vendor event:

- This event will be held outdoors. We will utilize our parking areas and the front patio area of Hebron Middle School. In case of weather-related issues, we will have an alternate date of Saturday, May 8th. In the event that weather requires us to cancel both days, there is no alternative where the event would take place indoors
- Booths will be spaced a minimum of 10 feet apart to guarantee attendees are able to safely maintain social distance
- Masks will be required at all times even though the event is outdoors
- Sanitation stations will be spaced throughout the area

We hope the presentation of this plan will ease concerns about the safety of our students, families, and the community. Along with the many academic challenges our students and staff have faced this year, we are concerned that financial issues await us in the ensuing school year due to a lack of fundraising opportunities. Our program has been able to thrive over the last several years due to the efforts of our booster organization and the parents who comprise it. Removing yet another opportunity to raise funds for our program will put unnecessary strain on our non-profit organization and deprive our students of the activities and resources they deserve. Please consider allowing this event to happen because it is purely for the benefit of our students.

Sincerely,

Jake Mitchell  
HMS Band Director

Julia McKay  
HMS Choir Director

**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>HMS Music Boosters - <sup>Craft</sup> Fair</u>	Telephone	<u>(803) 497-0966</u>
Representative's Name	<u>Jack Mitchell, Julie McKay</u>		
Address	<u>3300 E. Hebron Ln. Shepherdsville, KY 40165</u>		
The above organization/individual requests the use of:			
<input type="checkbox"/> auditorium	<input type="checkbox"/> gymnasium	<input type="checkbox"/> dining room/kitchen	<input type="checkbox"/> stadium
<input type="checkbox"/> classroom(s)	<input checked="" type="checkbox"/> other, specify <u>Restrooms, Parking Lot</u>		
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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
If yes, give a complete description of what is being sold and how the proceeds will be used. _____			
<u>Crafts, Food/Drink. All funds raised will be used to purchase music</u>			
Building/school/facility	<u>Hebron Middle School</u> <u>and equipment for Music Dept.</u>		
Purpose	<u>Craft Fair and Vendor Event</u>		
Date(s) requested	<u>04/17/2021</u>	Time(s) Requested	<u>8 AM - 4 PM</u>
Will public be admitted?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO If yes, please explain _____	
Will advertisement(s) be used?	<input checked="" type="checkbox"/> YES	<input 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.

HMS Music  
Booster Craft  
Event

SCHOOL FACILITIES

05.31 AP.21  
(CONTINUED)

Application and Agreement for Use of District Property

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 # _____
Date of Use <u>04/17/2021</u>	Length of Time <u>8 Hours</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>          </u>			
Food Service Employees	<u>          </u>			
Supervisory Personnel	<u>          </u>			
Other _____				
TOTAL PERSONNEL CHARGE				

Property Used	Facility/ Equipment Fee	Personnel Cost, if applicable		Total Cost for Facility Use
Gymnasium at _____ school				
Auditorium at _____ 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 <u>Bathroom + Outdoors</u> at <u>Hebron Middle</u> school				

**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**

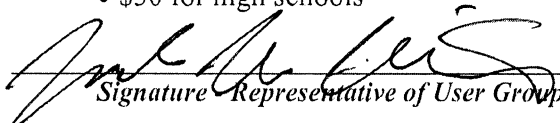
- \$50 per hour, SFS personnel must be present and paid at a rate of time and a half

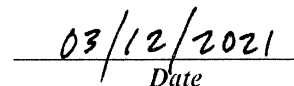
**KITCHEN AND CAFETERIA**

- \$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*

  
\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature - Superintendent/designee*

\_\_\_\_\_  
*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

**COMMERCIAL GENERAL LIABILITY DECLARATIONS**

<b>COMPANY NAME AREA</b> <b>Gotham Insurance Company</b> <b>412 Mt Kemble Ave, Suite 300C</b> <b>Morristown, NJ 07960</b>	<b>PRODUCER NAME AREA</b> <b>AIM Association Insurance Management, Inc.</b> <b>PO Box 742946</b> <b>Dallas, TX 75374</b>
<b>NAMED INSURED:</b> <u>Education Support Purchasing Group</u>	
<b>MAILING ADDRESS:</b> <u>c/o Association Insurance Management</u> <u>P.O. Box 742946, Dallas, TX 75374-2946</u>	
<b>POLICY PERIOD:</b> FROM <u>6/1/2020</u> TO <u>1/1/2022</u> AT 12:01 A.M. TIME AT <b>YOUR MAILING ADDRESS SHOWN ABOVE</b>	

**IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.**

<b>LIMITS OF INSURANCE</b>	
EACH OCCURRENCE LIMIT	\$ <u>Per Coverage Certificate</u>
DAMAGE TO PREMISES	
RENTED TO YOU LIMIT	\$ <u>Per Coverage Certificate</u> Any one premises
MEDICAL EXPENSE LIMIT	\$ <u>Per Coverage Certificate</u> Any one person
PERSONAL & ADVERTISING INJURY LIMIT	\$ <u>Per Coverage Certificate</u> Any one person or organization
GENERAL AGGREGATE LIMIT	\$ <u>Per Coverage Certificate</u>
PRODUCTS/COMPLETED OPERATIONS AGGREGATE LIMIT	\$ <u>Per Coverage Certificate</u>

<b>RETROACTIVE DATE (CG 00 02 ONLY)</b>
THIS INSURANCE DOES NOT APPLY TO "BODILY INJURY", "PROPERTY DAMAGE" OR "PERSONAL AND ADVERTISING INJURY" WHICH OCCURS BEFORE THE RETROACTIVE DATE, IF ANY, SHOWN BELOW.
RETROACTIVE DATE: <u>Per Coverage Certificate</u>
(ENTER DATE OR "NONE" IF NO RETROACTIVE DATE APPLIES)

<b>DESCRIPTION OF BUSINESS</b>	
FORM OF BUSINESS: <u>Per Coverage Certificate</u>	
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> PARTNERSHIP
<input type="checkbox"/> LIMITED LIABILITY COMPANY	<input type="checkbox"/> JOINT VENTURE
	<input type="checkbox"/> TRUST
	<input type="checkbox"/> ORGANIZATION, INCLUDING A CORPORATION (BUT NOT INCLUDING A PARTNERSHIP, JOINT VENTURE OR LIMITED LIABILITY COMPANY)
BUSINESS DESCRIPTION: <u>Per Coverage Certificate</u>	



ALL PREMISES YOU OWN, RENT OR OCCUPY	
LOCATION NUMBER	ADDRESS OF ALL PREMISES YOU OWN, RENT OR OCCUPY
	Per Coverage Certificate

CLASSIFICATION AND PREMIUM							
LOCATION NUMBER	CLASSIFICATION	CODE NO.	PREMIUM BASE	RATE		ADVANCE PREMIUM	
				Prem/ Ops	Prod/Comp Ops	Prem/ Ops	Prod/Comp Ops
	Per Coverage Certificate		\$	\$	\$	\$	\$
STATE TAX OR OTHER (if applicable)				\$			
TOTAL PREMIUM (SUBJECT TO AU-DIT)				\$		1.00	
PREMIUM SHOWN IS PAYABLE:				AT INCEPTION		\$	
				AT EACH ANNIVERSARY		\$	
				(IF POLICY PERIOD IS MORE THAN ONE YEAR AND PREMI- UM IS PAID IN ANNUAL INSTALLMENTS)			
AUDIT PERIOD (IF APPLICABLE)		<input type="checkbox"/> ANNUALLY	<input type="checkbox"/> SEMI- ANNUALLY	<input type="checkbox"/> QUARTERLY		<input type="checkbox"/> MONTHLY	

ENDORSEMENTS
ENDORSEMENTS ATTACHED TO THIS POLICY:
<u>See Schedule of forms and endorsements</u> <hr/> <hr/> <hr/>

THESE DECLARATIONS, TOGETHER WITH THE COMMON POLICY CONDITIONS AND COVERAGE FORM(S) AND ANY ENDORSEMENT(S), COMPLETE THE ABOVE NUMBERED POLICY.

Countersigned:	By:
(Date)	(Authorized Representative)

**NOTE**

OFFICERS' FACSIMILE SIGNATURES MAY BE INSERTED HERE, ON THE POLICY COVER OR ELSEWHERE AT THE COMPANY'S OPTION.

SIGNATURE PAGE

In witness whereof, (insert writing company name) has caused this policy to be signed by its president and secretary.



Larry Hannon  
President



Frank D. Papalia  
Secretary

Named Insured: Education Support Purchasing Group  
Policy #: GL2020PTA00001  
Policy Period: 6/1/2020-1/1/2022

IL 0001 (0519)





## General Liability Additional Insured Request Form

### Organization Information:

Organization Name: Hebron Middle School / Music Boosters  
Insured Number: KY 154800 Phone Number: (502) 500-8285  
Address: 3300 E Hebron Ln.  
City, State & Zip: Shepherdsville, KY 40165  
Requesting Board Members Name: Deanna Conn  
Contact Email: deanna.m.conn@gmail.com

### Additional Insured Information:

Name of Additional Insured: Bellitt County Public Schools  
Mailing Address: 1040 Hwy. 44 East  
City, State & Zip: Shepherdsville, KY 40  
Where to send Certificate (Email/Fax): ☒ Same as above  
Name/Description of Event: Craft Fair / Vendor Event  
Dates/Times of Event: 04/17/2021 9 AM - 4 PM  
Additional Insured Wording (if applicable): \_\_\_\_\_  
Insurable Interest of Additional Insured: (Check or List) School/District ☒ Use of Premises ☐  
Grantor or Permit ☐ Teacher/Instructor ☐ Other \_\_\_\_\_

Please note, adding an Additional Insured means you agree to share the total limits of the policy.

Requesting Board Member's Signature: Deanna Conn Date: 3/10/21  
Personal Recurring Signatures are not accepted.

Please send to [aim@aim-companies.com](mailto:aim@aim-companies.com). Please allow 24 hours for processing.

Association Insurance Management, Inc. PO Box 242946 | Dallas, TX 75374-2946 | Phone: 800-876-4044 - Fax: 214-360-0802

# CERTIFICATE OF COVERAGE

This "Certificate of Coverage", together with the master policy to which it is attached, constitute the policy issued to the "Certificate Holder". Any coverage listed below is subject to the terms, conditions and limitations set forth below and in the master policy referenced.

<b>POLICYHOLDER NAME AND ADDRESS:</b>											
Education Support Purchasing Group c/o Association Insurance Management P.O. Box 742946 Dallas, TX 75374-2946											
<b>CERTIFICATE HOLDER (NAMED INSURED) NAME AND ADDRESS:</b>											
Hebron Middle Band Boosters 3300 E Hebron LN Shepherdsville, KY 40165											
Insured # KY154800											
<b>The Certificate Holder is:</b>											
<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Organization/Corporation <input type="checkbox"/> Trust <input checked="" type="checkbox"/> Other <u>Non-Profit</u>											
Location of Business: 3300 E Hebron LN Shepherdsville, KY 40165											
Business Description: Booster Club											
<b>ITEM 1</b>	<b>COVERAGE PERIOD:</b> <b>Effective:</b> 11/4/2020 <b>To:</b> 11/4/2021 At 12:01 A.M. Standard Time at the mailing address of the policyholder shown above.  <b>CERTIFICATE NUMBER:</b> GL2020PTA08900 <b>PRIOR CERTIFICATE NUMBER:</b> NEW										
<b>ITEM 2</b>	<b>INSURER:</b> Gotham Insurance Company  Master Policy Number: GL2020PTA00001										
<b>ITEM 3</b>	<b>PRODUCER NAME AND ADDRESS:</b> AIM Association Insurance Management P.O. Box 742946 Dallas, TX 75374-2946 Surplus Lines License #1615689										
<b>ITEM 4</b>	<b>SCHEDULE OF CHARGES:</b> <table style="width: 100%;"> <tr> <td>Commercial General Liability Premium</td> <td style="text-align: right;">\$ 68.00</td> </tr> <tr> <td>Policy Fees</td> <td style="text-align: right;">\$ 103.67</td> </tr> <tr> <td>Surplus Lines Tax</td> <td style="text-align: right;">\$ 8.33</td> </tr> <tr> <td>Stamping Fee</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>Grand Total</td> <td style="text-align: right;">\$ 180.00</td> </tr> </table>	Commercial General Liability Premium	\$ 68.00	Policy Fees	\$ 103.67	Surplus Lines Tax	\$ 8.33	Stamping Fee	\$	Grand Total	\$ 180.00
Commercial General Liability Premium	\$ 68.00										
Policy Fees	\$ 103.67										
Surplus Lines Tax	\$ 8.33										
Stamping Fee	\$										
Grand Total	\$ 180.00										
<b>ITEM 5</b>	<b>SCHEDULE OF CASUALTY COVERAGE AND LIMITS OF INSURANCE:</b>  <b>COMMERCIAL GENERAL LIABILITY COVERAGE FORM</b> General Aggregate Limit (Other Than Products Completed Operations)    \$ 2,000,000 Products-Completed Operations Aggregate Limit    \$ Included Personal and Advertising Injury Limit    \$ 1,000,000 Each Occurrence Limit    \$ 1,000,000 Damage to Premises Rented To You Limit (Any One Premises)    \$ 50,000 Medical Expense Limit (Any One Person)    \$ 5,000 Medical Expense Aggregate Limit    \$ 1,000,000  <b>ABUSIVE CONDUCT LIMITED LIABILITY COVERAGE</b> Abusive Conduct Each Incident Limit    \$ Not Covered Abusive Conduct Aggregate Limit    \$ Not Covered										

Deductible	\$ 0.00
Retroactive Date	
<b>ELECTRONIC CHATROOM/BULLETIN BOARD ACTIVITIES COVERAGE</b>	
Each Offense Limit	\$ Not Covered
Aggregate Limit	\$ Not Covered
<b>EMPLOYEE BENEFITS LIABILITY COVERAGE</b>	
Each Employee Limit	\$ Not Covered
Aggregate	\$ Not Covered
Deductible (Each Employee)	\$ Not Covered
Retroactive Date	Not Covered
<b>HIRED AND NON-OWNED AUTO LIABILITY COVERAGE</b>	
Hired Auto Liability Limit (Per Occurrence)	\$ Not Covered
Non-Owned Auto Liability Limit (Per Occurrence)	\$ Not Covered
<b>ITEM 6</b>	<b>MASTER POLICY FORMS &amp; ENDORSEMENT SCHEDULE</b>
<b>Form #</b>	<b>Description</b>
CG DS 01 10 01	COMMERCIAL GENERAL LIABILITY DECLARATIONS
IL 00 01 05 19	SIGNATURE PAGE
IL 00 12 07 11	SCHEDULE OF FORMS AND ENDORSEMENTS
IL 00 17 11 98	COMMON POLICY CONDITIONS
IL 00 21 09 08	NUCLEAR ENERGY LIABILITY EXCLUSION ENDORSEMENT (BROAD FORM)
IL PS 0019 10 12	SERVICE OF SUITS - GOTHAM INSURANCE COMPANY
PN 04 99 TX GOT 1119	IMPORTANT NOTICE TO ALL TEXAS POLICYHOLDERS
IL P 001 01 04	U.S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS CONTROL (OFAC) ADVISORY NOTICE TO POLICYHOLDERS
CG 00 01 04 13	COMMERCIAL GENERAL LIABILITY COVERAGE FORM
GL 06 02 06 20	AMENDED – WHO IS AN INSURED
GL 06 04 06 20	MEDICAL PAYMENTS COVERAGE
IL 30 68 06 20	MINIMUM EARNED PREMIUM
CG 21 07 05 14	EXCLUSION – ACCESS OR DISCLOSURE OF CONFIDENTIAL OR PERSONAL INFORMATION AND DATA RELATED LIABILITY – LIMITED BODILY INJURY EXCEPTION NOT INCLUDED
CG 21 09 06 15	EXCLUSION – UNMANNED AIRCRAFT
CG 21 32 05 09	COMMUNICABLE DISEASE EXCLUSION
CG 21 33 11 85	EXCLUSION – DESIGNATED PRODUCTS
CG 21 36 03 05	EXCLUSION – NEW ENTITIES
CG 21 39 10 93	CONTRACTUAL LIABILITY LIMITATION
CG 21 47 12 07	EMPLOYMENT-RELATED PRACTICES EXCLUSION
CG 21 53 01 96	EXCLUSION – DESIGNATED ONGOING OPERATIONS
CG 21 55 09 99	TOTAL POLLUTION EXCLUSION WITH HOSTILE FIRE EXCEPTION
CG 21 67 12 04	FUNGI OR BACTERIA EXCLUSION
CG 21 90 01 06	EXCLUSION OF TERRORISM
CG 21 96 03 05	SILICA OR SILICA-RELATED DUST EXCLUSION
GL 02 23 10 13	ASBESTOS EXCLUSION
GL 02 35 10 13	LEAD EXCLUSION
GL 02 89 06 13	CROSS LIABILITY EXCLUSION INCLUDING SUITS BROUGHT BY EMPLOYEES
GL 03 19 06 14	EXCLUSION – PUNITIVE DAMAGES
GL 04 06 03 15	ABUSIVE CONDUCT EXCLUSION
GL 05 42 03 19	DEFENSE COSTS INCLUDED WITHIN LIMITS OF LIABILITY
GL 05 65 04 19	RADON EXCLUSION
GL 06 05 06 20	MOBILE EQUIPMENT EXCLUSION AMENDED
GL 06 07 06 20	PYROTECHNICS AND EXPLOSIVES EXCLUSION
GL 06 08 06 20	NON-STACKING OF LIMITS
IL 09 85 01 15	DISCLOSURE PURSUANT TO TERRORISM RISK INSURANCE ACT

