



# 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)

## Memo

To: Jesse Bacon *JB*  
From: Lesa Howell *LH*  
Date: July 26, 2021  
Re: Red Cross Blood Drives

Please present this opportunity for the Bullitt County Public Schools to work with the American Red Cross. Blood drives will occur throughout the district during the 2021-2022 school year and sponsor groups or individual students, such as those within the Allied Health program will advertise and assist the drives.

Attached you will find the Memorandum of Understanding, and Certificate of Liability Insurance. These agreements are automatically renewable; however, on legal advice, steps will be taken each year to confirm the arrangement. The Certificate of Liability Insurance was reviewed and accepted by Joe Mills.

*B. B. B. B.*

## **MEMORANDUM OF UNDERSTANDING**

THIS MEMORANDUM OF UNDERSTANDING made and entered into this \_\_\_\_ day of August, 2021 by and between THE BOARD OF EDUCATION OF BULLITT COUNTY, dba BULLITT COUNTY PUBLIC SCHOOLS, (hereinafter "BCPS") of 1040 Highway 44E, Shepherdsville KY 40165 and THE RIVER VALLEY BLOOD REGION, AMERICAN NATIONAL RED CROSS, (hereinafter "RED CROSS") of 520 East Chestnut St, Louisville, KY 40202.

WHEREAS, the parties hereto desire to establish an understanding and procedures for blood drives in the schools of BCPS; and

WHEREAS, the purpose of this Memorandum is to outline the duties of the respective parties hereto;

NOW THEREFORE, the Parties hereto do hereby agree as follows:

### **I. DUTIES OF BCPS**

**A. To provide suitable facilities for carrying out the reasonable objectives of the Red Cross in a blood drive during regular school hours**

**B. To distribute Red Cross literature and post Red Cross notices of upcoming blood drives in advance to maximize participation in blood drives**

C. To provide the BCPS Nurse Administrator as liaison for blood drives

## II. DUTIES OF RED CROSS

A. To provide liability insurance coverage for each site of a blood drive with minimum limits of \$5 million per occurrence and naming BCPS as certificate holder on each policy form. Copies of said certificates shall be appended hereto and made a part hereof.

B. To provide all equipment, materials, and personnel to perform blood drives in a manner acceptable under normal and approved health and medical guidelines

C. To ensure all participants in blood drives are qualified under normal and approved health and medical guidelines

D. To provide suitably trained and certified personnel capable of performing proper phlebotomy procedures, including personnel trained in CPR and AED.

E. To provide suitable nutrition and hydration materials for participants in blood drives

F. To be responsible for all set up and removal of equipment and materials necessary for a blood drive, leaving the facility in as good condition as when found

G. To provide an appropriate liaison to cooperate with the BCPS Nurse administrator

III. This agreement shall be effective September 1, 2021 through June 30, 2022 at which time the Red Cross shall give notice of its intent to renew, which may occur annually thereafter; provided, however, either party hereto may give notice of its intent to not renew or to cancel this Memorandum of Understanding with thirty (30) days advance notice to the addresses set forth hereinabove.

In testimony whereof witness the hands of the authorized representatives of the parties hereto this day and year first herein written.

BULLITT COUNTY PUBLIC SCHOOLS

BY: \_\_\_\_\_  
Jesse Bacon  
SUPERINTENDENT

RIVER VALLEY BLOOD REGION  
AMERICAN RED CROSS

*Remy Kennedy*  
BY: 502-595-9770  
AUTHORIZED OFFICER

#### ATTACHMENTS

- CERTIFICATE OF INSURANCE





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
06/30/2021

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**  
Marsh USA Inc. (Philadelphia)  
1717 Arch Street  
Philadelphia, PA 19103  
215.246.1000 fax 215.246.1399  
Attn: Redcross.certrequest@marsh.com  
CN102834971-ALL-CAS-21-22

**CONTACT**

NAME:

PHONE

(A/C, No, Ext):

FAX

(A/C, No):

E-MAIL

ADDRESS:

**INSURER(S) AFFORDING COVERAGE**

NAIC #

INSURER A : Old Republic Insurance Company

24147

INSURER B :

INSURER C :

INSURER D :

INSURER E :

INSURER F :

**INSURED**  
RIVER VALLEY BLOOD REGION  
AMERICAN NATIONAL RED CROSS  
520 E. CHESTNUT ST  
LOUISVILLE, KY 40202

**COVERAGES****CERTIFICATE NUMBER:**

CLE-006730657-03

**REVISION NUMBER: 1**

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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> SIR \$100,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			MWZZ 313806-21	07/01/2021	07/01/2022	EACH OCCURRENCE \$ 5,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 5,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 5,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ INCLUDED
A	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			MWTB 313807-21 (\$1M) Auto Physical Damage- Deductible Comp/Coll \$1,000 MWZX313810-21 (\$4M XS)	07/01/2021	07/01/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
A	<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 N	N/A	MWC313809-21 (INSURED STATES) MWFE313804-21 - (FL)* MWXS313805-21 (AL, GA, MA, MI, MO, OH, PA, TN, VA)**	07/01/2021 07/01/2021 07/01/2021	07/01/2022 07/01/2022 07/01/2022	<input checked="" type="checkbox"/> PER STATUTE <input 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

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
RE: BLOOD DRIVES TO BE HELD THROUGHOUT THE POLICY PERIOD, 7/1/2021 - 7/1/2022.

BULLITT COUNTY PUBLIC SCHOOLS IS INCLUDED AS ADDITIONAL INSURED WITH REGARDS TO COMMERCIAL GENERAL LIABILITY AND AUTOMOBILE LIABILITY COVERAGE WHERE REQUIRED BY CONTRACT.

**CERTIFICATE HOLDER**

BULLITT COUNTY PUBLIC SCHOOLS  
1040 HIGHWAY 44 EAST  
SHEPHERDSVILLE, KY 40165

**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  
of Marsh USA Inc.

Manashi Mukherjee

*Manashi Mukherjee*

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# ADDITIONAL REMARKS SCHEDULE

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<b>AGENCY</b> Marsh USA Inc. (Philadelphia)		<b>NAMED INSURED</b> RIVER VALLEY BLOOD REGION AMERICAN NATIONAL RED CROSS 520 E. CHESTNUT ST LOUISVILLE, KY 40202	
<b>POLICY NUMBER</b>		<b>EFFECTIVE DATE:</b>	
<b>CARRIER</b>	<b>NAIC CODE</b>		

## ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
 FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Workers Compensation Continued:

Policy: Excess WC for California  
 Carrier: Old Republic Insurance Company  
 Policy Number: MWXS 316279-21  
 Effective Date: 07/01/2021  
 Expiration Date: 07/01/2022

ATTACHING TO AND FORMING PART OF THE AMERICAN NATIONAL RED CROSS CERTIFICATE OF INSURANCE

AS RESPECTS WORKERS COMPENSATION:

This is to certify that all American National Red Cross units in the following states are currently self insured through the American National Red Cross: Alabama, California, Florida, Georgia, Massachusetts, Michigan, Missouri, Ohio, Pennsylvania, Tennessee, and Virginia.

Workers Compensation Policy #MWC313809-21:

Policy for all other states except the monopolistic states of North Dakota, Puerto Rico, Washington, Wyoming and U.S. Virgin Islands and the self-insured states of Alabama, California, Florida, Georgia, Massachusetts, Michigan, Missouri, Ohio, Pennsylvania, Tennessee, and Virginia. Includes Employers Liability for monopolistic states of North Dakota, Puerto Rico, Washington, Wyoming, and U.S. Virgin Islands.

\*Specific Excess Workers Compensation Policy #MWFE313804-21: American National Red Cross is self-insured for Workers Compensation in the state of Florida. The Excess Liability limit is subject to a state approved Self-Insured Retention.

\*\*Specific Excess Workers Compensation Policy #MWXS313805-21: American National Red Cross is self-insured for Workers Compensation in the following states: Alabama, Georgia, Massachusetts, Michigan, Missouri, Ohio, Pennsylvania, Tennessee and Virginia.

Specific Excess Workers' Compensation Policy #MWXS316279-21 in the state of California. The Excess Liability limits are subject to state approved Self-Insured Retentions.

This certificate is issued as a matter of information only and confers no rights upon the certificate holder.



**Marsh**  
US Operations & Technology  
11001 Lakeline Blvd.  
Bldg. 1 Suite A-200  
Austin, TX 78717, USA  
+1 215 246 1120  
[www.marsh.com](http://www.marsh.com)

To Whom it may concern;

June, 2021

**Subject:** American Red Cross Certificates of Insurance

Enclosed please find our Certificate of Insurance evidencing the renewal of coverage for 12 months effective July1, 2021.

To expedite this process in the future, we are transitioning to electronic distribution.  
If you would like to receive Certificates of Insurance electronically, please send an email to [philadelphia.certs@marsh.com](mailto:philadelphia.certs@marsh.com) . Include the certificate holder name and current certificate number along with the e-mail address you would like it to be delivered.

If the enclosed certificate is no longer required, please return it to [philadelphia.certs@marsh.com](mailto:philadelphia.certs@marsh.com)

Sincerely,

Marsh  
US Operations & Technology