



Bullitt County Public Schools

1040 Highway 44 East
Shepherdsville, Kentucky 40165

Phone: 502-869-8000
Fax: 502-543-3608
www.bullittschools.org

MEMO

TO: Jessie Bacon

FROM: Tony Roth

DATE: August 12, 2021

RE: Agenda Item for August 23, 2021, Board Meeting
Facility Use Application for Bullitt Central High School

Bullitt Central High School is requesting permission to allow the Pleasant Grove Dolphins (GBCYFL) to use their school for a cheer competition on Sunday, December 5, 2021 from 8:00 am to 8:00 pm. They are requesting to use both gyms.

Attached are the Application and Agreement Form and the Certificate of Liability Insurance. The Insurance expires September 16, 2021 and they will provide an updated copy before the event.

I recommend the Board approve the request for the Pleasant Grove Dolphins to use Bullitt Central High School.

11/12/21
TRACY

Bullitt Central High School

1330 Highway 44 East Shepherdsville, KY 40165

(502)869-6000

Fax (502)543-1797

TO: Ed Olyer

FROM: Joe Pat Lee, Assistant Principal

DATE: July 12, 2021

REF: Facility Use Request

I am sending the Facility Request form from Ryan Masterson with Pleasant Grove Dolphins (GBCYFL) for their Cheer Competition for your review and Board approval. Mr. Masterson is requesting the use of both gyms at BCHS. He has requested the date of Sunday, December 5, 2021 from 8:00am-8:00pm.

Thank you,



Joe Pat Lee

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>Pleasant Grove Dolphins</u>	Telephone	<u>502-643-5732</u>
Representative's Name	<u>Ryan Masterson</u>		
Address	<u>PO Box 895, Mt. Washington, KY40047</u>		
The above organization/individual requests the use of:			
<input type="checkbox"/> auditorium	<input checked="" type="checkbox"/> gymnasium	<input type="checkbox"/> dining room/kitchen	<input type="checkbox"/> stadium
<input type="checkbox"/> classroom(s)	<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 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>Vendors will</u> <u>sell bows, and t-shirts, we will sell flowers</u>			
Building/school/facility	<u>Bullitt Central High School Gym</u>		
Purpose	<u>Cheerleading Competition will include participants from outside Bullitt Co</u>		
Date(s) requested	<u>December 5th, 2021</u>	Time(s) Requested	<u>8am - 8pm</u>
Will public be admitted?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO If yes, please explain	<u>Fans and parents</u>
Will advertisement(s) be used?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO If yes, please explain	<u>Social media and flyers</u>
Will admission be charged?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO If yes, please explain	<u>Admission is for a fundraiser</u>

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.

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>280</u>	Cost for school employee \$ <u>473.30</u>	Total cost \$ <u>753.30</u>	
Deposit \$ _____		Is deposit refundable? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date Deposit Received _____		Balance Due \$ _____	
Board employee(s) assigned: <u>T Stokes</u>			
Board Action Date, if applicable _____		Board Order # _____	
Date of Use <u>12/5/2021</u>		Length of Time <u>8A - 8P</u> <u>12 hrs</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>1</u>	<u>12</u>		<u>349.56</u>
Food Service Employees				<u>123.74</u>
Supervisory Personnel				
Other _____				
TOTAL PERSONNEL CHARGE				<u>473.30</u>

Property Used	Facility/ Equipment Fee	Personnel Cost, if applicable	Total Cost for Facility Use
Gymnasium (Both) <u>BCH</u> school	<u>\$50 (3 hr)</u> <u>\$10 hr x 9 hrs</u>		<u>280</u>
Auditorium			
at _____ school	<u>\$140 x 2 = 280</u>		
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			
at _____ 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

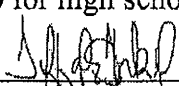
- \$50 per hour, SFS personnel must be present and paid at a rate of time and a half

KITCHEN AND CAFETERIA

- \$80 per hour, SFS personnel must be present and paid at a rate of time and a half

OUTSIDE PROPERTIES

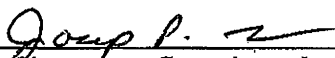
- \$30 for elementary/middles schools
- \$50 for high schools

 Chairman, PG Dolphins

Signature - Representative of User Group

2/11/21

Date

 _____
Signature - Superintendent/designee

7-12-21

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/17/2020

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 Hyland, Block Hyland 9750 Ormsby Station Rd Ste 200 Louisville KY 40223		CONTACT NAME: Adam Shipley PHONE (A/C, No, Ext): (502) 637-4733 E-MAIL ADDRESS: adams@hylandins.net FAX (A/C, No): (502) 637-6222	
INSURED Greater Bullitt County Youth Football League, Inc. 152 Williamsburg Ct Mt. Washington KY 40047		INSURER(S) AFFORDING COVERAGE INSURER A: Northfield Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** CL2091711478 **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	Y		WS221605	09/16/2020	09/16/2021	EACH OCCURRENCE \$ 2,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000
							MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOG OTHER:						GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR						EACH OCCURRENCE \$
	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N <input type="checkbox"/> N/A						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

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

Certificate holder is hereby named as an Additional Insured with respects to General Liability

CERTIFICATE HOLDER Bullitt County Board of Education 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
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Done

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MESSAGE

2 of 5

Kentucky Farm Bureau
Mutual Insurance Company

Commercial Package
Insurance



Steele, Tiffany

Page 1 of 4

APPLICATION NUMBER
S3015942

APPLICATION PERIOD
3/23/21 to 3/23/22

MEMBERSHIP NUMBER
0002226972

COUNTY REPRESENTATIVE
AGT1382

COUNTY
Jefferson

YOUR AGENT
Angela Hylton
Jefferson County - St
Matthews

201 S. Sherin Ave
Louisville, KY 40207
(502) 883-1877
angela.hylton@kyfb.com

PRINTED ON
03/23/2021 11:53 a.m.

Application

NAME: Steele, Tiffany
440 Misty Brooke Dr
Mt Washington, KY 40047-6473

HOME PHONE:

WORK PHONE:

CELL PHONE: 502-718-9047

EMAIL: TIFHUDS@GMAIL.COM

Premium Summary

Advance Annual Premium	\$11.00
Minimum Premium Charge	\$630.00
Local Government Premium Taxes and Collection Fees	
Mount Washington Tax	\$73.72
Kentucky Premium Surcharge	\$11.54
Total Advance Premium	\$726.26

This is an auditable policy

Payment Plan Options

Full Pay (does not include a service charge)	\$726.26
Estimated 1st Installment (includes 1.02% service charge or \$1.23 minimum service charge)	\$188.22
Estimated down payment for Account Billing	\$121.04
Estimated Monthly Electronic Funds Transfer (each statement will include a \$1.02 service charge & KY surcharge)	\$60.52
Estimated Monthly Direct Bill (each statement will include a \$4.07 service charge & KY surcharge)	\$60.52

Policy Information

Form of Business: Individual

Policy Liability Coverages

COVERAGES	LIMITS OF INSURANCE	PREMIUM
Each Occurrence Limit:	\$1,000,000	
Damage to Premises Rented to You Limit:	\$100,000 Any One Premises	
Medical Expense Limit:	\$5,000 Any One Person	
Personal & Advertising Injury Limit:	\$1,000,000 Any One Person Or Organization	
General Aggregate Limit:	\$2,000,000	
Products/Completed Operations Aggregate Limit:	\$2,000,000	



440 Misty Brooke Dr Mt Washington, KY 40047

Location county: Bullitt

Tax jurisdiction: Mount Washington

Hobby, Craft or Artist's Supply Stores - Liability

COVERAGES	PREMIUM
Hobby, Craft or Artist's Supply Stores	\$11.00
Liability class: 14101	
Liability Exposure: 5,000 Gross Sales	
Products/Completed Operations Coverage	

Kentucky Farm Bureau
Mutual Insurance Company

Commercial Package
Insurance



Steele, Tiffany

Page 2 of 4

Done

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3 of 5

Courtesy of my agent
Tax Jurisdiction: Mount Washington

Hobby, Craft or Artist's Supply Stores - Liability

COVERAGE: **PREMIUM**
Hobby, Craft or Artist's Supply Stores \$11.00
Liability class: 14101
Liability Exposure: 5,000 Gross Sales
Products/Completed Operations Coverage

Kentucky Farm Bureau
Mutual Insurance Company

Commercial Package
Insurance



Steele, Tiffany

Page 2 of 4

APPLICATION NUMBER
63016942

APPLICATION PERIOD
9/23/21 to 3/23/22

MEMBERSHIP NUMBER
000228872

COUNTY REPRESENTATIVE
AGT1582

COUNTY
Jefferson

YOUR AGENT
Angela Hyllon
Jefferson County - St
Matthews
201 S. Sherrin Ave
Louisville KY 40207
(502) 893-1877
angela.hyllon@kyfb.com

Application - continued

Policy Coverage Forms and Endorsement(s)

FORM	PREMIUM
Commercial Lines Policy Jacket	CLPJ 11 07
Commercial General Liability Coverage Form	CG 00 01 12 04
Exclusion - Violation of Statutes That Govern E-Mails, Fax, Phone Calls or Other Methods of Sending Material or Information	CG 00 87 09 05
Employment-Related Practices Exclusion	CG 21 47 07 98
Exclusion - Year 2000 Computer-Related and Other Electronic Problems	CG 21 00 09 00
Fungal or Bacterial Exclusion	CG 21 67 12 04
Calculation of Premium	IL 00 03 09 07
Common Policy Conditions	IL 00 17 11 08
Nuclear Energy Liability Exclusion Endorsement (Broad Form)	IL 00 21 07 02
Kentucky Changes - Cancellation and Non-Renewal	IL 00 68 09 07
Exclusion of Certified Acts of Terrorism and Exclusion of Other Acts of Terrorism Committed Outside the United States	IL TE 03 15

Policy Additional Interest(s)

Certificate Holder
Bullitt County
1040 Highway 44 E
Shepherdsville, KY 40165-6122
Description: certificate holder

PRINTED ON
03/23/2021 11:53 a.m.

Underwriting Questions

Do operations involve storing, treating, discharging, applying, disposing or transporting of hazardous materials? No
Description of all operations (include incidental exposures): hobby/craft and artist's supplies
Do you own or operate any other business including Rental Property? No
Any equipment rented or leased to others? No
Any flood Hazardous Agreements? No
Any out of state operations? No
Any work subject to others? No
Any demolition, blasting or wrecking? No
Do any operations include excavations, tunneling, underground work, earth moving, or bridge building? No
Any exposure to flammables, explosives or chemicals? No
Are you licensed to apply herbicides/pesticides? No
Any sporting or social events sponsored? No
Does applicant draw plans, designs or specifications for others? No
Does applicant provide tractor service? No
Does applicant provide pick up and delivery of vehicles? No
Does applicant test drive off the premises? No
Is alcohol served, sold or consumed on the premises? No
Any commercial cooking? No
Any products sold, serviced or installed? No
Any products of others repackaged under the applicant's label? No
Any products sold under the label of others? No
Has work procedure been explained? Yes
Any work done over 3 stories? No
Any cranes used? No
Any propane or kerosene tank refilling/filling operations? No

Kentucky Farm Bureau
Mutual Insurance Company

Commercial Package
Insurance



Steele, Tiffany

Page 2 of 4



THE HARTFORD
BUSINESS SERVICE CENTER
3600 WISEMAN BLVD
SAN ANTONIO TX 78251

March 10, 2021

Bullitt County Public Schools
1040 KY-44
SHEPHERDSVILLE KY 40165

Account Information:

Policy Holder Details :	Sarah Myers DBA Sunshine & Sass
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Contact Us

Business Service Center

Business Hours: Monday - Friday
(7AM - 7PM Central Standard Time)

Phone: (866) 467-8730

Fax: (888) 443-6112

Email: agency.services@thehartford.com

Website: <https://business.thehartford.com>

Enclosed please find a Certificate Of Insurance for the above referenced Policyholder. Please contact us if you have any questions or concerns.

Sincerely,

Your Hartford Service Team

03/10/2021

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 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 VAN METER INSURANCE AGENCY INC/PHS 33750792 The Hartford Business Service Center 3600 Wiseman Blvd San Antonio, TX 78251		CONTACT NAME: PHONE (866) 467-8730 FAX (888) 443-6112 (A/C, No, Ext): E-MAIL ADDRESS:	
INSURED Sarah Myers DBA Sunshine & Sass PO Box 175 SCOTTSVILLE KY 42164-0175		INSURER(S) AFFORDING COVERAGE NAIC# INSURER A: Hartford Underwriters Insurance Company 30104 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/Y YYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY	X		33 SBA AF6SJ1	03/02/2021	03/02/2022	EACH OCCURRENCE \$1,000,000
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000
	<input checked="" type="checkbox"/> General Liability						MED EXP (Any one person) \$10,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						PERSONAL & ADV INJURY \$1,000,000
	AUTOMOBILE LIABILITY						GENERAL AGGREGATE \$2,000,000
	ANY AUTO						PRODUCTS - COM/OP AGG \$2,000,000
	ALL OWNED AUTOS						
	HIRED AUTOS						COMBINED SINGLE LIMIT (Ea accident)
	SCHEDULED AUTOS						BODILY INJURY (Per person)
	NON-OWNED AUTOS						BODILY INJURY (Per accident)
	UMBRELLA LIAB						PROPERTY DAMAGE (Per accident)
	EXCESS LIAB						
	DED						EACH OCCURRENCE
	RETENTION \$						AGGREGATE
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE
							OTH-ER
							E.L. EACH ACCIDENT
							E.L. DISEASE -EA EMPLOYEE
							E.L. DISEASE - POLICY LIMIT
A	Employment Practices Liability Insurance			33 SBA AF6SJ1	03/02/2021	03/02/2022	Each Claim Limit \$25,000 Annual Aggregate Limit \$25,000

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

Those usual to the Insured's Operations. The Business Liability Coverage Part includes a Blanket Additional Insured By Contract Endorsement, Form SL 30 32.

CERTIFICATE HOLDER

Bullitt County Public Schools
 1040 KY-44
 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

Susan L. Castaneda



SARAMY-S01

WMARSHALL

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/12/2021

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PRODUCER Van Meter Insurance Group Houchens Insurance Group 1240 Fairway Street Bowling Green, KY 42103	CONTACT NAME:		
	PHONE (A/C, No, Ext): (270) 781-2020	FAX (A/C, No): (270) 843-8808	
	E-MAIL ADDRESS: policy@higusa.com		
INSURED Sarah Myers dba Sunshine & Sass PO Box 175 Scottsville, KY 42164	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Hartford Accident and Indemnity Company		22357
	INSURER B:		
	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	X		33SBAAF6SJ1	3/2/2020	3/2/2021	EACH OCCURRENCE \$ 1,000,000	
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000	
							MED EXP (Any one person) \$ 10,000	
							PERSONAL & ADV INJURY \$ 1,000,000	
							GENERAL AGGREGATE \$ 2,000,000	
							PRODUCTS - COMP/OP AGG \$ 2,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC							
	OTHER:							
	AUTOMOBILE LIABILITY							
	<input type="checkbox"/> ANY AUTO OWNED ONLY <input type="checkbox"/> SCHEDULED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$	
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per person) \$	
							BODILY INJURY (Per accident) \$	
							PROPERTY DAMAGE (Per accident) \$	
	UMBRELLA LIAB <input type="checkbox"/> OCCUR						EACH OCCURRENCE \$	
	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$	
	DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>							
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							
	<input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$	
							E.L. DISEASE - POLICY LIMIT \$	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Bullitt County Public Schools are listed as an additional insured in regards to General Liability as required by written contract.

CERTIFICATE HOLDER

CANCELLATION

Bullitt County Public Schools 1040 Hwy 44E Shepherdsville, KY 40165	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 <i>Kyle R. Fleener</i>

ACORD 25 (2016/03)

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/24/2021

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 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 Sleeper Sewell Insurance 12400 Coit Road, Suite 1100 Dallas TX 75251-2039		CONTACT NAME: Jaimee Goehring PHONE (A/C, No, Ext): (972) 419-7500 FAX (A/C, No): (972) 419-7555 E-MAIL ADDRESS: jaimee.goehring@sleepersewell.com	
INSURED Rebel Athletic Inc. 2554 Tarpley Rd. Carrollton TX 75006		INSURER(S) AFFORDING COVERAGE INSURER A: Continental Casualty Co. NAIC # 20443C INSURER B: Valley Forge Ins Co 20508 INSURER C: Continental Ins. Company, The 35289 INSURER D: National Fire Ins. of Hartford 20478 INSURER E: INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 20/21 R Sig

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.

INS 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	X		6056637081	12/1/2020	12/1/2021	EACH OCCURRENCE \$ 1,000,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000	
							MED EXP (Any one person) \$ 15,000	
							PERSONAL & ADV INJURY \$ 1,000,000	
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$ 2,000,000	
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 2,000,000	
	OTHER:						Employee Benefits \$ 1,000,000	
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY			6056637095	12/1/2020	12/1/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000	
	<input type="checkbox"/> ANY AUTO						<input type="checkbox"/> SCHEDULED AUTOS	BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						<input type="checkbox"/> NON-OWNED AUTOS	BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS							PROPERTY DAMAGE (Per accident) \$
							PIP-Basic \$ 100,000	
C	<input checked="" type="checkbox"/> UMBRELLA LIAB	<input checked="" type="checkbox"/> OCCUR		6056637100	12/1/2020	12/1/2021	EACH OCCURRENCE \$ 3,000,000	
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$ 3,000,000	
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000							
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N	N/A	6056637050 - OTHER STATES 6056637078 - CALIFORNIA ONLY	12/1/2020	12/1/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input checked="" type="checkbox"/> N					E.L. EACH ACCIDENT \$ 1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below						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)

The General Liability policy includes a blanket automatic additional insured endorsement (provision) that provides additional insured status to the certificate holder only when there is a written contract between the named insured and the certificate holder that requires such status.

CERTIFICATE HOLDER**CANCELLATION**

Bullitt County Public Schools 1040 Highway 44 East Shepherdsville, KY 40165	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 Kevin Edwards/JAIMEE <i>Kevin L. Edwards</i>
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