

Bullitt County Public Schools

1040 Highway 44 East Shepherdsville, Kentucky 40165 Phone: 502-869-8000 Fax: 502-921-9467 www.bullittschools.org

Memo

To:

Jesse Bacon

From:

Lesa Howell, RN

Date:

November 17, 2021

Re:

COVID-19 Vaccination Clinic

Attached for the Board's approval is a Memorandum of Agreement for Karen Scheich, APRN to provide a Pfizer COVID vaccination clinic at our High Schools once she has the vaccine available to her and scheduling can be confirmed. The professional liability certificates of those administering the vaccine are attached and have been reviewed by Joe Mills. This is a great opportunity for our younger student population as we continue to implement layered prevention strategies to prevent the spread of COVID.

Memorandum of Agreement between Bullitt County Public Schools and

This Memorandum of Agreement by and between <u>Kaven Schach</u>, (hereinafter "APRN") and Bullitt County Public Schools (hereinafter "BCPS") from November 29, 2021 through March 1, 2022. This Agreement relates to the administration of COVID-19 Vaccines to BCPS students and staff.

Duties of BCPS:

- 1. BCPS agrees to schedule all immunizations through the BCPS District Health Coordinator.
- 2. The school principal or designee shall be informed when APRN arrives at the facility/location.

Duties of APRN:

- 1. APRN shall provide to BCPS all required certifications and insurance verification for the immunization services. General liability insurance shall be obtained in the minimum amount of One Million Dollars naming BCPS as an additional insured.
- 2. APRN shall guarantee that every individual administering the immunizations possesses the requisite certifications and training required by law.
- 3. APRN shall coordinate all immunizations through the BCPS District Health Coordinator.
- 4. APRN agrees to assume responsibility for all liability or damages caused by its agents, employees or materials and to indemnify, save and hold harmless BCPS, its agents, board and employees from any and all liability or damages.
- 5. APRN agrees to adhere to State and Federal privacy requirements, unless requested to release information by lawful subpoena or court order.

Reviewed and agreed to by:

| eborah Atherton, Chairperson, Bullitt County Board of Education | Date |
|---|-----------|
| (\mathcal{A}) | -11-76121 |
| Laren Scheich, APRN | Date |
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| 10th Floor, Suite 1000/1001 | | | | ADDR | ss: info@ | cmfgroup.com | <u> </u> | | |
| New York, NY 10018 | | | | L | IN | SURER(S) AFFO | RDING COVERAGE | | NAIC# |
| INSURED | | | | INSUR | ERA: MEDIC | CAL PROTEC | TIVE COMPANY- MPC | | |
| Karen M. Scheich | | | • | INSUR | ERB: | | | | |
| 130 N. St. Gregory Church Rd | | | | INSUR | ERC: | | | | |
| Cox's Creek, KY40013 | | | | INSURI | ERD: | | | | |
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Karen scheich <kmsaprn@gmail.com>

(no subject)

1 message

Karen scheich <kmsaprn@gmail.com> To: kmsaprn@gmail.com

Mon, Aug 30, 2021 at 1:11 PM



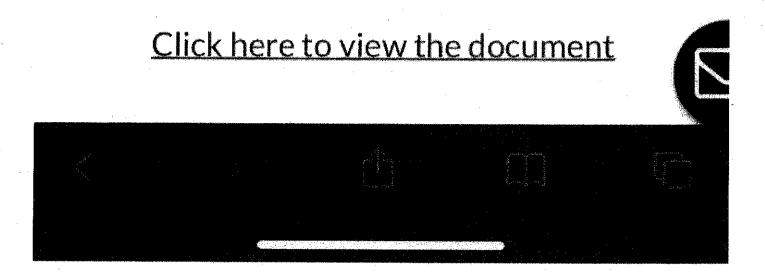
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ACORD 25 (2016/03)

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HEALTHCARE PROVIDERS SERVICE ORGANIZATION PURCHASING GROUP



Certificate of Insurance OCCURRENCE PROFESSIONAL LIABILITY POLICY FORM

Print Date: 8/30/2021

The application for the Policy and any and allsupplementary information, materials, and statements submitted therewith shall be maintained on file by us or our Program Administrator and will be deemed attached to and incorporated into the Policy as if physically attached.

| PRODUCER | BRANCH | PREFIX | POLICY NUMBER | POLICY PERIOD | |
|---------------|---------------------|----------|---------------|---|---|
| 018098 | 970. | HPG | 0716884309 | From: 09/20/21 to 09/20/22 at 12:01 AM Standard Time | |
| Named Insure | d and Addre | ss: | | Program Administered by: | |
| | St ville, KY 40° | 165-5908 | | Nurses Service Organization 1100 Virginia Drive, Suite 250 Fort Washington, PA 19034 1-800-247-1500 www.nso.com | _ |
| Medical Speci | alty: | | Code: | Insurance Provided by: | ! |
| LPN/LVN | | | 80963 | American Casualty Company of Reading, Pennsylvania 151 N. Franklin Street Chicago, IL 60606 | |

Professional Liability

\$ 1,000,000

each claim

\$ 6,000,000

Your professional fiability limits shown above include the following:

Good Samaritan Liability

* Malplacement Liability

* Personal Injury Liability

Sexual Misconduct Included in the PL limit shown above subject to \$ 25,000 aggregate sublimit

| aggregate |
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Workplace Liability

Workplace Liability Fire & Water Legal Liability Personal Liability

Included in Professional Liability Limit shown above

included in the PL limit shown above subject to \$150,000

\$1,000,000 aggregate

aggregate sublimit

Total \$

46.96

Base Premium \$ 42.00 Surcharge \$

.76

Bullitt county

KY LGPT: Shepherdsville \$ 2.10 KY LGPT: Bullitt Premium reflects Employed, Part Time, 60% new Graduate Discount

Policy Forms and Endorsements (Please see attached list of policy forms and endorsements)

Chairman of the Board

Keep this Certificate of Insurance in a safe place. It and proof of payment are your proof of coverage. There is no coverage in force unless the premium is paid in full. To activate your coverage, please remit premium in full by the effective date of this Certificate of Insurance.

Coverage Change Date:

Endorsement Date:

Master Policy: 188711433

CNA93692 (11-2018)

POLICY FORMS & ENDORSEMENTS

The following are the policy forms and endorsements that apply to your current professional liability policy.

COMMON POLICY FORMS & ENDORSEMENTS

| GSL17101 (02-10) GSL13424 (05-09) CNA80051 (09-14) CNA80052 (10-14) G-123846-C16 (07-01) | Amendment Definition of Claim Endorsement Policyholder Notice - OFAC Compliance Notice Policyholder Notice - Silica, Mold & Asbestos Disclosure Information Privacy Coverage Endorsement HIPAA Fines, Penalties & Notification Costs Sexual Misconduct Sublimits of Liability Professional Liability & Sexual Misconduct Exclusion Healthcare Providers Professional Liability Assault Coverage Exclusion of Specified Activities Reuse of Parenteral Devices and Supplies Services to Animals Amended Definition of Personal Injury Endorsement Distribution or Recording of Material or Information in Violation of Law Exclusion Endorsement Kentucky Cancellation and Non-Renewal |
|--|---|
| CNA80052 (10-14) | Distribution or Recording of Material or Information in Violation of Law Exclusion Endorsement |

PLEASE REFER TO YOUR CERTIFICATE OF INSURANCE FOR THE POLICY FORMS & ENDORSEMENTS SPECIFIC TO YOUR STATE AND YOUR POLICY PERIOD.

For NJ residents: The PLIGA surcharge shown on the Certificate of Insurance is the NJ Property & Liability Insurance

Guaranty Association.

For KY residents: The Surcharge shown on the Certificate of Insurance is the KY Firefighters and Law Enforcement

Foundation Program Fund and the Local Tax is the KY Local Government Premium Tax.

As required by 806 Ky. Admin Regs. 2:100, this Notice is to advise you that a surcharge has been applied to your insurance premium and is separately itemized on the Declarations page or billing

Named Insured: Chevenne McMahan

instrument attached to your policy, as required KRS, §136.392.

For WV residents: The surcharge shown on the Certificate of Insurance is the WV Premium Surcharge.

For FL residents: The FIGA Assessment shown on the Certificate of Insurance is the FL Insurance Guaranty Association

- 2012 Regular Assessment.

Form #:CNA93692 (11-2018)

Master Policy #: 188711433 Policy #: 0716884309

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/12/2021

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).

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| CI | M&F Group Inc. | | | | PHONE (A/C, No, Ext): 1-800-221-4904 (A/C, No): | | | | | | | |
| | 110 West 40th Street | | | | | E-MAIL ADDRESS: info@cmfgroup.com | | | | | | |
| | th Floor, Suite 1000/1001 ew York, NY 10018 | | | 6 | | | | | | | | |
| IN | W TOIK, INT TOUTO | • | INSURER(S) AFFORDING COVERAGE INSURER A: MEDICAL PROTECTIVE COMPANY- MPC | | | | | | | | | |
| INS | JRED | | INSURER B: | | | | | | | | | |
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| | 33 TALBOTT AVE | | | | INSURER C : INSURER D : | | | | | | | |
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| | HIRED NON-OWNED AUTOS ONLY | | | | | | | PROPERTY DAMAGE | \$ | | | |
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| | WORKERS COMPENSATION | | | | | - | | PER OTH- STATUTE ER | Ψ | | | |
| | AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? | | | | | | | E.L. EACH ACCIDENT | s | | | |
| | (Mandatory in NH) | N/A | | • | | | | E.L. DISEASE - EA EMPLOYEE | | | | |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | ĺ | | 1 | | | E.L. DISEASE - POLICY LIMIT | \$ | | | |
| Α | Professional Liability | | | U54855 | | 11/10/2021 | 11/10/2022 | | · | 000 | | |
| | | | | 30,1000 | | 11/10/2021 | 11/10/2022 | Per Incident Aggregate | | | | |
| Con Prio Con | CRIPTION OF OPERATIONS / LOCATIONS / VEHICE vertible Claims Made Coverage · Acts Date: 11/10/2021 version Date: 11/10/2026 se Practitioner | ES (A | CORD | 101, Additional Remarks Schedule | e, may be | e attached if more | space is require | d) | | | | |
| CEF | RTIFICATE HOLDER | | | | CANO | ELLATION | | | | - | | |
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| Kara Wedding 2233 TALBOTT AVE LOUISVILLE,KY40205-2225 | | | | | THE | EXPIRATION | DATE THE | ESCRIBED POLICIES BE CAREOF, NOTICE WILL E Y PROVISIONS. | | | | |
| | | ·· | ÷ | | AUTHOR | RIZED REPRESEN | | | > | Sen. | | |



HEALTHCARE PROVIDERS SERVICE ORGANIZATION PURCHASING GROUP



Certificate of Insurance OCCURRENCE PROFESSIONAL LIABILITY POLICY FORM

Print Date: 10/05/2021

The application for the Policy and any and all supplementary information, materials, and statements submitted therewith shall be maintained on file by us or our Program Administrator and will be deemed attached to and incorporated into the Policy as if physically attached.

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|---------------|-------------------------------------|--------|---------------|--|
| PRODUCER | BRANCH | PREFIX | POLICY NUMBER | POLICY PERIOD |
| 018098 | 970 | HPG | 0717068876 | From: 09/17/21 at 02:23 PM ET to 09/17/22 at 12:01 AM Std Time |
| Named Insure | d and Addres | ss: | | Program Administered by: |
| | olyer Shepherdsvi , KY 40004- | | | Nurses Service Organization 1100 Virginia Drive, Suite 250 Fort Washington, PA 19034 1-800-247-1500 |
| Medical Speci | ialty: | | Code: | www.nso.com Insurance Provided by: |
| LPN/LVN 80963 | | | | American Casualty Company of Reading, Pennsylvania 151 N. Franklin Street Chicago, IL 60606 |

Professional Liability \$ 1,000,000 each claim \$ 6,000,000 aggregate Your professional liability limits shown above include the following:

* Malplacement Liability Good Samaritan Liability Personal Injury Liability * Sexual Misconduct Included in the PL limit shown above subject to \$ 25,000 aggregate sublimit

Coverage Extensions \$ 25,000 per proceeding \$ 25,000 aggregate License Protection \$ 25,000 aggregate \$ 1,000 per day limit Defendant Expense Benefit per deposition \$ 10,000 aggregate \$ 10,000 Deposition Representation \$ 25,000 per incident \$ 25,000 aggregate Assault Includes Workplace Violence Counseling \$ 100,000 aggregate Medical Payments \$ 25,000 per person \$ 10,000 aggregate First Aid \$ 10,000 per incident aggregate \$ 10,000 Damage to Property of Others \$ 10,000 per incident aggregate Information Privacy (HIPAA) Fines and Penalties \$ 25,000 per incident \$ 25,000

Workplace Liability

Media Expense

Workplace Liability Fire & Water Legal Liability Personal Liability

Included in Professional Liability Limit shown above

\$ 25,000

per incident

Included in the PL limit shown above subject to \$150,000

\$1,000,000 aggregate

Total \$ 107.91

> Base Premium: \$ 106.00 KY LGPT : Bardstown

Surcharge \$ 1.91 0.00 \$

KY LGPT : **Nelson county** 0.00

\$ 25,000

aggregate

aggregate sublimit

Premium reflects Employed, Part Time

Policy Forms and Endorsements (Please see attached list of policy forms and endorsements)

Chairman of the Board

Keep this Certificate of Insurance in a safe place. It and proof of payment are your proof of coverage. There is no coverage in force unless the premium is paid in full. To activate your coverage, please remit premium in full by the effective date of this Certificate of Insurance.

Coverage Change Date:

Endorsement Date:

Master Policy: 188711433

CNA93692 (11-2018)

POLICY FORMS & ENDORSEMENTS

The following are the policy forms and endorsements that apply to your current professional liability policy.

COMMON POLICY FORMS & ENDORSEMENTS

| FORM# | FORM NAME |
|----------------------|--|
| G-121500-D (04-08) | Common Policy Conditions |
| G-121503-C (07-01) | Workplace Liability Form |
| G-121501-C (07-01) | Occurrence Policy Form |
| CNA96097 (06-19) | Amended Definition of Policy Period Endorsement |
| CNA96821KY (09-19) | Policy Holder Notice - Kentucky Surcharge-Firefighters and Law Enforcement Officials Fund |
| CNA94164 (11-18) | Amendment Definition of Claim Endorsement |
| G-145184-A (06-03) | Policyholder Notice - OFAC Compliance Notice |
| G-147292-A (03-04) | Policyholder Notice - Silica, Mold & Asbestos Disclosure |
| GSL15563 (02-10) | Information Privacy Coverage Endorsement HIPAA Fines, Penalties & Notification Costs |
| GSL15564 (10-09) | Sexual Misconduct Sublimits of Liability Professional Liability & Sexual Misconduct Exclusion |
| GSL15565 (03-10) | Healthcare Providers Professional Liability Assault Coverage |
| GSL17101 (02-10) | Exclusion of Specified Activities Reuse of Parenteral Devices and Supplies |
| GSL13424 (05-09) | Services to Animals |
| CNA80051 (09-14) | Amended Definition of Personal Injury Endorsement |
| CNA80052 (10-14) | Distribution or Recording of Material or Information in Violation of Law Exclusion Endorsement |
| G-123846-C16 (07-01) | |
| CNA81753 (03-15) | Coverage & Cap on Losses from Certified Acts Terrorism |
| CNA81758 (01-21) | Notice - Offer of Terrorism Coverage & Disclosure of Premium |
| CNA82011 (04-15) | Related Claims Endorsement |
| CNA89027 (10-17) | Entity Exclusion Endorsement |
| CNA89026 (05-17) | Media Expense Coverage |

PLEASE REFER TO YOUR CERTIFICATE OF INSURANCE FOR THE POLICY FORMS & ENDORSEMENTS SPECIFIC TO YOUR STATE AND YOUR POLICY PERIOD.

For NJ residents: The PLIGA surcharge shown on the Certificate of Insurance is the NJ Property & Liability Insurance

Guaranty Association.

For KY residents: The Surcharge shown on the Certificate of Insurance is the KY Firefighters and Law Enforcement

Foundation Program Fund and the Local Tax is the KY Local Government Premium Tax.

As required by 806 Ky. Admin Regs. 2:100, this Notice is to advise you that a surcharge has been applied to your insurance premium and is separately itemized on the Declarations page or billing

instrument attached to your policy, as required KRS. §136.392.

For WV residents: The surcharge shown on the Certificate of Insurance is the WV Premium Surcharge.

For FL residents: The FIGA Assessment shown on the Certificate of Insurance is the FL Insurance Guaranty Association

- 2012 Regular Assessment.

Form #: CNA93692 (11-2018)

Master Policy #: 188711433

Named Insured: Heather Colyer

Policy #: 0717068876