

Kenton County School District | *It's about ALL kids.*

**THE KENTON COUNTY BOARD OF EDUCATION**

1055 EATON DRIVE, FORT WRIGHT, KENTUCKY 41017

TELEPHONE: (859) 344-8888 / FAX: (859) 344-1531

WEBSITE: [www.kenton.kyschools.us](http://www.kenton.kyschools.us)

Dr. Henry Webb, Superintendent of Schools

**KCS D ISSUE PAPER**

**DATE:**

07/22/19

**AGENDA ITEM (ACTION ITEM):**

Consider/Approve Memorandum of Understanding with Beechwood Independent Board of Education to provide supplemental transportation services via the Kenton County School District Transportation Department.

**APPLICABLE BOARD POLICY:**

01.1 Legal Status of the Board

**HISTORY/BACKGROUND:**

In previous years the Kenton County School District has leased school buses with drivers to the Beechwood Independent Board of Education to provide supplemental transportation to Beechwood's student-related and extra-curricular activities. Beechwood is requesting these services from Kenton County for the 2019-2020 school year pursuant to the Kenton County Board Policies.

**FISCAL/BUDGETARY IMPACT:**

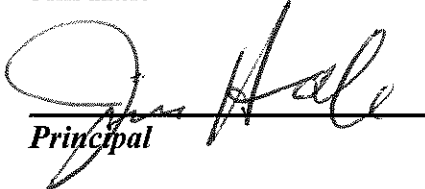
None

**RECOMMENDATION:**

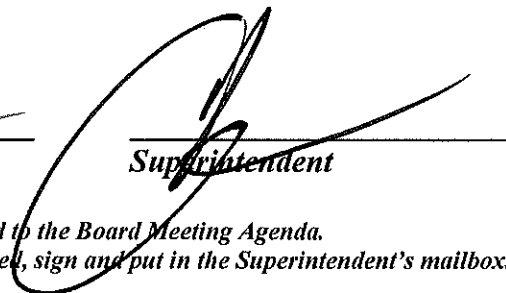
Approval of the Memorandum of Understanding with Beechwood Independent Board of Education to provide supplemental transportation services via the Kenton County School District Transportation Department.

**CONTACT PERSON:**

Jim Hale

  
Principal

  
District Administrator

  
Superintendent

Use this form to submit your request to the Superintendent for items to be added to the Board Meeting Agenda.

Principal –complete, print, sign and send to your Director. Director –if approved, sign and put in the Superintendent's mailbox.

**Kenton County Board of Education**

Board Members: Carl Wicklund, Chairperson Karen L. Collins, Vice Chairperson Carla Egan Shannon Herold Jesica Jehn

"The Kenton County Board of Education provides Equal Education & Employment Opportunities."

Beechwood Independent Schools  
Board of Education



To: Kenton County Board of Education  
From: Beechwood Independent Board of Education  
Date: June 19, 2019  
Re: Memorandum of Understanding for Supplemental Transportation Services

The Beechwood Independent Board of Education (BOE), in an effort to provide student-related and extra-curricular activities, requests a Memorandum of Understanding with the Kenton County Board of Education (BOE) for transportation services.

The Beechwood Independent Board of Education requests the following as a Memorandum of Understanding with the Kenton County Board of Education:

1. The Kenton County BOE will annually recognize the Beechwood Independent BOE as an entity that can request supplemental transportation services from the Kenton County Transportation Department for student-related and extra-curricular activities.
2. The Beechwood Independent BOE, and the employees thereof, will abide by the transportation request procedures established by the Kenton County BOE and the Kenton County Transportation Department.
3. The Beechwood Independent BOE agrees to compensate the Kenton County BOE for transportation services provided at an agreed upon rate structure and within an agreed upon payment schedule.
4. The Beechwood Independent BOE will provide a Certificate of Liability Insurance and other documentation requested by the Kenton County BOE in order to provide the requested services.
5. The Beechwood Independent BOE will promptly respond to any concerns brought forth by the Kenton County BOE, the Kenton County Transportation Department, or employees thereof, in order to maintain compliance with regulations related to student transportation.
6. The termination of this agreement, by either party, can be initiated in writing with 30 days notice.

The Beechwood Board of Education appreciates the consideration of this agreement.

Kenton County Board of Education Representative:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Beechwood Independent Board of Education Representative:

Signature: Janne Berger Date: 7/8/19



BEECIND-01

MLAFONTAINE

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
06/19/2019

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 AssuredPartners-Crawford Insurance 179 Fairfield Avenue Bellevue, KY 41073	CONTACT NAME: Karen McIntosh		
	PHONE (A/C, No, Ext): (859) 581-2088	FAX (A/C, No): (859) 581-1008	
	E-MAIL ADDRESS: certificate@crawfordins.com		
INSURED Beechwood Independent Schools Rae Wise 50 Beechwood Road Ft. Mitchell, KY 41017	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Liberty Mutual Insurance Co		23043
	INSURER B: Kentucky Employers Mutual Insurance		10320
	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  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	X		CBP8700031	07/01/2019	07/01/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			BA8709931	07/01/2019	07/01/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTIONS 10,000			CU8701532	07/01/2019	07/01/2020	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/ MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	386907	07/01/2019	07/01/2020	<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)  
Kenton County Schools Board of Education is listed as Additional Insured in regards to General Liability.

## CERTIFICATE HOLDER

## CANCELLATION

Kenton County Schools Board of Education  
1055 Eaton Road  
Ft Wright, KY 41017

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

### **USE OF BUSES BY OUTSIDE GROUPS**

This agreement is made by and between the Kenton County Board of Education and **Beechwood Independent Schools**, the user.

The user is a: \_\_\_\_\_ profit organization

\_\_\_\_\_ **X** \_\_\_\_\_ Non-profit organization

**The user is permitted to utilize Kenton County School Buses to:**

\_\_\_\_\_ Transport students for the summer programs to camps and field trips per the attached schedule:

\_\_\_\_\_ **X** \_\_\_\_\_ Transport per the attached schedule:

At the following times and dates: **As requested and agreed upon by Kenton County Transportation**

Subject to the following terms and conditions:

1. School buses may be used only when they are not being used for school purposes. They shall not be used at any time that may conflict with their availability for school use.
2. School buses shall only be leased or rented in exchange for reasonable and adequate compensation.
3. Groups or individuals contracting for the use of school buses shall show evidence of insurance sufficient to cover all liability and losses of all persons who might reasonably be held responsible including the members of the Board of Education and the District. The Board shall be listed as an additional insured.
4. The groups or individuals using the vehicle or vehicles shall carry adequate collision insurance to cover the value of said vehicle or vehicles. The minimum coverage's are as follows:

Property Damage - \$100,000

Bodily Injury – Per Person - \$250,000

Bodily Injury – Per Person - \$2,000,000

No-Fault Coverage - Per Person - \$10,000

5. The driver must be a regular bus driver for the Kenton County School District.
6. Outside groups or individuals using vehicles must abide by the Kenton County School District Policy for Field Trips. Current District Policy will be provided by the Transportation Department upon receipt of the request for the use of a vehicle and may also be obtained on the District Website (Administrative Resources).

**User's Authorized Signer:**

Brian E. Vanover

Print Name



Signature

June 19, 2019

Date

54 Beechwood Road

Address

Fort Mitchell

City

Kentucky

State

41017

Zip

859-331-3250

Office Phone Number

513-310-1726

Phone Number during the event

This agreement will be presented to the Kenton County Board of Education for review/approval.  
A signed copy will be provided to the user upon approval.

\_\_\_\_\_  
Kenton County Board of Education  
Authorized Signer

\_\_\_\_\_  
Date