



Bullitt County Public Schools

1040 Highway 44 East
Shepherdsville, Kentucky 40165

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

MEMO

TO: Jessie Bacon

FROM: Tony Roth  

DATE: March 10, 2022

RE: Agenda Item for March 28, 2022, Board Meeting
Facility Use Application for North Bullitt High School

North Bullitt High School requests permission to allow the Kentucky Music Week Organization hold an event at their school June 19-24, 2022 from 7:00 am to 5:00 pm. They are asking to use the Gymnasium, CCR Gymnasium, Dining Room. 40 Classrooms (20 rooms are dedicated for Bullitt County students only). The Band Director and band students will be supervising and the have sweepers for cleaning each day. North Bullitt Band Boosters will be setting up for this event June 17-18, 2022.

Attached are the Application and Agreement Form and Liability Insurance Certificate.

I recommend the Board approve this request.

North Bullitt High School



3200 E Hebron Lane
Shepherdsville, KY 40165

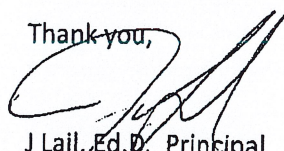
One Team-One Dream

Tel: 502-869-6200
Fax: 502-957-6762

01/25/2022

I am in agreement with the Kentucky Music Week Organization / Nancy Johnson Barker to hold an event at North Bullitt High School on June 17-24, 2022 barring any issues that may arise from the state and local level concerning quarantines.

Thank you,



J Lail, Ed.D. Principal
North Bullitt High School

Assistant Principals

Jessica Sturgeon
Kyle Roach
Lindsey Wegley

Principal

J Lail, Ed.D.

Counselors

Chelsea Mullenex
Missy Speakman
April Walker

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 Kentucky Music Week Telephone 502-827-4085

Representative's Name Nancy Johnson Barker

Address P. O. Box 86 Bardstown, KY 40004

The above organization/individual requests the use of:

☒ auditorium ☒ gymnasium ☒ dining room/kitchen ☐ stadium

☒ classroom(s) At least 40 classrooms. ☒ other, specify All available pre-designated areas.

Is the organization planning to use District-owned equipment? ☒ YES ☐ NO

If yes, specify equipment 2 smart boards / 3 areas with water available. Operator's Name Tull Glazener

Is the organization planning to conduct sales on school premises? ☒ YES ☐ NO

If yes, give a complete description of what is being sold and how the proceeds will be used. Instructors are musicians and will be selling their CDs, musical instruments, music books, and a variety of craft items sold by craft instructors. Each artist is responsible for their own Kentucky sales tax payment.

Building/school/facility North Bullitt High School 6/17, 18 & 6/19-24 7:00 AM - 6:00 PM

Purpose The celebration of Kentucky traditional music, crafts, dance, and more through classes in these arts.

Date(s) requested June 17, 18 Load In / June 19 - 24, Classes Time(s) Requested 7 AM - 5 PM Schedule submitted 7 AM - 5 PM

Will public be admitted? ☒ YES ☐ NO If yes, please explain Those taking classes will be admitted.

Will advertisement(s) be used? ☒ YES ☐ NO If yes, please explain Brochures, Dulcimer Magazine Ad

Will admission be charged? ☐ YES ☒ NO If yes, please explain None except for classes.

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 \$ _____	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 _____	Length of Time _____		

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	2	SEE ATTACHED SHEET	Per schedule submitted previously.	\$ 1,600.00
Food Service Employees				
Supervisory Personnel				
Other _____				

TOTAL PERSONNEL CHARGE				\$ 1,600.00

7:00 AM - 5:00 PM Property Used	Facility/ Equipment Fee	Personnel Cost, if applicable	Total Cost for Facility Use
Gymnasium at ___ North Bullitt High ___ school	\$1000		See below.
Auditorium at ___ North Bullitt High ___ school			See below.
<input checked="" type="checkbox"/> Cafeteria <input type="checkbox"/> Dining Room <input type="checkbox"/> Kitchen <input type="checkbox"/> Both at ___ North Bullitt High \$500 school	\$500		See below.
Classroom(s) Number ___ At least 40 Classrooms at ___ North Bullitt High ___ school	\$3000		See below.
Stadium at ___ school			Does not apply.
Other Property at ___ North Bullitt High ___ school CCR GYM	\$500		Total charge of \$5,000.00 payable by 6/10/22.

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.)

ENTIRE SCHOOL, AS SCHEDULED AND AGREED TO, FOR TOTAL RENTAL AMOUNT OF \$5,000.00. BAND BOOSTERS LOAD IN, SET UP, LOAD OUT \$1,000.00. CUSTODIAL HELP, 2 PERSONS FOR A TOTAL OF \$1,600.00 FOR THE ENTIRE TIME.

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

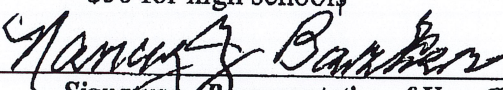
KITCHEN AND CAFETERIA

- \$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

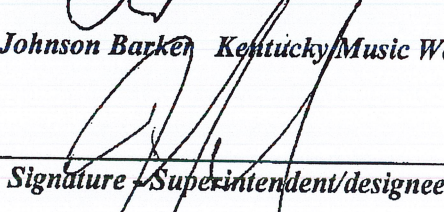


Signature Representative of User Group

Nancy Johnson Barker Kentucky Music Week

12-14-21

Date



Signature Superintendent/designee

1.25.2018

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

2021-2022 School Year

Fringe Benefit Worksheet

EMPLOYER PORTION

Classified Employees



Employee #	TBD	
Employee Name	2 custodians	
Date	June 17-24, 2022	
Pay Rate	\$	14.96
Over Time Rate (Time & Half)		51.56
Hours		
Gross Pay	\$	1,157.01
County Employment Retirement 26.95%	\$	311.81
FICA (Social Security) 6.20%	\$	68.15
Medicare 1.45%	\$	15.94
Worker's Compensation Insurance 4.07%	\$	47.09
Total Check to be submitted to C.O.	\$	1,600.00

Comments:

Make Checks Payable to Bullitt County Public Schools



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/11/2022

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

First Insurance Group KY Inc
P O Box 845
Bardstown, KY 40004

CONTACT

NAME: Anita Burkett

PHONE (A/C, No, Ext): 502-348-5921

FAX (A/C, No): 866-679-1492

E-MAIL ADDRESS: anita@myfirstinsurancegroup.com

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: The American Insurance Company

21857

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

INSURED

Kentucky Music, Inc.
P O Box 86
Bardstown, KY 40004

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	CTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP	LIMITS
			INSR	WVD		(MM/DD/YYYY)	(MM/DD/YYYY)	
A	✓	COMMERCIAL GENERAL LIABILITY	✓		XXC80514929	6/17/2022	06/25/2022	EACH OCCURRENCE \$ 1,000,000
		CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			NAEP098258			DAMAGE TO RENTED PREMISES \$ 50,000
		Host Liquor Liability						MEDICAL EXPENSE \$ 0
		GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$ 1,000,000
		<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 2,000,000
		OTHER:						PRODUCTS - COMP/OP AGG \$ 1,000,000
								\$
A		AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT \$
		ANY AUTO						BODILY INJURY (Per person) \$
		OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
		HIRED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
		SCHEDULED AUTOS NON-OWNED AUTOS ONLY						\$
		UMBRELLA LIAB						EACH OCCURRENCE \$
		EXCESS LIAB						AGGREGATE \$
		DED						\$
		RETENTION \$						\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT \$
		If yes, describe under DESCRIPTION OF OPERATIONS below						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)
Additional Insured: Bullitt County Board of Education

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

Robert V. Nuccio

December 14, 2021

Dr. J. Lail, Principal
North Bullitt High School
3200i East Hebron Lane
Shepherdsville, KY 40165

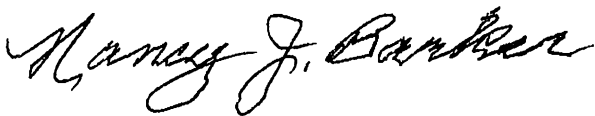
Reference: Kentucky Music Week Facility Agreement

Dear Dr. Lail;

Enclosed please find two copies of the facility agreement, signed by me. Please let me know if you have any questions.

Please return one copy, signed by your superintendent, to me at the address listed below. Thank you.

My best,

A handwritten signature in cursive script that reads "Nancy J. Barker". The signature is fluid and written in dark ink.

Nancy J. Barker
P. O. Box 86
Bardstown, KY 40004

502-827-4085 (cell)
502-388-2011 (home)



Specialty Insurance Products

Kentucky Music, Inc.
P O Box 86
Bardstown , KY 40004

Insurance Policy Number: NAEP098258

Tel. (800) 364-2433

Email support@rvnuccio.com

Online rvnuccio.com

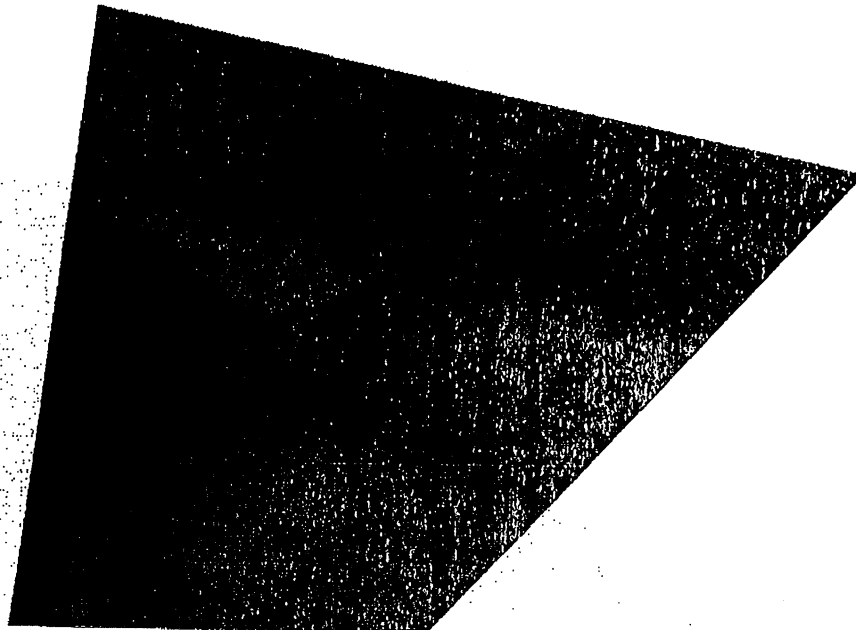
Office 10148 Riverside Drive
Toluca Lake, CA 91602

Your Insurance Policy

What's included:

- ✓ Your Certificate(s) of Insurance
- ✓ A copy of your Application
- ✓ Your Memorandum
- ✓ Your Coverages
- ✓ Your Quote Letter

Thank you for choosing R.V. Nuccio & Associates Insurance Brokers, Inc. — We look forward to helping with your specialty insurance needs.



Certificate Number: NAEP098258

Policy Number: XXC80514929

Effective Dates: 6/19/2022 12:01am to 06/25/2022 12:01am

**Additional Insured - Person, Organization or other Entity -
600002STEP 09 12**

Policy Amendment(s) Commercial General Liability

This endorsement modifies insurance provided under the following:

Commercial General Liability Coverage Part

Schedule

Name of Additional Insured Person(s) or Organization(s) or other Entity(ies)

Bullitt County Board of Education

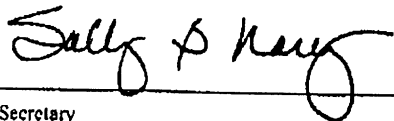
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Section II - Who Is An Insured is amended to include as an insured the person, organization or other entity shown in the Schedule above but only to the extent that **bodily injury, property damage or personal and advertising injury** is caused by the sole negligence of the Memorandum of Insurance holder.

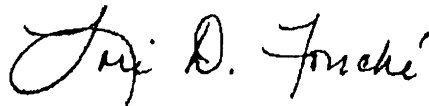
Any Additional Insured Person(s) or Organization(s) or other Entity(ies) covered under this policy is subject to the policy forms, terms, conditions, exclusions, limitations and provisions.

This Endorsement is otherwise subject to all the terms, conditions, exclusions, limitations, and provisions of the policy to which it is attached.

This Form must be attached to Change Endorsement when issued after the policy is written.
One of the Fireman's Fund Insurance Companies as named in the policy



Secretary



President

First Insurance Group KY Inc
P O Box 845 • Bardstown , KY 40004
502-348-5921 • Fax: 866-679-1492 • Email: anita@myfirstinsurancegroup.com
License #: 611145

SPECIAL EVENT INSURANCE QUOTE

Date: 01/25/2022

Client ID #: 1769090

Applicant & Event Information

Applicant Name: Kentucky Music, Inc.

Event Type: Instructional Class (No Sports)

Proposed Coverage Date: 6/19/2022

Selected Coverage

	Limit	Cost
Commercial General Liability (<i>Host Liquor Liability Included</i>)	\$1,000,000/\$2,000,000	\$0.00
<i>Underwritten by The American Insurance Company, a company of Allianz®</i>		
Care/Custody/Control Liability	Not Covered	\$0.00
Damage to Premises Limit	\$50,000	\$0.00
Medical Payments	Not Covered	\$0.00
Collapse of Temporary Structure	Not Covered	\$0.00
Contractual Liability	Not Covered	\$0.00
Hired and Non-Owned Auto Liability	Not Covered	\$0.00
Liquor Liability	Not Covered	\$0.00
Waiver of Subrogation	Not Covered	\$0.00
Terrorism	Covered	\$0.00
State Surcharge/State Guarantee Fund		\$0.00
CGL RVNA, Inc. Unlimited Additional Insured(s) Charge		\$0.00
CGL RVNA, Inc. Primary Endorsement Charge		\$0.00
CGL RVNA, Inc. Corporate Charge		\$0.00
AEPV, Inc. Purchasing Group Membership Charge		\$0.00
Subtotal Commercial General Liability (CGL)		\$0.00
Accident Medical Expense	Not Covered	\$0.00
<i>Underwritten by Nationwide Mutual Insurance Company</i>		
State Guarantee Fund		\$0.00
AD&D/AME RVNA, Inc. Corporate Charge		\$0.00
AD&D/AME NASEP, Inc. Association Membership Fee		\$0.00
Subtotal Accident Medical Expense (AD&D/AME)		\$0.00
Event Cancellation	Not Covered	\$0.00
<i>Underwritten by HCC Insurance Company</i>		
Surplus Lines Tax/Stamping Fee		\$0.00
EC RVNA, Inc. Corporate Charge		\$0.00
EC NASEP, Inc. Association Membership Fee		\$0.00
Subtotal Event Cancellation (EC)		\$0.00
Broker Fee		\$0.00
TOTAL		\$0.00

PLEASE REVIEW THE SECOND PAGE FOR SPECIAL NOTES AND NOTABLE EXCLUSIONS

Agent Name: Anita Burkett

First Insurance Group KY Inc
P O Box 845 • Bardstown , KY 40004
502-348-5921 • Fax: 866-679-1492 • Email: anita@myfirstinsurancegroup.com
License #: 611145

SPECIAL EVENT INSURANCE QUOTE (CONT'D.)

Notes:

- Coverage for weekend events must be purchased by 4:00 PM Friday.
- Prices subject to change without notice.
- It is the insureds responsibility to read the policy.
- Payment Method: Agency Check or Agency Credit Card.
- R.V. Nuccio & Associates Insurance Brokers, Inc. is the exclusive broker for AEPV, Inc.
- Property Damage Deductible is \$2,500.00.
- AD&D/AME Deductible is \$25.00.
- Coverage must be bound at least 24 hours in advance.

THE FOLLOWING EXCLUSIONS ARE CONTAINED IN THE COMMERCIAL GENERAL LIABILITY COVERAGE PROVIDED BY THIS PROGRAM: This list is not all inclusive. Abuse, molestation, harassment or sexual conduct; Aircraft/hot air balloon; Amusement devices (the ownership, operation, maintenance, or use of: any mechanical or non-mechanical ride, slide, or water slide, any bungee operation or equipment.); Animal games/rides; Rodeos; Cannabis, CBD, Vaping and related products; Employment-related practices; Fireworks; Fungi or bacteria; lead; Nuclear energy liability; Injury to Performers; Throwing objects into a crowd; Motorized vehicles/motorcycles/watercraft/powerboats practicing for, qualifying for, or testing for any racing speed, demolition, or stunting activity; Event type misrepresentation including but not limited to: Concerts (rap, hip hop, heavy metal, electronic, hard rock), Raves, Rave-like parties, Electronic music events.

Commercial General Liability Insurance Master Policy
GENERAL CHANGE ENDORSEMENT

Master Policy Number: XXC80514929
Endorsement Date:

Memorandum Number: NAEP098258
Endorsement Sequential Number: 1

Issuing Company:
The American Insurance Company
1465 N. McDowell Blvd, Petaluma, CA 94954
Nationwide Claims: 1-888-347-3428

National Program Administrator:
R.V. Nuccio & Associates Insurance Brokers, Inc.
10148 Riverside Drive, Toluca Lake, CA 91602
Nationwide: 1-800-364-2433

01. MEMORANDUM HOLDER NAME AND ADDRESS (Memorandum holder means Named Insured)

A. Memorandum Holder: Kentucky Music, Inc.
B. Street Address: P O Box 86
C. City: Bardstown

D. State: KY

E. Zip Code: 40004

02. COVERAGE PERIOD

Inception Date: 6/19/2022 12:01 AM to Expiration Date 06/25/2022 12:01 AM Standard Time at Named Insured's address stated above

03. EVENT TYPE AND LOCATION

Event Type: Instructional Class (No Sports)
Event Facility Name: North Bullitt High School
Event Facility Address: 3200 E Hebron Lane

04. TYPE OF ENDORSEMENT

☐ Addition ☐ Deletion ☒ Change

05. TOTAL AMOUNT DUE OR PAYABLE

\$ \$0.00

☐ Additional Amount Due ☐ Return Amount Due

New/Changed Coverages and Premiums

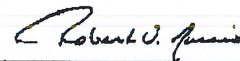
Total Premium

\$0.00

Detailed Policy changes are listed on the following page.

Date Issued: 01/25/2022

By



Authorized Representative

GENERAL CHANGE ENDORSEMENT

Continued from Previous Page

Changes to Policy (Endorsements)

Number of Certificate Holders/Additional Insureds	2
Additional Insured Name	Bullitt County Board of Education
Additional Insured Street	1040 Highway 44 East
Additional Insured City	Shepherdsville
Additional Insured State	KY
Additional Insured Zip	40165
Additional Insured Email	debbie.woodruff@bullitt.kyschools.us
Additional Insured Phone	
Additional Insured Wording	
Admin Options:100%	
Applicable AI Form	
Additional Insured Endorsement Wording	