· USE AGREEMENT

This agreement made by and between the Boone County Board of Education,	i									
Matthew L. Turner as Principal authorized so to act by direction of the Board of Educa	ation and									
CITY of UNION hereinafter	referred to									
as "user" of the school facilities hereinafter described.										
	3.€0									
WITNESSETH:										
The principal does hereby agree to permit user to utilize certain school facilities										
particularly described as follows: Ryle Campus PARKSONGLOT, GIRDSSYFTELD by GIRDY, AND PARTICE FREEDS ON WINLES CITCLE REASE SEE THE ATTACHED										
AND PRETICE FREIDS ON WINLES CITCLE PREASE SEE THE	ATTACHEN									
SITE MAP										
at the following	times and									
dates: June 24th 5:30pm to 10:00pm										
subject to the following terms and conditions:										
1. The school property identified above may be utilized by the user as a permitte	1. The school property identified above may be utilized by the user as a permittee at will on									
the condition that all terms and conditions as hereinafter set out are compiled v	vith and									
any other terms and conditions specified by the Principal. Any violation of such	n terms									
and conditions may result in immediate termination of the Use Agreement and/or liab										
of the user. The utilization of the premises by the user is a privilege extended to	to the user									
by the Board of Education and sald use does not constitute a property right nor	shall it be									
deemed a lease or renewable beyond the specified period without the written of	onsent of									
the principal.	*2									
2. The use of these school facilities shall be in compliance with all laws and regular	ations and									
the terms and conditions of Boone County Board of Education policies, includir	ng but not									
limited to BCBE Policy No. 05,3, 05.31, 05.32 and 10.3 which are incorporated	by									
reference herein.										

- The reserved time/date for use by user may be cancelled preempted by Principal and permission for use may be terminated without cause by notice from Principal.
- User is responsible for the conduct of its participants or guests.
- There shall be no subletting or assignment of this agreement nor any profit making or commercial venture subject of the use.
- 6. User shall return the facilities or premises in the same condition as at the commencement of the use, or if user fails to do so; the user will be responsible for the cost of clean-up and be prohibited from further use of facilities.
- 7. The user agrees to save harmless the Boone County Board of Education, its employees and agents, for any liability, damage, loss or expense incurred respecting the utilization of the school facilities; and the user agrees to reimburse the Boone County Board of Education for any damages to or replacement of school property damaged, lost, stolen or vandalized while in users name.

JRODGERS



CERTIFICATE OF LIABILITY INSURANCE

6/20/2022

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).

t	his certificate does not confer rights t	o the	cert	ificate holder in lieu of su	uch end	orsement(s).	The state of the s	- 24 (1659-14)	APOK 17874774	HONE OF THE CONTROL CO. HEREIN CONTROL	
PRO	DUCER						odgers, Cl	3				
Houchens Insurance Group 505 Wellington Way, Suite 275				PHONE (A/C, No, Ext): (859) 303-4211 FAX (A/C, No): (859) 296-4583								
Lex	ington, KY 40503						@higusa.c	om	(, , , , , , , , , , , , , , , , , , ,			
	An A				INSURER(S) AFFORDING COVERAGE					NAIC #		
					INSURER A : Kentucky League of Cities					S0510		
INSURED					INSURER B:					00010		
City Of Union KY 1843 Mt. Zion Road					INSURER C:					1		
Union, KY 41091					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											
	ERTIFICATE MAY BE ISSUED OR MAY											
	XCLUSIONS AND CONDITIONS OF SUCH				BEENF		*					
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	S		
Α	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE		\$	2,000,000	
	CLAIMS-MADE X OCCUR	Х		L5542-2022-21986		7/1/2022	7/1/2023	DAMAGE TO RENTI PREMISES (Ea occu	ED irrence)	\$	100,000	
	χ Public Officials \$2M							MED EXP (Any one		\$	5,000	
								PERSONAL & ADV I		\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREG		s	2,000,000	
	POLICY PRO- JECT LOC							PRODUCTS - COMP		\$	2,000,000	
	OTHER:							TAOBOOTO COM	701 7100	s		
Α	AUTOMOBILE LIABILITY							COMBINED SINGLE	LIMIT	\$	1,000,000	
	ANY AUTO			L5542-2022-21986		7/1/2022	7/1/2023	(Ea accident)				
	OWNED SCHEDULED AUTOS ONLY			L3342-2022-21300		11112022	11112023	BODILY INJURY (Pe		\$		
								PROPERTY DAMAG (Per accident)		\$		
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							(Per accident)		\$		
										\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENC	DE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$		
Α.	DED RETENTION\$							I DED	I OTU	\$		
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			MEE 40 0040 47700		714/0000	7/4/0000	PER STATUTE	OTH- ER		4 000 000	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A		W5542-2019-17700		7/1/2022	7/1/2023	E.L. EACH ACCIDEN	NT	\$	4,000,000	
	(Mandatory in NH)							E.L. DISEASE - EA E	MPLOYEE	\$	4,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	ICY LIMIT	\$	4,000,000	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL	LES (A	CORD	101, Additional Remarks Schedu	ıle, may be	attached if mor	e space is requir	ed)	•			
	4th of July - Union Celebrates America	. Cer	tifica	te holder is an additional i	insured	in regards to	general liab	ility except as ot	herwise p	rovid	ed by the	
poli	ъу.											
CE	RTIFICATE HOLDER				CANCELLATION							
						II D ANN 05	THE ABOVE 5	ECODIDED DOLLO	IEC DE C.	NOT:	LED DEFORE	
						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN						
		ACCORDANCE WITH THE POLICY PROVISIONS.										

8330 US 42 Florence, KY 41042

Boone County Board of Education

AUTHORIZED REPRESENTATIVE

Union Celebrates America Site Plan

