



featuring  
**Jarrold Polson**



## About the camps

- **FREE** regional basketball skills camps conducted by former University of Kentucky four-time All-SEC Academic Team member Jarrold Polson
- All school-age youth invited to participate
- All youth receive free T-shirt and signature basketball
- Water and food provided
- Participants entered into a drawing for 2 basketball goals given away at the conclusion of each camp (must be present to win)
- No pre-registration required; please arrive 15 minutes early

### 6 Regional Camps

4 pm to 7 pm

|                   |                 |
|-------------------|-----------------|
| Tuesday, June 6   | Floyd County    |
| Thursday, June 8  | Lee County      |
| Tuesday, June 13  | Lawrence County |
| Thursday, June 15 | Wayne County    |
| Tuesday, June 20  | Laurel County   |
| Thursday, June 22 | Garrard County  |

**Details at [OperationUNITE.org](https://OperationUNITE.org)**

### Camp objectives

- Provide a safe, drug-free activity with an opportunity to interact with positive adult role models
- Reach 450 school-age youth during 2023
- Give positive, anti-drug and self-esteem messages in conjunction with providing basketball skills instruction
- Have youth participants pledge to remain drug-free
- Enlist 25 volunteers to help with the camps
- Engage the assistance of those in recovery programs
- Have 750 parents/guardians attend an Operation UNITE education program on the dangers of Fentanyl





## Sponsorship Form

I want to be a sponsor for the 2023 Shoot Hoops Not Drugs Tour with Jarrod Polson and support **Operation UNITE's** efforts to educate parents/guardians and our youth about substance misuse!



**Event**  
**\$10,000**

- Gold benefits +
- Logo recognition on SHND basketballs



**Gold**  
**\$1,000**

- Silver benefits +
- Opportunity to speak at a SHND camp of your choice



**Silver**  
**\$250**

- Bronze benefits +
- Logo recognition on event T-shirt\*



**Bronze**  
**\$100**

- Name recognition on UNITE website, and publicity materials

\* Deadline to have logo included on T-shirt is **Friday, May 5, 2023**

### Please Print

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City, State, ZIP

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email Address



Make check made payable to:

**Operation UNITE**

Send completed form and payment to:

Shoot Hoops Not Drugs  
350 C.A.P. Drive  
London, KY 40744



### Questions?

dmorton@centertech.com  
606-330-1400

**OperationUNITE.org**



UNITING-01

SLOVELESS

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/10/2023

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).

|  |  |   |                                      |
|--|--|---|--------------------------------------|
| <b>PRODUCER</b><br>Derby Insurance Agency Inc<br>PO Box 1630<br>Somerset, KY 42502 | <b>CONTACT NAME:</b>                                   | <b>PHONE (A/C, No, Ext):</b> (800) 511-2892 | <b>FAX (A/C, No):</b> (866) 679-1492 |
|  | <b>E-MAIL ADDRESS:</b> Info@firstinsurancegroupusa.com |   |                                      |
| <b>INSURED</b><br><br>U.N.I.T.E. Inc.<br>2292 S. Hwy 27<br>Somerset, KY 42501      | <b>INSURER(S) AFFORDING COVERAGE</b>                   |   | <b>NAIC #</b>                        |
|  | <b>INSURER A:</b> Kentucky League of Cities            |   | <b>S0402</b>                         |
|  | <b>INSURER B:</b>                                      |   |                                      |
|  | <b>INSURER C:</b>                                      |   |                                      |
|  | <b>INSURER D:</b>                                      |   |                                      |
|  | <b>INSURER E:</b>                                      |   |                                      |
| <b>INSURER F:</b>  |  |   |                                      |

## 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<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |           |          | L5888-2022-22616 | 7/1/2022                | 7/1/2023                | EACH OCCURRENCE \$ 2,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000<br>MED EXP (Any one person) \$ 5,000<br>PERSONAL & ADV INJURY \$<br>GENERAL AGGREGATE \$<br>PRODUCTS - COMP/OP AGG \$<br>\$ |
| A        | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY<br><input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY                      |           |          | L5888-2022-22616 | 7/1/2022                | 7/1/2023                | COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$  |
|          | <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR<br><input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br><input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$   |           |          |                  |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$<br>\$   |
|          | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A<br>If yes, describe under DESCRIPTION OF OPERATIONS below  |           |          |                  |                         |                         | PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/><br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$   |
|          |  |           |          |                  |                         |                         |  |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Shoot Hoops Not Drugs Basketball Camp / June 22,2023

## CERTIFICATE HOLDER

## CANCELLATION

|  |  |
|--|--|
| Garrard County Middle School<br>304 West Maple Street<br>Lancaster, KY 40444 | 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<br>  |

## CERTIFICATE OF COVERAGE

This certificate of coverage, together with the attached master policy and any endorsement(s) constitute the policy issued to the Certificate Holder. Any coverage listed below is subject to the terms, conditions and limitations set forth below and in the master policy referenced.

**POLICYHOLDER NAME AND ADDRESS:**

Sports and Recreation Providers Association  
1776 South Naperville Road, Building B  
Wheaton IL 60189

**CERTIFICATE HOLDER NAME AND ADDRESS:**

Operation UNITE  
2292 South Highway 27  
Somerset, KY 42501

**DESCRIPTION OF OPERATIONS:**

Youth Basketball Camp's and Overnight Sports Camp

|                |                            |  |
|----------------|----------------------------|--|
| <b>ITEM 1.</b> | <b>COVERAGE PERIOD:</b>    | Effective: 06/01/2022 To: 06/01/2023<br>At 12:01 A.M. Standard Time at The Address of the Certificate Holder |
|                | <b>CERTIFICATE NUMBER:</b> | <b>GAP101082</b>   |

|                |   |                             |
|----------------|---|-----------------------------|
| <b>ITEM 2.</b> | <b>INSURER</b>                              | <b>MASTER POLICY NUMBER</b> |
|                | INSURER<br>Great American Insurance Company | PAC 4265294                 |

|                |  |
|----------------|--|
| <b>ITEM 3.</b> | <b>AGENTS NAME AND ADDRESS</b>   |
|                | Francis L. Dean & Associates, LLC<br>12800 University Drive, Suite 125<br>Fort Myers, FL 33907 |

**ITEM 4. SCHEDULE OF CHARGES**

|                                       |   |
|---------------------------------------|---|
| <b>Total Premium (If Applicable):</b> |   |
| Premium:                              | \$7,363.10 Charged By Insurance Company |

**Disclosure Regarding Shared Limits.** Members Do Not Share Limits And Each Member Is Provided With Its Own Policy &/Or Certificate of Coverage.

**Disclosure Pursuant To Federal Law Regarding Purchasing Groups [U.S.C. 15 3901, Et Seq.]** PG Is A "Purchasing Group," As Defined Under Federal Law, Formed To Purchase Liability Insurance On A Group Basis For Its Members To Cover The Similar Or Related Liability Exposure(s) To Which The Members Of PG Are Exposed By Virtue Of Their Related, Similar, Or Common Business Or Service. Members Do Not Share Limits And Each Member Is Provided With Its Own Policy &/Or Certificate of Coverage.

**ITEM 5. SCHEDULE OF CASUALTY COVERAGE AND LIMITS OF INSURANCE:****COMMERCIAL GENERAL LIABILITY COVERAGE FORM**

|  |                                 |
|--|---------------------------------|
| General Aggregate Limit (Other Than Products Completed Operations) | \$2,000,000.00                  |
| Products-Completed Operations Aggregate Limit                      | \$2,000,000.00                  |
| Personal and Advertising Injury Limit                              | \$1,000,000.00                  |
| Each Occurrence Limit  | \$1,000,000.00                  |
| Damage to Premises Rented to You Limit                             | \$300,000.00 (Any One Premises) |
| Medical Expenses Limit   | Not Covered (Any One Person)    |

**LIQUOR LIABILITY COVERAGE FORM**

|                         |             |
|-------------------------|-------------|
| Aggregate Limit         | Not Covered |
| Each Common Cause Limit | Not Covered |

**ABUSE OR MOLESTATION COVERAGE FORM**

|                   |             |
|-------------------|-------------|
| Aggregate Limit   | \$1,000,000 |
| Each Act of Abuse | \$1,000,000 |

**PROFESSIONAL LIABILITY**

|                             |                |
|-----------------------------|----------------|
| Aggregate Limit             | \$1,000,000.00 |
| Each Act, Error or Omission | \$1,000,000.00 |

**HIRED AND NON-OWNED AUTO**

|                 |             |
|-----------------|-------------|
| Liability Limit | Not Covered |
|-----------------|-------------|

**ITEM 6.****MASTER POLICY FORMS & ENDORSEMENT SCHEDULE****Interline Business Forms and Endorsement Schedule:**

IL 70 01 Business PRO Policy Common Dec  
 IL 00 17 Common Policy Conditions  
 IL 00 21 Nuclear Energy Liability Exclusion  
 IL 01 18 Illinois Changes  
 IL 01 47 Illinois Changes – Civil Union  
 IL 01 62 Illinois Changes – Defense Costs  
 IL 02 84 Illinois Changes-Cancellation and Nonrenewal  
 IL 70 69 Exclusion – Asbestos  
 IL 71 25 Named Insured Endorsement  
 IL 72 68 In Witness Clause  
 IL 72 73 Loss Prevention Services  
 IL 73 24 Economic and Trade Sanctions Clause  
 IL 73 68 Disclosure Pursuant to Terrorism Risk Insurance Act  
 IL 74 05 Risk Purchasing Group Endorsement

**Commercial General Liability Coverage Form**

CG 74 00 General Liability Declaration Page  
 CG 00 01 General Liability Coverage Form  
 CG 02 00 Illinois Changes – Cancellation and Nonrenewal  
 CG 20 01 Primary and Noncontributory – Other Insurance Condition  
 CG 21 06 Exclusion – Access or Disclosure of Confidential or Personal Information and Data-Related Liability – With Limited Bodily Injury Exception  
 CG 21 35 Exclusion – Coverage C – Medical Payments  
 CG 21 47 Employment Related Practices Exclusion  
 CG 21 50 Amendment of Liquor Liability Exclusion  
 CG 21 67 Fungi or Bacteria Exclusion  
 CG 21 71 Exclusion of Other Acts of Terrorism Committed Outside the United States; CAP on Losses from Certified Acts of Terrorism  
 CG 21 76 Exclusion of Punitive Damages Related to Terrorism  
 CG 24 26 Amendment of Insured Contract Definition  
 CG 77 94 Exclusion-Liability Arising Out of Lead  
 CG 82 24 Social Service Agency General Liability Broadening Endorsement  
 CG 83 61 Silica or Related Dust Exclusion  
 CG 83 66 Nuclear, Biological, or Chemical Exclusion  
 CG 84 40 Coordination of Limits Endorsement  
 CG 90 82 Exclusion – Professional Services  
 CG 90 83 Exclusion – Abuse, Molestation, Harassment or Sexual Conduct  
 CG 91 26 Increased Deductible for Injuries to Certain Participants  
 CG 91 27 Failure to Provide Waiver and Release Sublimit  
 CG 91 48 Designated Special Events, Operations or Locations Exclusion  
 CG 91 49 Limitation of Coverage to Designated Operations or Locations  
 CG 91 69 Medical Payments at Your Request Endorsement  
 CG 92 22 Exclusion – Organic Pathogens

**Abuse or Molestation Coverage Part**

CG 82 82 Abuse or Molestation Declarations Page  
 CG 83 60 Illinois - Abuse or Molestation Coverage

**Professional Liability Coverage**

CG 87 11 Professional Liability Declarations  
 CG 87 10 Professional Liability Coverage  
 CG 87 21 Illinois Changes

**ITEM 7.****IMPORTANT COVERAGE NOTES & ADDITIONAL TERMS, CONDITIONS & EXCLUSIONS:**

The "Certificate Holder" must notify us if there is a change in operations or exposures, which increases the insurance company's risk of loss.

In consideration of the premiums paid by the "Certificate Holder", this policy provides coverage as set forth in the Certificate of Coverage. Coverage only applies to "Certificate Holders" for whom coverage has been placed in this program and by whom the premiums have been paid. Coverage does not apply to the "Policyholder".

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**EXCLUSION--COVERAGE C--MEDICAL PAYMENTS**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

**SCHEDULE**

**Description and Location of Premises or Classification:**

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

With respect to any premises or classification shown in the Schedule:

1. Section I Coverage C Medical Payments does not apply and none of the references to it in the Coverage Part apply; and
2. The following is added to Section I Supplementary Payments:
  - h. Expenses incurred by the Insured for first aid administered to others at the time of an accident for "bodily injury" to which this insurance applies.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**DESIGNATED SPECIAL EVENTS, OPERATIONS OR LOCATIONS EXCLUSION**

This endorsement modifies insurance provided under the following: ABUSE

OR MOLESTATION COVERAGE FORM  
 COMMERCIAL GENERAL LIABILITY COVERAGE FORM LIQUOR  
 LIABILITY COVERAGE FORM  
 PROFESSIONAL LIABILITY INSURANCE

**SCHEDULE**

**Description of Designated Events or Operations:**

The ownership, operation, maintenance arising out of the use of inflatable recreational devices or inflatable amusement devices of any kind.

Any use, event or display arising out of fireworks, or any other use of pyrotechnics including any firework sales.

Any use, handling, or storage of any firearms, ammunition, or explosives.

Any operations involving bungee devices, carnival rides, corn cannons, organized equine racing contests, organized equine vaulting or jumping contests, leasing of horses, jumping pillows, knocker ball, bubble soccer, Zorb ball, mechanical bucking devices including multi-ride attachments, aerial activities above 12 feet, rock climbing activities, activities involving permanent or mobile rock wall climbing structures, zip lines, pumpkin launching devices, rope challenge courses, water skiing, surfing, white water rafting or kayaking, tackle football, ATV/UTV, tracked or trackless train rides, trampolines, bike related trick or stunt activities or contests, Zippy Pets, haunted houses, haunted trails or haunted boats or barges, demolition derbies of any kind, independent security services other than a contracted public law enforcement officer

Golf Carts used for impaired driving, Use of Drones, Use of Diving Boards, Driving.

**Specified Location (If Applicable):**

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

This insurance does not apply to any injury or damage arising out of an event or operation listed in the above schedule, regardless of whether such event or operation is conducted by you or on your behalf, or whether the event or operation is conducted for yourself or for others.

If a specific location is designated in the Schedule of this endorsement, this exclusion applies only to events and operations conducted at that location.

For the purpose of this endorsement, location means premises involving the same or connecting lots, or premises whose connection is interrupted only by a street, roadway, waterway or right-of-way of a railroad.



**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**LIMITATION OF COVERAGE TO DESIGNATED OPERATIONS OR LOCATIONS**

This endorsement modifies insurance provided under the following:

ABUSE OR MOLESTATION COVERAGE FORM  
COMMERCIAL GENERAL LIABILITY COVERAGE FORM  
LIQUOR LIABILITY COVERAGE FORM  
PROFESSIONAL LIABILITY INSURANCE

**SCHEDULE**

Description of Designated Operations or Locations:

Limitation of Coverage Endorsement is Used for the Following Locations: , Operation and Dates: Basketball Camp 6/6/22, 6/13/22, 6/14/22, 6/16/22, 6/20/22 , 9/15/22, 9/20/22 Summer Overnight Camp 7/18/22-7/22/22 Morehead State University, Morehead KY.

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

This insurance only applies to injury or damage:

1. caused by the operations identified in the schedule above; or
2. occurring at a location identified in the schedule above.