

DATE:

7/5/2023

AGENDA ITEM (ACTION ITEM):

Consider / Approve the 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 2023-2024 school year pursuant to the Kenton County Board Policies.

FISCAL/BUDGETARY IMPACT:

None

RECOMMENDATION:

Approve 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:

Brian Vanover, Executive Director of Facilities

Principal/Administrator



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

Beechwood Independent Schools
Board of Education



To: Kenton County Board of Education
From: Beechwood Independent Board of Education
Date: June 13, 2023
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: Dr. PW Savignano II

Date: 6/19/23



BEECIND-01

KBAUM

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/13/2023

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).

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|--|--|--|--|---------------|
| PRODUCER AssuredPartners-Bellevue/Maysville 179 Fairfield Avenue Bellevue, KY 41073 | | CONTACT Karen McIntosh PHONE (A/C, No, Ext): (859) 581-2088 FAX (A/C, No): (859) 581-1008 E-MAIL certificate@crowfordins.com ADDRESS: | | |
| INSURED Beechwood Independent Schools Rae Wise 50 Beechwood Road Ft. Mitchell, KY 41017 | | INSURER(S) AFFORDING COVERAGE | | NAIC # |
| | | INSURER A: Liberty Insurance Corporation | | 42404 |
| | | INSURER B: Liberty Mutual Insurance Co | | 23043 |
| | | INSURER C: Kentucky Employers Mutual Insurance | | 10320 |
| | | INSURER D: Liberty Mutual Fire Insurance Co | | 23035 |
| 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 | ADD'L SUBR INSD Y/YD | 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 GENT. AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER: | X | TB2-Z51-293072-022 | 7/1/2023 | 7/1/2024 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea. occurrence) \$ 500,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPROP AGG \$ 2,000,000 \$ |
| B | 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 | | AS2-Z51-293072-012 | 7/1/2023 | 7/1/2024 | 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 | | TH7-Z51-293072-072 | 7/1/2023 | 7/1/2024 | EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$ |
| C | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/ MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below | N/A | 386907 | 7/1/2023 | 7/1/2024 | <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 |
| D | Leased/Rented Equip. | | YU2-Z51-293072-062 | 7/1/2023 | 7/1/2024 | Limit 50,000 |

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 named as Additional Insured with regard to General Liability.

CERTIFICATE HOLDER

CANCELLATION

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| 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 |

ACORD 25 (2016/03)

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