

## FLOYD COUNTY BOARD OF EDUCATION Anna Whitaker Shepherd, Superintendent 442 KY RT 550 Eastern, KY 41622

Telephone (606) 886-2354 Fax (606) 886-4550 www.floyd.kyschools.us

Linda C. Gearheart, Board Chair - District 1 William Newsome, Jr., Vice-Chair - District 3 Dr. Chandra Varia, Member - District 2 Keith Smallwood, Member - District 4 Steve Slone, Member - District 5

## Consent Agenda Item (Action Item):

Consider/approve Wildcard Championship Wrestling as a Football fundraiser at Betsy Layne High School on September 16<sup>th</sup>.

## Applicable State or Regulations:

Policy 0.1.11 General Powers and Duties of the Board.

## Fiscal/Budgetary Impact:

There are no associated costs related to the request.

## History/Background:

Wildcard Championship Wrestling is bonded and licensed in the state of Kentucky (#176996) and has been in the pro wrestling business for over thirty-two years. Wildcard Championship Wrestling will donate twenty percent of the gate and one hundred percent of the concession to our Football team. Additionally, Wildcard Championship Wrestling will provide security guards for the event.

#### Recommended Action:

Consider/approve Wildcard Championship Wrestling as a Football fundraiser at Betsy Layne High School on September 16<sup>th</sup>.

Contact Person(s):

Jody, Roberts, Principal (606) 263-6280

cinal Directo

Date:



## CERTIFICATE OF LIABILITY INSURANCE

BATE (MMERCYYYY) 8/4/2023

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.

REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) 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 If SUBROGATION is WALVED, suspect to the certificate holder in lieu of such endorsement(s).

[CORTACT Content V. ] Robert V. Nuccio R.V. Nuccio & Asisociates Insurance Brokers, Inc. FAX No. (818) 980-1595 10148 Riverside Drive Tokyoa Lake, CA 91602 INSURERCE) APPOINTING COVERAGE MAICA maurem A.: Fireman's Fund Insurance Company WELDER CO. MINUSER & Wildfire Championship Wrestling MAURER C 200 Prichard Street MISURER D Ashland, KY 41102 MISURER E 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 PERSON 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. POLICY EFF POLICY EXP TYPE OF INSURANCE POLICY NUMBER COMMERCIAL GENERAL LIABILITY 9/16/2023 9/17/2023 the COLUMN TO RESIDE PREMISES 1.000.00 UST022072220 . CLAMB-MADE V SCCUR 50.00 NAEP110411 Host Liquor Liability MEDICAL EXPENSE PERSONAL & ADV NUMBER 1,000.00 DENT, AGGREGATE LIBRT MYSLES PER 2,000.00 GENERAL ADDRESSATE POLICY ST LOC PRODUCTS - COMPOR AGO | 1 1,000.00 OTHER AUTOMORISE SARRESTY COMMINSO SINGES LIMIT ANY AUTO BOXES Y BUILDRY (For person) OWNED AUTOS ONLY HERED AUTOS ONLY BCIDS, Y. BUADRY (For accepted) LIMPSONIA LA LIXADE COCCUR EACH OCCURRENCE CLAME MACH AGGRECATE PETENTIONS. May 1 TO SERVICE TO SERVICE EL EACH ACCIONI E.S. DYBEAGE - EA-EMPLOYES S ESCRETCH OF CERROTERS become EL DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schoolse, may be attached if more space is required.)

Additional Insured: Floyd county board of education

Floyd county board of education

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
Pobert V. Nuccio

Columb L. Aumin

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ACORD 25 (2016/03)

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Certificate Number: NAEP110411

Policy Number: UST022072220

Effective Dates: 9/16/2023 12:01am to 9/17/2023 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