



LESA HOWELL, COORDINATOR

DEPARTMENT OF HEALTH SERVICES

Memo

To: Jesse Bacon *JB*

From: Lesa Howell *LH*

Date: September 11, 2023

Re: B and B Pharmacy- Vaccinations

Please present this opportunity for the Bullitt County Public Schools to work with B and B Pharmacy at the September 25, 2023 Board meeting. They will offer the flu vaccination and any other vaccines the employee might request during the month of October. These services will take place before or after school hours and possibly midday during the lunches at each school campus, central office and bus compound. Attached you will find the Certificate of Liability Insurance, Memorandum of Agreement, and licensures of the pharmacy team. All have been reviewed and approved by Emily Vessels.

Word

OUR MISSION IS TO INSPIRE AND EQUIP OUR STUDENTS TO SUCCEED IN LIFE

BULLITT COUNTY PUBLIC SCHOOLS IS AN EQUAL EDUCATION AND EMPLOYMENT INSTITUTION

1470 HIGHWAY 44 EAST, SHEPHERDSVILLE, KY 40165
 (502)869-4636
 (502)921-9467
 LESA.HOWELL@BULLITT.KYSCHOOLS.US



LESA HOWELL, COORDINATOR

**Memorandum of Agreement between
Bullitt County Public Schools and
B and B Pharmacy and Affiliates**

This Memorandum of Agreement by and between B and B Pharmacy and Affiliates (hereinafter “B and B”) and Bullitt County Public Schools (hereinafter “BCPS”) from October 1, 2023 through June 30, 2024. This Agreement relates to the administration of approved influenza and any other immunizations as available and requested by BCPS Employees.

Funding for immunizations to BCPS employees will be paid by each employee who desires to receive the immunization at the time it is administered.

Duties of BCPS:

1. BCPS agrees to schedule all immunizations through the BCPS District Health Coordinator.
2. The school principal or designee shall be informed when B and B pharmacy arrives at the facility/location.

Duties of B and B Pharmacy:

1. B and B shall provide to BCPS all required certifications and insurance verification for the immunization services. General liability insurance shall be obtained in the minimum amount of One Million Dollars naming BCPS as an additional insured.
2. B and B shall guarantee that every individual administering the immunizations possesses the requisite certifications and training required by law.
3. B and B shall coordinate all immunizations through the BCPS District Health Coordinator.

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- 4. B and B agrees to assume responsibility for all liability or damages caused by its agents, employees or materials and to indemnify, save and hold harmless BCPS, its agents, board and employees from any and all liability or damages.
- 5. B and B agrees to adhere to State and Federal privacy requirements, unless requested to release information by lawful subpoena or court order.

Reviewed and agreed to by:

Jesse Bacon, Superintendent, Bullitt County Public Schools Date

Darrell Coleman, Chairperson, Bullitt County Board of Education Date



Authorized Agent, B and B Pharmacy 9-11-23
Date



CERTIFICATE OF LIABILITY INSURANCE

CUSTOMER NUMBER: 0100000909

DATE (MM/DD/YYYY)
03/11/2023

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).

| | | |
|---|-------------------------------------|-----------------|
| PRODUCER PHARMACISTS MUTUAL INSURANCE COMPANY 808 HIGHWAY 18 W PO BOX 370 ALGONA IA 50511-0370 | CONTACT NAME: | |
| | PHONE (A/C, No., Ext): 800-247-5930 | FAX (A/C, No.): |
| E-MAIL ADDRESS: | | |
| INSURER(S) AFFORDING COVERAGE | | NAIC # |
| INSURER A: PHARMACISTS MUTUAL INSURANCE COMPANY | | 13714 |
| INSURER B: | | |
| INSURER C: | | |
| INSURER D: | | |
| INSURER E: | | |
| INSURER F: | | |

INSURED
 B AND B PHARMACY
 1578 HIGHWAY 44 E UNIT 1
 SHEPHERDSVILLE KY 40165-7172

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 <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER | Y | N | BOP 0160299 08 | 06/01/2023 | 06/01/2024 | EACH OCCURRENCE | \$ 1,000,000 |
| | | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 50,000 |
| | | | | | | | MED EXP (Any one person) | \$ 5,000 |
| | | | | | | | PERSONAL & ADV INJURY | \$ Included |
| | | | | | | | GENERAL AGGREGATE | \$ 3,000,000 |
| | | | | | | | PRODUCTS - COMP/OP AGG | \$ 2,000,000 |
| | | | | | | | WATER LEGAL LIABILITY | \$ 50,000 |
| | AUTOMOBILE LIABILITY <input 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 | | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ |
| | | | | | | | BODILY INJURY (Per person) | \$ |
| | | | | | | | BODILY INJURY (Per accident) | \$ |
| | | | | | | | PROPERTY DAMAGE (Per accident) | \$ |
| | | | | | | | | \$ |
| | <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ | | | | | | EACH OCCURRENCE | \$ |
| | | | | | | | AGGREGATE | \$ |
| | | | | | | | | \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTIONS OF OPERATIONS below | | N/A | | | | PER STATUTE | OTH-ER |
| | | | | | | | E.I. EACH ACCIDENT | \$ |
| | | | | | | | E.I. DISEASE-EA EMPLOYEE | \$ |
| | | | | | | | E.I. DISEASE - POLICY LIMIT | \$ |

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

Loc. 001 1578 HIGHWAY 44 E UNIT 1
 Bldg. 001 SHEPHERDSVILLE, KY 40165-7172

CERTIFICATE HOLDER

CERT HOLDER/ADDITIONAL INSR'D
 BULLITT COUNTY PUBLIC SCHOOLS
 1040 HIGHWAY 44 E
 SHEPHERDSVILLE KY 40165-6122

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

GAIL T. WOLFE, CISR, API

CUSTOMER NUMBER: 0100000909

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

| | | | |
|---|--------------------|--|--|
| AGENCY | | NAMED INSURED | |
| POLICY NUMBER BOP 0160299 08 | | B AND B PHARMACY 1578 HIGHWAY 44 E UNIT 1 SHEPHERDSVILLE KY 40165-7172 | |
| CARRIER PHARMACISTS MUTUAL INSURANCE COMPANY | NAIC CODE 13714 | EFFECTIVE DATE: 06/01/23 | |

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: EVIDENCE OF COMMERCIAL LIABILITY INSURANCE

CUSTOMER NUMBER: 0100000909

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

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| | INSURER(S) AFFORDING COVERAGE | |
| INSURED B AND B PHARMACY 1578 HIGHWAY 44 E UNIT 1 SHEPHERDSVILLE KY 40165-7172 | INSURER A: PHARMACISTS MUTUAL INSURANCE COMPANY NAIC # 13714 | |
| | INSURER B: | |
| | INSURER C: | |
| | INSURER D: | |
| | INSURER E: | |
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| | UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ | | | | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ |
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 Bldg. 001 SHEPHERDSVILLE, KY 40165-7172

CERTIFICATE HOLDER**CANCELLATION**

| | |
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| NOVITAS (NPEAST) PO BOX 3704 MECHANICSBURG PA 17055-1863 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
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