LESA HOWELL, COORDINATOR



**DEPARTMENT OF HEALTH SERVICES** 

Memo

To:

Jesse Bacon

From:

Lesa Howell

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 Attached you will find the Certificate of Liability Insurance, compound. 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



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
Eller Bargh	9-11-23
Authorized Agent, B and B Pharmacy	9-11-2 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).

this certificate does not come. Tights to the certificate holder in hea or such		
PRODUCER	CONTACT NAME:	
PHARMACISTS MUTUAL INSURANCE COMPANY	PHONE (A/C, No. Ext): 800-247-5930 FAX (A/C, No):	
08 HIGHWAY 18 W	E-MAIL ADDRESS:	
PO BOX 370 ALGONA IA 50511-0370	INSURER(S) AFFORDING COVERAGE	NAIC#
7.300.000.000.000.000.000.000.000.000.00	INSURER A: PHARMACISTS MUTUAL INSURANCE COMPANY	13714
INSURED	INSURER B:	
B AND B PHARMACY 1578 HIGHWAY 44 E UNIT 1	INSURER C:	
SHEPHERDSVILLE KY 40165-7172	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 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. ADDLSUBR INSD WVD INSR LTR POLICY EFF (MM/DD/YYYY) POLICY EXP TYPE OF INSURANCE **POLICY NUMBER** LIMITS COMMERCIAL GENERAL LIABILITY Α Χ N BOP 0160299 08 06/01/2023 06/01/2024 1,000,000 EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) CLAIMS-MADE X OCCUR \$ 50,000 \$ 5,000 MED EXP (Any one person) \$ Included PERSONAL & ADV INJURY 3,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE PRO-JECT X POLICY LOC PRODUCTS - COMP/OP AGG \$ 2,000,000 OTHER WATER LEGAL LIABILITY 50,000 COMBINED SINGLE LIMIT **AUTOMOBILE LIABILITY** \$ ANY AUTO BODILY INJURY (Per person) OWNED AUTOS ONLY BODILY INJURY (Per accident) \$ SCHEDULED AUTOS PROPERTY DAMAGE HIRED NON-OWNED **AUTOS ONLY** AUTOS ONLY (Per accident) \$ EACH OCCURRENCE \$ **UMBRELLA LIAB** OCCUR **EXCESS LIAB** CLAIMS-MADE \$ AGGREGATE \$ DED **RETENTION \$** WORKERS COMPENSATION AND EMPLOYERS' LIABILITY STATUTE ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. EACH ACCIDENT \$ N/A E.L. DISEASE-EA EMPLOYEE \$ (Mandatory in NH)
If yes, describe under
DESCRIPTIONS OF OPERATIONS below E.L. 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	CANCELLATION		
CERT HOLDER/ADDITIONAL INSR'D	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN		
BULLITT COUNTY PUBLIC SCHOOLS 1040 HIGHWAY 44 E	ACCORDANCE WITH THE POLICY PROVISIONS.		
SHEPHERDSVILLE KY 40165-6122	AUTHORIZED REPRESENTATIVE		
	GAIL T. WOLFE, CISR, API		

CUSTOMER NUMBER: 0100000909

LOC #: \_\_\_\_



# ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

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

### ADDITIONAL REMARKS

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



# **CERTIFICATE OF LIABILITY INSURANCE**

**CUSTOMER NUMBER: 0100000909** 

03/11/2023

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PRODUCER	CONTACT NAME:	
PHARMACISTS MUTUAL INSURANCE COMPANY	PHONE (A/C, No. Ext): 800-247-5930 (A/C, No):	**
808 HIGHWAY 18 W	E-MAIL ADDRESS:	
PO BOX 370 ALGONA IA 50511-0370	INSURER(S) AFFORDING COVERAGE	NAIC#
ALGONA IA 30311 0370	INSURER A: PHARMACISTS MUTUAL INSURANCE COMPANY	13714
INSURED	INSURER B:	
B AND B PHARMACY	INSURER C:	
1578 HIGHWAY 44 E UNIT 1 SHEPHERDSVILLE KY 40165-7172	INSURER D:	
SHELLIE STREET HOUSE 7272	INSURER E:	
	INSURER F:	
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INSURER E:								
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CO	VERAGES	ERT	IFICATE NUMBER:	REVISION NUMBER:				
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A	X COMMERCIAL GENERAL LIABILITY	Y	N	BOP 0160299 08	06/01/2023	06/01/2024	EACH OCCURRENCE \$	1,000,000
	CLAIMS-MADE X OCCUR				,,		DAMAGE TO RENTED PREMISES (Ea occurrence) \$	50,000
						1)	MED EXP (Any one person) \$	5,000
							PERSONAL & ADV INJURY \$	Included
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$	3,000,000
	X POLICY PRO-						PRODUCTS - COMP/OP AGG \$	2,000,000
	OTHER						WATER LEGAL LIABILITY \$	50,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$	
	ANY AUTO						BODILY INJURY (Per person) \$	
	OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident) \$	
	HIRED NON-OWNED AUTOS ONLY				_		PROPERTY DAMAGE (Per accident) \$	
	AGTGG GNET						\$	
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE \$	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE \$	
	DED RETENTION \$						\$	
	WORKERS COMPENSATION AND						PER OTH- STATUTE ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE	N/A				-	E.L. EACH ACCIDENT \$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. DISEASE-EA EMPLOYEE \$	91
	If yes, describe under DESCRIPTIONS OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$	
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DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	CLES	(ACOR	D 101, Additional Remarks Schedule,	may be attached if r	nore space is requir	red)	
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	CERT HOLDER/ADDITIONAL INSR'D						ESCRIPED DOLLOIES DE CANCELL	ED BEFORE

CERTIFICATE HOLDER		CANCELLATION			
	CERT HOLDER/ADDITIONAL INSR'D	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN			
	SCRIPTPRO USA INC 5828 REEDS RD MISSION KS 66202-2740	ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE			
		GAIL T. WOLFE, CISR, API			

CUSTOMER NUMBER: 0100000909

LOC #: \_\_\_\_



# **ADDITIONAL REMARKS SCHEDULE**

Page 2 of 2

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

### ADDITIONAL REMARKS

	ORM IS A SCHEDULE TO ACORD FORM,	
FORM NUMBER: ACORD 25 FO	ORM TITLE: EVIDENCE OF COMMERCIAL LIABILITY INSURANCE	



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**CUSTOMER NUMBER: 0100000909** 

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

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PRODUCER	CONTACT NAME:	
PHARMACISTS MUTUAL INSURANCE COMPANY	PHONE (A/C, No. Ext): 800-247-5930 FAX (A/C, No):	
808 HIGHWAY 18 W PO BOX 370	E-MAIL ADDRESS:	
ALGONA IA 50511-0370	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: PHARMACISTS MUTUAL INSURANCE COMPANY	13714
INSURED	INSURER B:	
B AND B PHARMACY 1578 HIGHWAY 44 E UNIT 1	INSURER C:	
SHEPHERDSVILLE KY 40165-7172	INSURER D:	
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	CLAIMS-MADE X OCCUR						DAMAGE TO DENTED	\$ 50,000
							MED EXP (Any one person)	\$ 5,000
	,						PERSONAL & ADV INJURY	\$ Included
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 3,000,000
	X POLICY PRO-						PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER							\$ 50,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	ANY AUTO						BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE S	\$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
	DED RETENTION \$						3	\$
	WORKERS COMPENSATION AND						PER OTH-	
	EMPLOYERS' LIABILITY Y/N ANYPROPRIETOR PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. DISEASE-EA EMPLOYEE	\$
	Îf yes, describe under DESCRIPTIONS OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	CLES	ACOR	D 101, Additional Remarks Schedule,	, may be attached if n	nore space is requir	red)	
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Bldg. 001 SHEPHERDSVILLE, KY 40165-7172				22				
CE	RTIFICATE HOLDER			(	CANCELLATION	1		
	NOVITAS (NPEAST) PO BOX 3704					ON DATE THE	ESCRIBED POLICIES BE CA REOF, NOTICE WILL B Y PROVISIONS.	

MECHANICSBURG PA 17055-1863

**AUTHORIZED REPRESENTATIVE** 

GAIL T. WOLFE, CISR, API

CUSTOMER NUMBER: 0100000909

LOC #: \_\_\_\_



# **ADDITIONAL REMARKS SCHEDULE**

Page 2 of 2

AGENCY		NAMED INSURED
		B AND B PHARMACY
POLICY NUMBER		1 1578 HIGHWAY 44 E UNIT 1 SHEPHERDSVILLE KY 40165-7172
BOP 0160299 08		3111 HERDSVILLE RT 40103-7172
CARRIER	NAIC CODE	
PHARMACISTS MUTUAL INSURANCE COMPANY	13714	EFFECTIVE DATE: 06/01/23

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FORM NUMBER: ACORD 25 FORM TITLE:	EVIDENCE OF COMMERCIAL LIABILITY INSURANCE	