BEECHWOOD INDEPENDENT SCHOOL DISTRICT BOARD OF EDUCATION

RENTAL/ USE OF FACILITY

50	Beechwood Ro	I., Ft. Mitchell,	KY 41017 (859) 331-	-3250 www	.beechwood.k	yschools.us	Fax (859) 331-7	528
TODAY'S DATE	: 9	8 23	DATE(S)	OF ACTIVIT	Y: 11/3/23			
PLEASE CHEC	K WITH HS	SECRETARY	TO BE SURE SITE	IS AVAILA	BLE FOR TH	E DATES R	EQUESTED.	
your request melementary class the area reques	iust start in the ssroom or any sted. Once ap	e high schoo space locate oproved by th	the cafeteria, either g office to determine a d in the elementary, t e principal, the reque the next Board of Edu	vailability o the element st will be su	f the area red ary principal abmitted to th	quested. To will determine Superinte	request the u	se of an lity of
NAME OF REQU	JESTING ORG	ANIZATION:	Hart County	Hinh S	cheal Man	eclaina R	d	
PERSON(S) WH SUPERVISING	IO WILL BE PI THE ACTIVITY	RESENT AND	ameron Johnson	- Band	Director			
LOCATION(S) F	· -		10-000/0000	old Gym	Auxillary G	ym <u> </u> Lov	ver Turf Field	
			per be present, requestir	ng group is re	esponsible for a	cost.		
TIME OF ACT	IVITY/EVE	NT:	FROM 11:15 am	X AM	or PM	TO_ Z:0	<u>о</u> Да	M or \overline{X} PM.
START TIME	FOR SET U	11.150	m	ENC	TIME FOR	CLEAN U	P: 2:0000	n
DOORS (TO B		N DURING	Elem Main Er Aux Gym Lobl	CABLE) (Pl ntry #2		or circle re #10		
IF THIS IS A CO Beginning	ONTINUING R ル	EQUEST, IND A	O WILL BE ATTENDIA CATE THE DURATION and continuing JSED FOR THE FOLLO	N BELOW: $_{\pm}$	N/A			5 Statt/Bren rehearsal
Is the organizat		on using any	equipment located on	school pro	perty?	Yes	X No	
If yes, give a Co	OMPLETE des	cription of wh	les on school premises nat is being sold and h . Fees may apply.		ceeds will be		No Cooling needs	edves Xno.
Check Fee So	hedule for a	any applica	ble fees, 05.3 AP.2	2				
Acceptable Behave use of the above	named areas of	on behalf of the facility. TON BEHALF OF		n to assume	personal respo			
Cameron. Joh	insond hav	+. Kyscho	ols.us		270-52	28-1432		
EMAIL		AD	EA BELOW IS FOR OFFI		CELL			
SITE IS AV	/AILABLE. HS			CE USE UNL				
Approved	Not App		PRINCIPAL'S SIGNATUI	en 4.	la			/11/2023 Date
Approved	Not App	proved	SUPERINTENDENT'S SI					Date
Approved	Not App	proved	SCHOOL BOARD CHAIR				r	Date
STIPULATION	S:		SCHOOL BOARD CHAIR	•			L	ole.

CONTACT PERSON WILL BE NOTIFIED BY EMAIL.

Original - Director of Operations Office



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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	moate noider in neu or	CONTACT					
PRODUCER		NAME:					
SKEES & SHIPP INSURANCE	PHONE (A/C, No, Ext): (270)769-1951	70)769-2127					
1793 Leitchfield Rd	(A/C, No, Ext): (270)769-1951 (A/C, No): (270)769-2127 E-MAIL ADDRESS: brian@skeesandshipp.com						
Elizabethtown, KY 42701		INSURER(S) AFFORDING COVERAGE	NAIC#				
License #:		INSURER A: SECURA INSURANCE CO.		096-10239			
INSURED		INSURER B:					
HART COUNTY BAND PARENTS	3	INSURER C :					
1014 SOUTH DIXIE HWY		INSURER D:					
MUNFORDVILLE, KY 42765		INSURER E :					
270-646-8216	KY 42765	INSURER F:					
COVERAGES	MUMPED.	DEVICION NUM					

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.

INSF	NSR TYPE OF INSURANCE		ADDL	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
	×	CLAIMS-MADE OCCUR						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	s s	1,000,000 100,000
								MED EXP (Any one person)	\$	
Α					3210980	8/1/2023	8/1/2024	PERSONAL & ADV INJURY	\$	1,000,000
	GEI	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
	_	POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
_	1	OTHER:	-					001101150 01101 01111	\$	
	AU	FOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	
		ANY AUTO OWNED SCHEDULED						BODILY INJURY (Per person)	\$	
		AUTOS ONLY AUTOS NON-OWNED	l i					BODILY INJURY (Per accident)	\$	
		AUTOS ONLY AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
									\$	
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
		EXCESS LIAB CLAIMS-MADE	1 1					AGGREGATE	\$	
_	14105	DED RETENTION \$							\$	
	AND	RKERS COMPENSATION EMPLOYERS' LIABILITY Y/N						PER OTH- STATUTE ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		N/A				N.	E.L. EACH ACCIDENT	\$	
	(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$	
	DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
DES	RIPT	ION OF OPERATIONS / LOCATIONS / VEHICL	LES (A	CORD	101, Additional Remarks Schedule, n	nay be attached if mor	e space is requir	ed)		

CERTIFICATE HOLDER	CANCELLATION				
HART COUNTY HIGH SCHOOL 1014 S DIXIE HWY MUNFORDVILLE, KY 42765	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
MIGHT ONDVICEE, RT 42703	AUTHORIZED REPRESENTATIVE				
	Brin S. Prote				