

#### TONY ROTH, DIRECTOR

GEORGE BROCK, MAINTENANCE SUPERVISOR THOMAS STOKES, CUSTODIAL SUPERVISOR ANDREA ROCK, ENERGY MANAGER

**MEMO** 

TO:

Jessie Bacon QD

FROM:

Danny Clemens

DATE:

Nov 15, 2023

RE:

Agenda Item for Nov 27, 2023, Board Meeting Facility Use Application for Bullitt East High School

Bullitt East High School has requested permission to allow Pleasant Grove Dolphins of the GBCYFL and the Bullitt East Cheer Team to co-host a cheer competition at Bullitt East High School on Sunday, December 3, 2023 from 8:00 am to 6:00 pm.

Attached are the Certificate of Liability Insurance and the Application and Agreement Form.

I recommend the Board approve this request.

OUR MISSION IS TO INSPIRE AND EQUIP OUR STUDENTS TO SUCCEED IN LIFE BULLITT COUNTY PUBLIC SCHOOLS IS AN EQUAL EDUCATION AND EMPLOYMENT INSTITUTION

▼ 1040 HIGHWAY 44 EAST, SHEPHERDSVILLE, KY 40165 📞 (502)869-8022 @ (502)543-2106 🖎 TONY.ROTH@BULLITT.KYSCHOOLS,US

Mind



### NATE FULGHUM, PRINCIPAL

ANGELA BINKLEY, ASSISTANT PRINCIPAL MIKE BRANGERS, ASSISTANT PRINCIPAL ONDREA SMALLWOOD, ASSISTANT PRINCIPAL

November 2, 2023

RE: GBCYFL/BE Cheer competition

To Whom it May Concern,

Bullitt East has received a facility use request by the Pleasant Grove Dolphins of the Greater Bullitt County Youth Football League and the Bullitt East Cheer team to co-host a cheer competition at Bullitt East on December 3, 2023. This event is a fundraiser for both programs. BE Cheer will have representatives on site managing the event.

The cheer competition will be held from 8am to 6pm and will use both gyms at Bullitt East.

The Pleasant Grove Dolphins have agreed to pay \$375 to cover the custodial fees for the event.

Bullitt East requests that the Board of Education approve this request.

Sincerely,

Nate Fulghum, Principal

# Application and Agreement for Use of District Property

| If the application is approved, one (1) copy of the signed agreement will be returned to the using organization. The contract shall be signed by the designated representative of the using organization and returned to the Central Office designee. If the application is not approved, both copies will be returned. |
|---|
| Name of Sponsoring Organization/Activity WCIDCYFL & BAY PRO Telephone 502 6435 32   |
| Representative's Name Ryan Masterson  |
| Address PO Box 895, Mt. Washington, KY 40047  |
| The above organization/individual requests the use of:  |
| 口 auditorium 图 gymnasium 图 dining room/kitchen 口 stadium  |
| O classroom(s) O other, specify BECheer Will run concessions  |
| Is the organization planning to use District-owned equipment? CI YES EINO   |
| If yes, specify equipment Operator's Name   |
| Is the organization planning to conduct sales on school premises? ZAYBS LI NO   |
| If yes, give a complete description of what is being sold and how the proceeds will be used. Cheers complete  |
| Flowers, Bows. Money used to help with the rost of Nationals Carour team  |
| Building/school/facility_BEN5   |
| Purpose Cheer Competition   |
| Date(s) requested 12 3 2023 Time(s) Requested   |
| Will public be admitted? TES INO If yes, please explain fans sad fan ily  |
| Will advertisement(s) be used?  |
| Will admission be charged? The DNO If yes, please explain admission 1, to the event   |
| When using school facilities, this organization agrees to observe the following:  |
| 1. To schedule with the Superintendent/designee the time(s) District property is to be used. It is understood that the Superintendent/designee may cancel the use of the room or building at any time such  |
| use interferes with regular school activities.  |
| 2. To be legally responsible for any and all damage to individuals and school equipment, building(s),   |
| grounds, or facilities, resulting from use by the organization. To this end, the organization will procure sufficient liability insurance to indemnify the Board, school officers and employees for any   |
| injuries or property damage which might occur during the organization's use of the facilities. This;  |
| Insurance shall contain limits of \$1,000,000 for bodily injury and \$10,000 for property damage. A copy of the organization's insurance certificate shall be filed with the Board prior to the date the organization   |
| uses the building. The Board shall require the renting organization to assume all liability for injury to   |
| individuals by reason of the lease of Board property and that the organization indemnify and save harmless the Board from any loss or damage thereby.   |
| 3. To provide appropriate equipment for the use of District property. When gymnasiums are used, the   |
| organization agrees to permit on the gym floor only those persons wearing shoes that will not mark the floor.   |
| 4. To abide by the requirements of Board policies 05.3 and 05.31 (see attached). Disregard of the rules   |
| and regulations governing the use of the school buildings, equipment and facilities shall result in the refusal of the Board to grant the offending organization further use.   |
| 5. To acknowledge that approval of this request does not signify District sponsorship, endorsement or   |
| approval of your organization or the activity.  |
|   |

# Application and Agreement for Use of District Property

|                           | For Office Use O            | nly - To be C | ompleted l                 | by School Offic                         | ial .            |                                       |  |  |
|---------------------------|-----------------------------|---------------|----------------------------|---|------------------|---------------------------------------|--|--|
| Cost for use of           | District property \$        | Cost for scho | ool employ                 | ee \$ 3.75                              | Total cost \$    | 375                                   |  |  |
| Deposit \$                |                             |               |                            | Is deposit i                            | efundable? 🛘 Y   | es 🗆 No                               |  |  |
| Date Deposit R            | teceived N/A                |               | Balance Due S              |   |                  |                                       |  |  |
| Board employe             | ee(s) assigned:             |               |                            |   |                  |                                       |  |  |
|                           | Date, if applicable         |               |                            | Boar                                    | d Order#         |                                       |  |  |
| l .                       | Use                         |               | . 1                        |   |                  |                                       |  |  |
|                           |                             |               |                            | <del></del>                             | Length           |                                       |  |  |
|                           | ·                           | <del></del>   |                            |   |                  |                                       |  |  |
| FEE SCHEDU                |                             |               |                            |   |                  |                                       |  |  |
| The organizat             | tion agrees to pay the appl | licable fee(s | s) for the                 | use of Distric                          | et facilities.   |                                       |  |  |
| •                         | # of Employees Required     | # of Hours    | Hourly                     | y Rate (Overtir                         | ne at 1.5 times) | Total                                 |  |  |
| Custodians                |                             |               |                            | Para a lucus un est de Mayor de la com- |                  | 375                                   |  |  |
| Food Service<br>Employees |                             |               |                            |   |                  |                                       |  |  |
| Supervisory<br>Personnel  |                             |               |                            |   | 1:               |                                       |  |  |
| Other                     |                             |               |                            |   | •                |                                       |  |  |
|                           |                             |               |                            |   |                  |                                       |  |  |
|                           |                             | T             | OTAL PE                    | RSONNEL CH                              | ARGE             | , , , , , , , , , , , , , , , , , , , |  |  |
|                           |                             |               |                            |   |                  |                                       |  |  |
|                           | Property Used               | Equ           | acility/<br>lipment<br>Fee | Personnel<br>Cost, if<br>applicable     | •.               | Total Cost<br>for Facility<br>Use     |  |  |
| at_BEH                    | Gymnasium - Main + Co       |               |                            |   |                  | O                                     |  |  |
|                           | Auditorium .                |               |                            |   |                  | <del> </del>                          |  |  |
| at                        | school                      |               |                            | 40                                      |                  |                                       |  |  |
| Cafeteria 🗆 ]             | Dining Room □ Kitchen □ Bo  | th            |                            |   |                  |                                       |  |  |
|                           | school                      | •             |                            | ·                                       |                  |                                       |  |  |
|                           | room(s) Number              |               |                            |   |                  | Fig. 1. Life 1                        |  |  |
| at                        | ,                           |               |                            |   |                  | Mariana<br>Francis                    |  |  |
|                           | Stadium                     |               |                            |   |                  | <del></del>                           |  |  |
| at                        | school                      |               |                            | ·                                       |                  | ,                                     |  |  |
| <u> </u>                  | Other Property              |               | *****                      |   |                  |                                       |  |  |
| at                        | school                      |               |                            |   |                  | 1.                                    |  |  |

# Application and Agreement for Use of District Property

#### RATES FOR DISTRICT FACILITY USE.

(The Principal of the school may set additional charges if not specifically stated.)
ALL PURPOSE ROOM

- \$30 for up to 3 hours, \$5 per hour each additional hour AUDITORIUM
- \$50 for up to 3 hours, \$10 per hour each additional hour GYMNASIUM
- \$50 for up to 3 hours, \$10 per hour each additional hour CAFETERIA
  - \$30 per hour

#### KITCHEN

- \$50 per hour, SFS personnel must be present and paid at a rate of time and a half KITCHEN AND CAFETERIA
- \$80 per hour, SFS personnel must be present and paid at a rate of time and a half OUTSIDE PROPERTIES

IN THE EVENT SCHOOL IS CLOSED DUE TO WEATHER CONDITIONS, ALL SCHEDULED ACTIVITIES, WITH THE EXCEPTION OF DINNER MEETINGS, WILL BE CANCELED AND THE OPPORTUNITY TO RESCHEDULE OR REFUND RENTAL FEE(s) WILL BE MADE.

Review/Revised:7/19/11



## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)
- 10/13/2023

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(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 this certificate does not confer rights to the certificate holder in lieu of such endorsements.

| Hyland, Black Hyland  9760 Ormaby Station Rd Sto 200  College ST-6733 (AGC 1957-4733 (AGC 1957-   | PHONUCED  | .S.ma to the                              | 30111                        | ileate Holder III field of \$40   |   |  | 10. 7.                                  |  |              |  |  |
|---|---|---|------------------------------|---|---|--|---|--|--------------|--|--|
| Louisville (Y. 40223)  Greater Buillit County Youth Football League, Inc. 107 Roceavel Court  Tayloreville (Y. 4027)  Taylorev  | PRODUCER  | •   |                              |   | NAME:   | Christina .                                    |   |  |              |  |  |
| Louisville  KY - 40223  Grenter Bullit County You's Football League, Inc. 107 Roceyvell Count  Tipyloraville  COVERAGES  CERTIFICATE MUSISSER: 2304 Marker  Tipyloraville  COVERAGES  CERTIFICATE MUSISSER: 2304 Marker  REVISION MUSICS  LIBRURISSER: 1  SUBJECT TO THE MISURES OF INSURANCE LEAF BUSING PARTY AND ESSENSIBLE TO THE INSURES DAMAGE AND IN FOR THE FOLICE OF REVISION MUSICS  COVERAGES  CERTIFICATE MUSISSER: 2304 Marker  REVISION MUSICS  COVERAGES  CERTIFICATE MUSISSER: 2304 Marker  REVISION MUSICS  REVISION MUSICS  COVERAGES  CERTIFICATE MUSISSER: 2304 Marker  REVISION MUSICS  REVISION MUSICS  REVISION MUSICS  COVERAGES  CERTIFICATE MUSICS PROPRIES CONTROL FOR THE FOLICE OF REVISION MUSICS  REVISION MUSICS  COVERAGES  CERTIFICATE MUSICS  CERTIFICATE  CERTIFICATE  CERTIFICATE  CERTIFICATE  CERTIFICATE  CERTIFICATE  CERTIFICATE  CERTIFICATE  CERTIFICA  | •   |   |                              |   | PHONE (AC, No. Ext); (502) 637-4733 FAX (A/C, No.): (502) 637-6222  E-MAL ADDRESS: christingw@hylandins.net |  |   |  |              |  |  |
| INSURED Gleater Builli County Youth Football Leagus, Inc.    Heavest R.   |   |   |                              |   |   |  |   |  |              |  |  |
| INSURER D:  107 Roceavell Court  The Strong of Court   Strong of  | Land and  |   |                              |   |   |  |   |  |              |  |  |
| Groater Buillit County Youth Football Laggus, Inc.  107 Rocceyell Court  Taylors ville  KY 40071  INSURER 1:  INSU  |   |   |                              |   |   | INSURER A: Northfield Insurance Company        |   |  |              |  |  |
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| A CLAMS-MADE NOTICE COURS OCCUR  A CLAMS-MADE NOTICE LAST APPLES PER: POLICY PEO: LOG OTHER  AUTOMOBILE LABILITY  ANY AUTO OWARD AUTOS ONLY HIRD ONLY AUTOS ONLY HIRD ONLY AUTOS ONLY HIRD ONLY AUTOS   | TR TYPE OF INSURANCE  | INSI                                      | L SUBF                       | POLICY NUMBER   |   | POLICY EFF<br>(MM/DD/YYYY)                     | (MM/DD/YYYY)                            | LIMI                                   |              |  |  |
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| A CENTAGREATE LIMIT APPLIES PER: POLICY PEOC LOC OTHER: AUTOMOBILE LIMBILITY AUTOMOBILE LIMBI  | CLAIMS-MADE X OCCU  | ır .                                      |                              |   |   |  |   | DAMAGE TO RENTED                       | \$ 50,000    |  |  |
| A GENLAGOREGATE LIMIT APPLES PER:   POLOY   PERO   LOC   PRODUCTS   SOURCE   PRODUCTS   SOURCE   PRODUCTS   SOURCE   SOURCE   PRODUCTS   SOURCE   S  |   |   |                              |   |   |  |   |  | F 000        |  |  |
| GENELAGORGOATE LIMIT APPLIES PER. POLICY PEG LOC PRODUCTS - COMPINED SINGLE LIMIT S ANY AUTO ANY AUTO ONNED HARDO   | A   | Υ   |                              | WS221605  | • •   | 10/12/2023                                     | 10/12/2024                              |  | \$ 2,000,000 | )  |  |
| POLICY PRODUCTS - CCMPIOP AGG \$ 2,000,000 OTHER:  AUTOMOBILE LIABILITY ONATOR ONLY AUTOS   |   |   | 1.                           |   |   |  |   |  | \$ 2,000,000 | ) .  |  |
| OTHER: AUTOMOBILE LIABILITY  ANY AUTO OWNED AUTOS ONLY   | POLICY PRO- LO  | o   | 1                            |   |   |  |   |  | \$ 2,000,000 | )  |  |
| ANY AUTO OWNED AUTOS ONLY  UMBRELLA LIAB CCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$  RECHOCCURRENCE \$ AGGREGATE \$  RECHOCCURRENCE \$  RECHOCCURRENCE \$ AGGREGATE \$  RECHOCCURRENCE \$  RECHOCCURRE |   |   |                              |   |   |  |   |  | \$           | •  |  |
| ANY AUTO OWNED AUTOS ONLY AUTOS O  | AUTOMOBILE LIABILITY  |   |                              |   |   | ***************************************        | •                                       | COMBINED SINGLE LIMIT<br>(Ea accident) | \$           |  |  |
| AUTOS ONLY SECRETARY AUTOS ONLY A  |   |   |                              |   | •   |  |   |  | \$           | -:-  |  |
| HRED AUTOS ONLY AVOTOS ONLY AVOTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY AUTOS ONLY SECRET S  | AUTOS ONLY AUTOS  | l   |                              |   |   |  |   | BODILY INJURY (Per accident)           | \$           |  |  |
| UMBRELLA LIAB OCCUR EXCESS LIAB OCCUR EXCESS LIAB OCCUR EXCESS LIAB OCCUR DED RETENTION \$  WORKERS COMPENSATION \$  PER  | HIRED NON-OW  |   |                              |   |   |  |   | PROPERTY DAMAGE                        | \$           | <u>'                                    </u> |  |
| ESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES - (ACORD 191, Additional Remarks Schedule, may be attached if more apace is required)  Primary And Noncontributory-Other Insurance Condition CG 20 01 04 13  ERTIFICATE HOLDER  Buillitt County Public Schools:  1040 Highway 44 East  AGREGATE  \$ AUTHORIZED REPRESENTATIVE  |   |   | 1                            |   |   |  | ,                                       | 1. 2. 000000111                        | \$           |  |  |
| ERCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 191, Additional Remarks Schedule, may be attached if more space is required)  BUILD FIRM AND PROPER TOWN AND EMPLOYEE SCHOOLS  OFFICIAL DISEASE - POLICY LIMIT  BECRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 191, Additional Remarks Schedule, may be attached if more space is required)  BECRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 191, Additional Remarks Schedule, may be attached if more space is required)  BECRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 191, Additional Remarks Schedule, may be attached if more space is required)  BECRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 191, Additional Remarks Schedule, may be attached if more space is required)  BECRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 191, Additional Remarks Schedule, may be attached if more space is required)  BECRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 191, Additional Remarks Schedule, may be attached if more space is required)  BECRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 191, Additional Remarks Schedule, may be attached if more space is required)  BECRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 191, Additional Remarks Schedule, may be attached if more space is required)  BECRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 191, Additional Remarks Schedule, may be attached if more space is required)  BECRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 191, Additional Remarks Schedule, may be attached if more space is required)  BECRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 191, Additional Remarks Schedule, may be attached if more space is required)  BECRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 191, Additional Remarks Schedule, may be attached if more space is required)  BECRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 191, Additional Remarks Schedule, may be attached if more space is required)  BECRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 191, Additional Remarks Schedule, may be attach  | UMBRELLA LIAB OCCL  | R   | 1                            | ,   |   | ,  | •                                       | EACH OCCURRENCE                        | s ·          |  |  |
| DED RETENTION \$  WORKERS COMPENSATION AND EMBLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICEWARDER EXCLUDEDT (Mandatory in NH) If yos, describe under DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES - (ACORD 191, Additional Remarks Schedule, may be attached if more space is regulated) ertificate holder is hereby named as an Additional insured with respects to General Liability per policy form Blankst-Additional insured \$2853-CG (3/20) olicy form: Primary And Noncontributory-Other Insurance Condition CG 20 01 04 13  ERTIFICATE HOLDER  Buillitt County Public Schools 1040 Highway 44 East  AUTHORIZED REPRESENTATIVE  \$  CANCELLATION  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORM THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE  AUTHORIZED REPRESENTATIVE   | EXCESS LIAB CLAIM   | S-MADE                                    | ]                            | ·   |   | Ì  |   |  | s            |  |  |
| WORKERS COMPRINATION AND EMPLOYERS 'LABILITY AND PROPERTION PARTMENE/SECUTIVE OTH- EL. EACH ACCIDENT \$  EL. EACH ACCIDENT \$  EL. DISEASE - EA EMPLOYEE \$  If yas, describe under DESCRIPTION OF OPERATIONS / VEHICLES (ACORD 191, Additional Remarks Schedule, may be attached if more space is required)  entificate holder is hereby named as an Additional Insured with respects to General Liability per policy form Blanket Additional Insured \$2853-CG (3/20)  olicy form: Primary And Noncontributory-Other Insurance Condition CG 20 01 04 13  ERTIFICATE HOLDER  CANCELLATION  CANCELLATION  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFO THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE  AUTHORIZED REPRESENTATIVE  |   |   | [                            |   |   |  |   | •                                      | s            | <del></del>                                  |  |
| ANY PROPRIETOR/PATTIER/EXECUTIVE OF OFFICE O  | WORKERS COMPENSATION  |   | 1.                           |   |   |  | •                                       | PER OTH-                               |              |  |  |
| ESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES: (ACORD 191, Additional Remarks Schedule, may be attached if more space is required)  Sertificate holder is hereby named as an Additional insured with respects to General Liability per policy form Blanket Additional insured \$2853-CG (3/20)  Solicy form: Primary And Noncontributory-Other Insurance Condition CG 20 01 04 13  ERTIFICATE HOLDER  CANCELLATION  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFO THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE   | ANY PROPRIETOR/PARTNER/EXECUTIVE  | Y/N                                       | 1 .                          |   | .   |  |   |  | s            |  |  |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  Fertificate holder is hereby named as an Additional insured with respects to General Liability per policy form Blanket Additional Insured S2853-CG (3/20)  Formit Primary And Noncontributory-Other Insurance Condition CG 20 01 04 13  ERTIFICATE HOLDER  CANCELLATION  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORM THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE  | (Mandalory in NH)   | └ <b></b>                                 | '[.                          |   |   | <u> </u>                                       | :                                       |  |              |  |  |
| ESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) ertificate holder is hereby named as an Additional insured with respects to General Liability per policy form Blanket Additional insured \$2853-CG (3/20) olley form: Primary And Noncontributory-Other insurance Condition CG 20 01 04 13  ERTIFICATE HOLDER  CANCELLATION  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFO THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE  | If yes, describe under DESCRIPTION OF OPERATIONS below  |   | 1                            |   |   | İ  |   | •                                      | s            |  |  |
| ertificate holder is hereby named as an Additional Insured with respects to General Liability per policy form Blanket Additional Insured S2853-CG (3/20) olicy form: Primary And Noncontributory-Other insurance Condition CG 20 01 04 13  ERTIFICATE HOLDER  CANCELLATION  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFO THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE   |   |   |                              |   |   | ,  |   | · · · · · · · · · · · · · · · · · · ·  |              |  |  |
| ERTIFICATE HOLDER  CANCELLATION  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFO THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE  |   | · 1                                       |                              |   |   |  |   |  |              |  |  |
| ERTIFICATE HOLDER  CANCELLATION  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORM THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  1040 Highway 44 East  AUTHORIZED REPRESENTATIVE  |   |   |                              | ,   |   |  | . 1                                     |  |              |  |  |
| ERTIFICATE HOLDER  CANCELLATION  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFO THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE  | ertificate holder is hereby named as a  | Additional in                             | ıeured                       | with respects to General Liab   |   |  |   | l Insured S2853-CG (3/20)              |              |  |  |
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| Builitt County Public Schools  1040 Highway 44 East  AUTHORIZED REPRESENTATIVE  | EKTIFICATE HOLDER   |   |                              |   | CANC  | ELLATION                                       | <del></del>                             |  |              |  |  |
| AUTHORIZED REPRESENTATIVE   |   | ools <sub>.</sub>                         |                              |   | THE   | EXPIRATION D                                   | ATE THEREOF                             | , NOTICE WILL BE DELIVER               |              | ORE  |  |
| Shepherdsville KV 40166 (*) n * · · · · · · · · · · · · · · · · · ·   | 1040 Highway 44 East  |   |                              |   | AUTHOR  | IZED REPRESEN                                  | TATIVE'                                 |  |              |  |  |
| Medical   | Shepherdsville KY 40165   |   |                              |   | Christiana  |  |   |  |              |  |  |