



**BEECHWOOD INDEPENDENT SCHOOL DISTRICT  
BOARD OF EDUCATION**

RENTAL/ USE OF FACILITY  
**Community Groups**

50 Beechwood Rd., Ft. Mitchell, KY 41017 (859) 331-3250 www.beechwood.kyschools.us Fax (859) 331-7528

TODAY'S DATE: 1/16/24 DATE(S) OF ACTIVITY: 1/17/24

**PLEASE CHECK WITH HS SECRETARY TO BE SURE SITE IS AVAILABLE FOR THE DATES REQUESTED.**

**INSTRUCTIONS:** To request the use of the cafeteria, either gym, high school classroom, kitchen, or any athletic field your request must start in the high school office to determine availability of the area requested. To request the use of an elementary classroom or any space located in the elementary, the elementary principal will determine the availability of the area requested. Once approved by the principal, the request will be submitted to the Superintendent. If approved, the request will be put on the agenda for the next Board of Education meeting for final approval.

NAME OF REQUESTING ORGANIZATION: Blaze Basketball Team  
PERSON(S) WHO WILL BE PRESENT AND SUPERVISING THE ACTIVITY: Adam Gieber & Ryan Booth

LOCATION(S) REQUESTED FOR ACTIVITY:  Cafe  Old Gym  Auxillary Gym  Lower Turf Field  
 Upper Turf Field  Field House Viewing Room  Other: \_\_\_\_\_

Kitchen-requires a Food Service staff member be present, requesting group is responsible for cost.

TIME OF ACTIVITY/EVENT: ~~6:00~~ FROM 6:00  AM or  PM TO 7:30  AM or  PM.

START TIME FOR SET UP: \_\_\_\_\_ END TIME FOR CLEAN UP: \_\_\_\_\_

**DOORS (TO BE KEPT OPEN DURING ACTIVITY IF APPLICABLE) (Please check or circle required entrances)**

DOORS OPEN FROM: 6:00 - 8:00  Elem Main Entry #2  HS Entry #10  
 Aux Gym Lobby #14  Other, be specific Door 7

APPROXIMATE NUMBER OF PERSONS WHO WILL BE ATTENDING THE ACTIVITY: 40

IF THIS IS A CONTINUING REQUEST, INDICATE THE DURATION BELOW:  
Beginning \_\_\_\_\_ and continuing through \_\_\_\_\_

THE REQUESTED LOCATION(S) WILL BE USED FOR THE FOLLOWING ACTIVITY: \_\_\_\_\_

Is the organization planning on using any equipment located on school property?  Yes  No  
If yes, specify equipment: \_\_\_\_\_

Is the organization planning to conduct sales on school premises?  Yes  No  
If yes, give a COMPLETE description of what is being sold and how the proceeds will be used: \_\_\_\_\_

Custodial service requested  yes  no. Fees may apply. Heating/Cooling needed  yes  no.

**Check Fee Schedule for any applicable fees, 05.3 AP.2**

I have read the Rules and Regulations for Community Use of School Facilities and the Use of Facilities Assurances of Acceptable Behavior, and agree on behalf of the requesting organization to assume personal responsibility for the proper use of the above named areas of the facility.

SIGNATURE OF PERSON MAKING REQUEST ON BEHALF OF THE ORGANIZATION: [Signature] ADDRESS: 859-992-1180  
EMAIL: ryan.booth@beechwood.kyschools.us CELL: \_\_\_\_\_

**AREA BELOW IS FOR OFFICE USE ONLY**

**SITE IS AVAILABLE. HS SECRETARY INITIAL**  
 Approved \_\_\_\_\_ Not Approved \_\_\_\_\_  
 Approved \_\_\_\_\_ Not Approved \_\_\_\_\_  
\_\_\_\_ Approved \_\_\_\_\_ Not Approved \_\_\_\_\_  
PRINCIPAL'S SIGNATURE: [Signature] Date: 1/17/24  
SUPERINTENDENT'S SIGNATURE: [Signature] Date: 1/18/24  
SCHOOL BOARD CHAIR: \_\_\_\_\_ Date: \_\_\_\_\_

**STIPULATIONS:** \_\_\_\_\_

CONTACT PERSON WILL BE NOTIFIED BY EMAIL. Original - Director of Operations Office  
Copies will be emailed to: Maintenance/Custodial Supervisors, Principal, HS Secretary for Facility Book, 05.31 AP.21  
Page 3 of 5 Dir. Of Technology if heat/AC requested, & Athletic Dir. If athletic facility requested. UPDATED Aug 17, 2022



**CERTIFICATE OF LIABILITY INSURANCE**

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 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).

<b>PRODUCER</b> SADLER & COMPANY, INC. P.O. BOX 5866 COLUMBIA, SOUTH CAROLINA 29250-5866	<b>CONTACT NAME:</b> Sports Dept <b>PHONE (A/ C, No. Ext):</b> 800-622-7370   <b>FAX (A/ C, No):</b> 803-256-4017 <b>E- MAIL ADDRESS:</b> soda@sadlersports.com		
	<b>PRODUCER CUSTOMER ID#:</b>		
<b>INSURED</b> D/ B/ A SPORTSPLEX OPERATORS AND DEVELOPERS ASSOCIATION Greber Basketball - Individual Team 218 Beechwood Fort Mitchell, KY 41017 Club #: C.89825	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	<b>INSURER A:</b> State National Insurance Company		12831
	<b>INSURER B:</b> SeriousPoint America Company		38776
	<b>INSURER C:</b>		
<b>INSURER D:</b>			

**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.

INSD LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/ DD/ YYYY)	POLICY EXP (MM/ DD/ YYYY)	LIMITS	
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> _____ <input type="checkbox"/> _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER	X		OVE-0000286-00	12:01AM ET 09/23/2023	12:01AM ET 09/23/2024	EACH OCCURRENCE	\$2,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000
							MEDICAL EXPENSES (other than participants)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	\$3,000,000
							PRODUCTS- COMP/ OP AGG	\$1,000,000
							LEGAL LIAB TO PARTICIPANTS	\$1,000,000
							COMBINED SINGLE LIMIT (Ea Accident)	\$1,000,000
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON- OWNED AUTOS			n/ a	n/ a	n/ a	BODILY INJURY (Per person)	
							BODILY INJURY (Per accident)	
							PROPERTY DAMAGE (Per accident)	
A	<input type="checkbox"/> SEXUAL ABUSE / MOLESTATION			n/ a	n/ a	n/ a	EACH OCCURRENCE	\$1,000,000
							AGGREGATE	\$2,000,000
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS- MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION			n/ a	n/ a	n/ a	EACH OCCURRENCE	n/ a
							AGGREGATE	n/ a
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER / MEMBER EXCLUDED? <input type="checkbox"/> Y/ N <input type="checkbox"/> (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			N/ A			<input type="checkbox"/> PER STATUE	
							<input type="checkbox"/> OTHER	
							E.L. EACH ACCIDENT	
							E.L. DISEASE - EA EOMLOYEE	
B	<b>PARTICIPANT ACCIDENT</b>			PHSA-BAM-10089-C.89825	12:01AM ET 09/23/2023	12:01AM ET 09/23/2024	EXCESS MEDICAL	\$100,000
							AD&D	\$10,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**RE: COVERED** Team(s) - Youth - Accident & General Liability  
 Basketball - 1 Team(s) - [Maximum 18 players per team]

Team Names:

- Basketball Teams:** Greber Basketball (Individual Team)

(Accident Package Youth Team: \$100,000 Excess Medical; \$10,000 Accidental Death or Dismemberment; \$250 per claim deductible)  
 (General Liability Package Youth Team: \$2,000,000 Each Occurrence; \$1,000,000 Participant Legal Liability Sublimit; \$1,000,000 Neurodegenerative Sublimit; Waiver/ Release Recommended)

The certificate holder is added as an additional insured, but only with respect to the liability arising out of the operations of the insured above.

<b>CERTIFICATE HOLDER</b> RELATIONSHIP: Property Owner/ Lessor  Beechwood Independent School District 54 Beechwood Road Fort Mitchell, KY 41017	<b>CANCELLATION</b> 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 (company A) 
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Sadler Sports: SODA

AUTHORIZED REPRESENTATIVE (company B)



Coverage is only extended to U.S. events and activities

\*\* NOTICE TO TEXAS INSURED: The Insurer for the purchasing group may not be subject to all the insurance laws and regulations of the State of Texas.

**ACORD 25 (2014/01)**

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ATTACHED TO AND FORMING A PART OF POLICY NUMBER	ENDORSEMENT EFFECTIVE DATE (12:01 A.M. STANDARD TIME)	NAMED INSURED	AGENT NO.
OVE-0000286-00	09/14/2023	Greber Basketball - Individual Team	

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ADDITIONAL INSUREDS OWNERS AND/ OR LESSORS OF PREMISES, SPONSORS OR CO- PROMOTERS**

This endorsement modifies insurance provided under the following:

**COMMERCIAL GENERAL LIABILITY COVERAGE PART  
LIQUOR LIABILITY COVERAGE PART**

A. SECTION II — WHO IS AN INSURED is amended to include as an additional insured any person(s) or organization(s) of the types indicated by an "x" in any boxes shown below, but only with respect to liability for "bodily injury," "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

1. In the performance of your ongoing operations; or
2. In connection with your premises owned by or rented to you.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured. With respect to an additional insured owner and/ or lessor of premises, this insurance does not apply to:
  1. An "occurrence" or offense which takes place while you are not a tenant in possession of the subject premises.
  2. "Bodily injury" or "property damage" arising out of:
    1. Structural alterations, new construction or demolition operations performed by or on behalf of the owner and/ or lessor of premises;
    2. Any design defect or structural maintenance of the premises; or
    3. Any premises defect.

B. With respect to the insurance afforded to these additional insureds, the following is added to SECTION III — LIMITS OF INSURANCE: If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations; whichever is less.

This endorsement shall not increase the applicable Limits of insurance shown in the declarations.

**Schedule of Additional Insureds:**

- Owners and/ or Lessors of the premises leased, rented or loaned to you
- Sponsors
- Co- Promoters
- Any individual person(s) or organization(s) listed below  
COACHES, OFFICIALS AND VOLUNTEERS  
WHILE ACTING WITHIN THE SCOPE OF THEIR DUTIES  
FOR THE INSURED.