

#### FLOYD COUNTY BOARD OF EDUCATION Anna Whitaker Shepherd, Superintendent 442 KY RT 550 Eastern, KY 41622 Telephone (606) 886-2354 Fax (606) 886-4550 www.floyd.kyschools.us

William Newsome, Jr., Board Chair - District 3 Linda C. Gearheart, Vice-Chair - District 1 Dr. Chandra Varia, Member - District 2 Keith Smallwood, Member - District 4 Steve Slone, Member - District 5

# Consent Agenda Item (Action Item):

Kentucky Power Tumbling, Inc. Request to use South Floyd Elementary School facility for the purpose of providing gymnastics to our cheerleaders.

# Applicable State or Regulations:

Board Policy 05.3 Community Use of School Facilities

## Fiscal/Budgetary Impact:

No physical budgetary impact to school or district.

#### History/Background:

Staff members from Kentucky Power Tumbling, Inc would provide gymnastics services to our cheerleaders.

### Recommended Action:

Approve request for facility usage by Kentucky Power Tumbling, Inc.

#### Contact Person(s):

Morgan Hensley, Cheer Sponsor Stacy Stanley, Cheer Sponsor/Athletic Director (606) 226-1676

Principal

Director

Superintendent

Date:

## Application and Agreement for Use of District Property

NOTE: Please complete this form in duplicate and submit both copies to the Central Office designee for approval. If the application is approved, one (1) copy of the signed agreement will be returned to the using organization along with a contract prepared by the Board attorney. 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 Kontucky Power Turk 110 The Telephone
Representative's Name Jody Hackworth
Address 714 Lake ld Drestonslaura KU 41653
The above organization/individual requests the use of:
☐ auditorium ☐ gymnasium ☐ dining room/kitchen ☐ stadium
□ classroom(s) □ other, specify
Is the organization planning to use District-owned equipment? YES NO
If yes, specify equipment Cheer mots Operator's Name
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.
_
Building/school/facility South Floud Elementary
Purpose Tumbling
Date(s) requested 3/124-3/125 Time(s) Requested 3:15-4:45 pm
Purpose Tumbling Date(s) requested 3/124-3/125  Will public be admitted?  Time(s) Requested 3:15-4:45 pm
Will advertisement(s) be used? ☐ YES ☑ NO
Will admission be charged? ☐ YES ☑ NO

# When using school facilities, this organization agrees to observe the following:

- To schedule with the building Principal 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.
- 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.
- To acknowledge that approval of this request does not signify District sponsorship, endorsement or approval of your organization or the activity.

Total

# Application and Agreement for Use of District Property

#### **FEE SCHEDULE**

The organization agrees to pay the applicable fee(s) for the use of District facilities.

# of Employees Required # of Hours | Hourly Rate (Overtime at 1.5 times) |

Custodians			<u></u>		
Food Service Employees					
Supervisory Personnel					
Other			·		
	TOTAL PERSONNEL CHARGE				
Property Used		Facility/ Equipment Fee	Personnel Cost, if applicable	Insurance cost, if applicable	Total Co for Facili Use
Gymnasium					
atsc	chool				
Auditorium					
at sc	chool				
Cafeteria - □ Dining Room □ Kitchen	□ Both				
atsc	chool				
Classroom(s) Number					-
atsc	chool				
Stadium	····-				
atsc	chool				
Other Property			· _		
at	chool	ĺ			
Joh Mahrer	· <u> </u>	<u> </u>	2-	-16 -	7024
Signature - Representative o	f User Gr	oup	•	Date	

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

Date

Signature - Superintendent/designee

# Application and Agreement for Use of District Property

For Office Use Only - To be Completed by School Official				
Cost for use of District property \$	Cost for school employee \$ Total cost \$			
Deposit \$	Is deposit refundable? □ Yes □ No			
Date Deposit Received	Balance Due \$			
Board employee(s) assigned:				
Board Action Date, if applicable	Board Order #			

Review/Revised:9/29/11

# MARKEL INSURANCE COMPANY



# MEMBER CERTIFICATE

CERTIFICATE NUMBER

RPG0000500044401

DATE: 09/26/2023

THIS CERTIFICATE REPRESENTS INSURANCE PROVIDED IN ACCORDANCE WITH THE FOLLOWING

MASTER POLICY NUMBER

RPG0000500004101

FIRST NAMED INSURED (MASTER POLICY HOLDER): Sports, Leisure and Entertainment Risk Purchasing Group

IN RETURN FOR THE PAYMENT OF THE PREMIUM AND SUBJECT TO ALL THE TERMS OF THE MASTER POLICY, WE AGREE TO PROVIDE THE INSURANCE AS STATED IN THIS CERTIFICATE.

NAMED INSURED (CERTIFICATE HOLDER)

Name and Mailing Address (No., Street, Town or City, Courty, State, Ze Code)

KENTUCKY POWER TUMBLING INC.

714 LAKE ROAD

PRESTONSBURG, KY 41653

Effective Date:

10/01/2023

at 12:01 a.m. Standard Time at your making address shown above.

Expiration Date: 10/01/2024 This replaces prior Certificate Number:

PLAN ADMINISTERED BY

K&K Insurance Group, Inc.

1712 Magnavox Way

Fort Wayne, IN 46804

INSURER

Markel Insurance Company

4521 Highwoods Parkway

Glen Allen, VA 23060

CONTACT INFORMATION

Name: MM - Specialty

Phone: 1-866-216-8302

Fax: 1-260-459-5940

E-Mail: mm.specialty@kandkinsurance.com

PRODUCER NAME AND MAILING ADDRESS

KULIN-SOHN INSURANCE AGENCY

1623 COLONIAL PARKWAY NUM 201

INVERNESS, IL 60067

To Report A Claim

By Phone:

1-800-237-2917

By Fax:

1-312-381-9079

By E-mail:

KK, Claims@kandkinsurance.com

By Mul:

K&K Insurance Group, Inc.

1712 Magnavox Way

P.O. Box 2338

Fort Wayne, Indiana 46801

MCGL 1002 07 21

Description Of Operati	ons, Premises, Ar	nd Operations	
Description Of Operations:		是在这种特别的	
Gymnastics school/dub operations per application on fi	se with company		
Premises And Operations Refer to MGL 1576			
Location No. Address		Operations GYMNASTICS	
1 6535 KY ROUTE 1428, ALLEN, KY 4	11601		
MOBILE LOCATIONS		GYMNASTICS	
Limits	Of Insurance		
Commercial General Liability	PARK TO LOCAL		
General Aggregate:	\$5,000,000		
Products/Completed Operations Aggregate:	\$1,000,000		
Personal And Advertising Injury:	\$1,000,000	Any One Person Or Organization	
ach Occurrence:	\$1,000,000		
armage To Premises Rented To You:	\$1,000,000	Any One Premises	
fedical Expense:	\$5,000	Any One Person	
dditional Coverages			
addition to the Commercial General Liability coverage a coverage is not listed below, such coverage, includin entificate.	s shown above, the fo g its corresponding en	Bowing additional coverages are provi dorsement, does not apply to this Mer	
	Limit Of Insurance		
ofessional Liability:	\$1,000,000	Each Wrongful Act Limit	
odily Injury to Participants Liability:	\$1,000,000	Each Occurrence	
edical Payments for Participants - Excess:	\$150,000	\$250 Deductible/per claim	
red Auto Liability and Non-Owned Auto Liability:	\$1,000,000		
Ende	rsements		
rms and Endorsements applying to this Member Certifi		N	
for to marter policy last decorate and	case and made part or	tris policy at time of issue:	
fer to master policy including all state amendatory end-	orsements applicable t	o the state of this Member Certificate	
the Master Policy, complete the above number, conditions, limitations, exclusions, an	DESCRIPTION PROFILE	^	
Member Cer	tificate Premium		
nmercial General Liability Premium: \$5,295.15			
review the Master Policy: PLEASE SEND A W	RITTEN REQUEST TO	THE PRODUCER SHOWN ABOVE	
		24111	
dersioned consenses		Call hand	
ntersigned: 09/26/2023 DATE	Ву:/	Foth Ruchel	

Co