

## USE AGREEMENT

This agreement made by and between the Boone County Board of Education, Michael Poivy as Principal authorized so to act by direction of the Board of Education and Crusaders hereinafter referred to as "user" of the school facilities hereinafter described.

### WITNESSETH:

The principal does hereby agree to permit user to utilize certain school facilities more particularly described as follows:

OMS Gym

at the following times and dates: March 15 - April 30

always outside of school hours.

subject to the following terms and conditions:

1. The school property identified above may be utilized by the user as a permittee at will on the condition that all terms and conditions as hereinafter set out are complied with and any other terms and conditions may result in immediate termination of the Use Agreement and/or liability of the user. The utilization of the premises by the user is a privilege extended to the user by the Board of Education and said use does not constitute a property right nor shall it be deemed a lease or renewable beyond the specified period without the written consent of the principal.
2. The use of these school facilities shall be in compliance with all laws and regulations and the terms and conditions of Boone County Board of Education policies, including but not limited to BCBE Policy No. 05.3, 05.31, 05.32 and 10.3 which are incorporated by reference herein.
3. The reserved time/date for use by user may be cancelled or preempted by Principal and permission for use may be terminated without cause by notice from Principal.
4. User is responsible for the conduct of its participants or guests.
5. There shall be no subletting or assignment of this agreement nor any profit making or commercial venture subject of the use.

6. User shall return the facilities or premises in the same condition as at the commencement of the use, or if user fails to do so, the user will be responsible for the cost of clean-up and be prohibited from further use of facilities.
7. The user agrees to save harmless the Boone County Board of Education, its employees and agents, for any liability, damage, loss or expense incurred respecting the utilization of the school facilities; and the user agrees to reimburse the Boone County Board of Education for any damages to or replacement of school property damaged, lost, stolen or vandalized while in user's name.

IN WITNESS WHEREOF the principal for and on behalf of the Board of Education and the user hereunto set their hands this 25th day of January, 20 24.

Ockerman Middle SCHOOL

BY: Michael R. Poiry  
PRINCIPAL

Colt Fink  
USER/SIGNATURE

1301 Victory Ln.  
ADDRESS

Independence 167 41051  
CITY STATE ZIP

859-652-9365  
PHONE NUMBER



Sadler Sports: SODA

**SODA Amateur Sports Membership Insurance Program  
Verification of Coverage**

Application Receipt Date / Time: 03/29/2023 06:35:20 AM - entered by Customer

**I. GENERAL INFORMATION**

Application Status: Sold

Specific Legal Name of Sports Organization: NKY Cru

TAM Code:

SODA Club ID: 84903

Form of Business: Not for Profit

Client type: new

Contact's Name: Luke Boemker

Primary Mailing Address: 652 BEAVER RD

Address 2:

City: WALTON

State: KY

Postal / Zip Code: 41094

Primary Phone: (513) 307-7777

Email Address: luke.boemker@gmail.com

Alternate Contact Name:

Alternate Phone:

Alternate Email:

Do your Facility Owners Require a Certificate Of Insurance? No

Organization Affiliation: no\_affiliation

Have you had a General Liability claim of any type greater than \$25,000 over the past three years? No

If yes, please provide details on the approximate date the claim was reported to the insurance carrier, the approximate amount paid by the insurance carrier for expenses/ settlement/ jury verdict, a brief description of the circumstances of the claim, and what steps have been taken to reduce the chances of another similar claim:

**TOTAL: \$137.01**

**II. ACCIDENT INSURANCE**

Nationwide Life Insurance Company

Policy Number PHSA- BAM-10089- C.84903

Effective Date 06:35AM ET 03/29/2023

Expiration Date 12:01AM ET 03/29/2024

**Plan: Full Excess** Since this policy contains an EXCESS MEDICAL BENEFIT, YOU MUST FIRST FILE THE CLAIM WITH YOUR EXISTING INSURANCE PLANS (including major medical) before we may determine what payments, if any, we owe. Note: If your family carrier is an HMO or PPO, you must always follow their rules for obtaining benefits

**COVERAGE EFFECTIVE DATE:** Coverage starts January 01, 2023 or the date on which this electronic Form and premium payment are received by Sadler & Company, Inc., whichever is later, and contains as outlined under the Accident Plan Description but in no event later than December 31, 2023.

Coverage Type	Accident & General Liability
Limits	(Accident Package Youth Team: \$100,000 Excess Medical; \$10,000 Accidental Death or Dismemberment; \$250 per claim deductible)

**Coverage Information**

Sports Organization: Team(s) - Youth

Sports Selected:

- Baseball - 1 Team(s) - [Maximum 18 players per team]

Names:

- Baseball Teams: NKY Cru

**III. GENERAL LIABILITY INSURANCE**

Policy Number OVE-0000286-00

Effective Date 06:35AM ET 03/29/2023

Expiration Date 12:01AM ET 03/29/2024

**COVERAGE EFFECTIVE DATE:** Coverage starts January 01, 2023 or the date on which this electronic Form and premium payment are received by Sadler & Company, Inc., whichever is later, and contains as outlined under the Accident Plan Description but in no event later than December 31, 2023.

Coverage Type	Accident & General Liability
Limits	(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)

**Coverage Information**

Sports Organization: Team(s) - Youth

Sadler Sports: SODA

- Baseball - 1 Team(s) - [Maximum 18 players per team]

**Names:**

- **Baseball Teams:** NKY Cru

---

**IV. CERTIFICATES OF INSURANCE**

---

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.

---

**V. ADDITIONAL COVERAGES**

---

The following additional coverages were offered under this policy and will notate if accepted. If the coverage will expire on the same date as the general liability policy, regardless of the date of coverage was applied. If at any time during the policy period you wish to purchase these coverages, [Download Application Here](#).

Non- Owned & Hired Auto Liability - NOT APPLIED FOR

-----

Sexual Abuse & Molestation - NOT APPLIED FOR

-----

Directors & Officers Liability - NOT APPLIED FOR

-----

Crime Insurance - NOT APPLIED FOR

-----

Equipment Coverage - NOT APPLIED FOR

-----

Summary of Declined Additional Coverages

-----

---

**V. POLICY PERIOD CHANGES**

---

This enrollment provided the option for the organization to select General Liability, Excess Accident, Directors & Officers, Crime and Equipment. However, Sadler offers other types of insurance policies that are not available on this online enrollment such as Workers' Compensation, Excess Liability, Property (building and contents), Event Cancellation, Cyber Risk, Business Auto, Professional Liability, etc. If you are interested in a quote for these other types of policies, you will need to inform Sadler in writing, [sport3@sadlersports.com](mailto:sport3@sadlersports.com).

Sadler & Company, Inc. \* P.O. Box 5866 \* Columbia, SC 29250-5866  
Phone: 1-800-622-7370 \* Fax: (803) 256-4017 \* Email: [soda@sadlersports.com](mailto:soda@sadlersports.com)



DATE (MM/DD/YYYY)  
03/29/2023

## 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 NKY Cru 652 BEAVER RD WALTON, KY 41094 Club #: C.84903	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A:</b> State National Insurance Company	<b>NAIC #</b> 12831
	<b>INSURER B:</b> Sirius America Insurance	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			OVE-0000286-00	06:35AM ET 03/29/2023	12:01AM ET 03/29/2024	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 \$2,000,000
	<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	COMBINED SINGLE LIMIT (Ea Accident) \$1,000,000 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? 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 EMPLOYEE E.L. DISEASE - POLICY LIMIT
B	<b>PARTICIPANT ACCIDENT</b>			PHSA-BAM-10089-C.84903	06:35AM ET 03/29/2023	12:01AM ET 03/29/2024	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  
 Baseball - 1 Team(s) - [Maximum 18 players per team]

Team Names:

- Baseball Teams: NKY Cru

(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)

## CERTIFICATE HOLDER

## CANCELLATION

## EVIDENCE OF COVERAGE

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)

*Scott Finkbeiner*

Sadler Sports: SODA

AUTHORIZED REPRESENTATIVE (company B)

*John S. Sadler*

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)

© 1988-2014 ACORD CORPORATION. All rights reserved.

The ACORD name and logo are registered marks of ACORD