

USE AGREEMENT

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

WITNESSETH:25

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

Cooper High School's main gymnasium as well as the restrooms in the gymnasium lobby

at the following times and dates: Friday May 31st, 2024 from 8:00-1:00

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.



STOERMER INSURANCE BROKERS
537 E. Stroop Rd, Dayton, OH 45459
Phone: (937)433-9946

Mount Vernon Fire Insurance Company

Special Events Application

MSE024A9230

You or your agent provided the information used to complete the questions below. Please answer all remaining questions in the space provided. By signing this application you are warranting that all information on this application is true and correct.

I. General Information

Applicant's Name: Sean McNeil

Form Of Business: Individual Corporation Partnership LLC Other: _____

Mailing Address: 2134 Antoinette way

City: Union State: Ky Zip: 41091

Phone Number: 859-391-9186 Fax Number: _____

Web Address: _____ E-mail Address: sm22basketballcamp@gmail.com

Coverage Desired: General Liability Liquor Liability

Please advise all entities requesting to be added as Additional Insured on this policy:

Not Applicable

Complete Name	Address	Interest
Randall K Cooper High School	2855 Longbranch Rd, Union, Ky 41091	Additional Insured

Brief Narrative of Event(s)

1 day basketball camp for ages 5-15 being held at local high school. No other exposures at this event.

II. Location Address of the Event(s) and Corresponding Classification(s)

Location #1

Address

2855 Longbranch Rd

City

Union

State

KY

Zip

41091

Years At Current Location: _____

Event	Start Date	End Date	# of Attendees	# of Consumers:
Sporting Event / Tournament - Basketball (applicant is the host of the event)	5/31/2024	5/31/2024	35	

Are all rides owned and operated by a third party vendor who carries GL limits of at least \$1M/\$2M?

Yes No

Will attendees be allowed on mechanical rides or devices at the event?

Yes No

Will the applicant be named as additional insured on the third party ride vendor's general liability policy?

Yes No

Will the event feature firearms?

Yes No

Will the event feature overnight camping, or dormitory stays on the event's premises?

Yes No

Will the event feature fireworks?

Yes No

III. Limit of Insurance

Please select a limit:

Limits of Liability Occurrence/Aggregate

\$1,000,000/\$2,000,000

Additional Quote Information

Personal & Advertising Injury Will match the Occurrence Limit

Products Aggregate See L-535

Damages to Premises Rented \$100,000.00

Medical Payments \$1,000.00

General Liability Limits must be equal to or greater than Liquor Liability Limits.

Classification
Additional Insured - Blanket - Special Events - General Liability

Kentucky Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and may subject such person to criminal and/or civil penalties and other sanctions.

Applicant's Warranty Statement: I warrant that the information provided in this Application, and any amendments or modifications to this Application are true and correct. I acknowledge that the information provided in this Application is material to acceptance of the risk and the issuance of the requested policy by Company. I agree that any claim, incident, occurrence, event or material change in the Applicant's operation taking place between the date this application was signed and the effective date of the insurance policy applied for which would render inaccurate, untrue or incomplete, any information provided in this Application, will immediately be reported in writing to the Company and the Company may withdraw or modify any outstanding quotations and/or void any authorization or agreement to bind the insurance. Company may, but is not required, to make investigation of the information provided in this Application. A decision by the Company not to make or to limit such investigation does not constitute a waiver or estoppel of Company's rights.

I acknowledge that this Application is deemed incorporated by reference in any policy issued by Company in reliance thereon whether or not the Application is attached to the policy.

I acknowledge and agree that a breach of this WARRANTY STATEMENT is grounds for Company to declare void any policy or policies issued in reliance thereon and/or deny any claim(s) for coverage thereunder.

Applicants Signature*: Sean McNeil Title: Owner Date: 04/24/2024 21:40 UTC
(Must be Owner, Officer or Partner) (Required) (Required)
Brokers Signature: [Signature] Date: 04/24/2024
(Required) (Required)
If your state requires that we have the name and address of your (insured's) authorized Agent or Broker.
Name of Authorized Agent or Broker: Matt Kincaid - Meridian Capstone Ins LLC
Address: 7601 Peregrine Rd Ste 303, Dayton OH 45459

**SUBMITTING THIS APPLICATION DOES NOT BIND THE APPLICANT TO PURCHASE INSURANCE.
ACCEPTANCE OF THIS APPLICATION DOES NOT BIND THE COMPANY TO ISSUE INSURANCE.**