



**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: 06/14/2024 DATE(S) OF ACTIVITY: 06/14/2024

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: Franks Family Foundation Non Profit

PERSON(S) WHO WILL BE PRESENT AND SUPERVISING THE ACTIVITY: _____

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: FROM 7:30 AM or PM TO 9:00 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: _____ Elem Main Entry #2 HS Entry #10
 Aux Gym Lobby #14 Other, be specific _____

APPROXIMATE NUMBER OF PERSONS WHO WILL BE ATTENDING THE ACTIVITY: 75 athletes/6 coaches

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:

A free football camp for the fort Mitchell area. Hosted by 2 NFL players(retired and Current)

Is the organization planning on using any equipment located on school property? Yes No

If yes, specify equipment: No, we are actually giving equipment to school after event(cones, footballs, and ect.)

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.

2100 Siena avenue Covington
Kentucky

SIGNATURE OF PERSON MAKING REQUEST ON BEHALF OF THE ORGANIZATION ADDRESS

Jordan15franks@gmail.com (850) 544-0984

EMAIL CELL

AREA BELOW IS FOR OFFICE USE ONLY

SITE IS AVAILABLE. HS SECRETARY INITIAL

Approved Not Approved _____
PRINCIPAL'S SIGNATURE Date 5/7/2024

SUPERINTENDENT'S SIGNATURE Date _____

SCHOOL BOARD CHAIR Date _____

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, Dir. Of Technology if heat/AC requested, & Athletic Dir. If athletic facility requested.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/6/2024

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 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 endorsement(s).

| | | | |
|--|--|--|------------------------|
| PRODUCER Brokrrr Insurance Services Inc. A partner agency of Alkeme 111 Corporate Dr, Suite 200 Ladera Ranch CA 92694 | | CONTACT NAME: Jessica McCargo PHONE (A/C, No, Ext): E-MAIL ADDRESS: jmccargo@brokrrr.com FAX (A/C, No): | |
| INSURED USA Football, Inc. 45 N Pennsylvania St, Suite 800 Indianapolis IN 46204 | | INSURER(S) AFFORDING COVERAGE | |
| USAFOOT-01 | | INSURER A : Lexington Insurance Company | NAIC # 19437 |
| | | INSURER B : Granite State Insurance Company | NAIC # 23809 |
| | | INSURER C : National Casualty Company | NAIC # 11991 |
| | | INSURER D : | |
| | | INSURER E : | |
| | | INSURER F : | |

COVERAGES

CERTIFICATE NUMBER: 1242347608

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.

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|--|-----------|----------|------------------|-------------------------|-------------------------|---|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | Y | | AIP0008075645401 | 4/1/2024 | 4/1/2025 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 \$ |
| B | <input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY | | | AIA0004425040001 | 4/1/2024 | 4/1/2025 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ |
| A | <input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0 | | | AIX0008075645501 | 4/1/2024 | 4/1/2025 | EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$ |
| C | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N N | N/A | WCN0000033291905 | 4/1/2024 | 4/1/2025 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000 |
| B | Property | | | AIP0003450246501 | 4/1/2024 | 4/1/2025 | Rented/Leased Equip. \$100,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Certificate holder is named as an additional insured in regards to General Liability where required by written agreement.

CERTIFICATE HOLDER**CANCELLATION**

Franks Camp
 Beechwood High School
 54 Beechwood Rd
 Fort Mitchell KY 41017

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