



**BEECHWOOD INDEPENDENT SCHOOL DISTRICT  
BOARD OF EDUCATION**

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

**RENTAL/ USE OF FACILITY  
Community Groups**

Just June 4, 11, 18 #15

TODAY'S DATE: 6/2/2024 DATE(S) OF ACTIVITY: June 4, 11, 18 ~~July XXXX~~

**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: Yalls Scout 2027 Baseball team

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

LOCATION(S) REQUESTED FOR ACTIVITY:  Cafe  Old Gym  Auxiliary 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 5:30  AM or  PM TO 7:00  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: 15

IF THIS IS A CONTINUING REQUEST, INDICATE THE DURATION BELOW:

Beginning 6/2024 and continuing through 7/30/2024

THE REQUESTED LOCATION(S) WILL BE USED FOR THE FOLLOWING ACTIVITY: Baseball practice

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  
Chris Curvey

ADDRESS  
3046 Parkdale H. Edgewood KY 41047

EMAIL  
curveyussorise@gmail.com

CELL  
859-640-0005

**AREA BELOW IS FOR OFFICE USE ONLY**

**SITE IS AVAILABLE. HS SECRETARY INITIAL**

Approved  Not Approved

PRINCIPAL'S SIGNATURE

6/4/2024  
Date

Approved  Not Approved

SUPERINTENDENT'S SIGNATURE

Date

Approved  Not Approved

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



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/18/2024

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).

<b>PRODUCER</b> American Specialty Insurance & Risk Services, Inc.  7609 W. Jefferson Blvd., Suite 100 Fort Wayne IN 46804		<b>CONTACT</b> NAME: PHONE (A/C, No, Ext): E-MAIL: ADDRESS: FAX (A/C, No):	
<b>INSURED</b> Y'all's Elite/Y'all's Scout 1568 Southcross Drive  Hebron KY 41048		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Arch Insurance Company NAIC # 11150 <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	

**COVERAGES** CERTIFICATE NUMBER: 1002204092 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	ADBL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> 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	N	SBCGL4832500	01/19/2024	01/19/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ 5,000,000
	<b>AUTOMOBILE LIABILITY</b> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/>					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

- Coverage applies to Baseball - Age Range 13-14 - 1 Team

- Coverage applies to Baseball - Age Range 15-16 - 2 Teams

**CERTIFICATE HOLDER**

Y'all's Scout 2027, Y'all's Elite 14U, 16U, 18U

1568 Southcross Drive

Hebron

KY 41048

**CANCELLATION**

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

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AGENCY CUSTOMER ID: \_\_\_\_\_

LOC #: \_\_\_\_\_



### ADDITIONAL REMARKS SCHEDULE

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AGENCY American Specialty Insurance & Risk Services, Inc.		NAMED INSURED Y'all's Elite/Y'all's Scout	
POLICY NUMBER SBCGL4832500		1568 Southcross Drive	
CARRIER Arch Insurance Company	NAIC CODE 11150	Hebron, KY 41048	
		EFFECTIVE DATE: 01/19/2024	

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**

**FORM NUMBER:** ACORD 25 **FORM TITLE:** CERTIFICATE OF LIABILITY INSURANCE - Certificate #1002204092

- Coverage applies to Baseball - Age Range 17-18 - 1 Team
- Coverage available under policy BSR F051694-00 is on file with the policyholder. Accident Medical Coverage \$100,000 per injury excess of any other valid and collectible insurance, \$100 deductible. Accidental Death and Dismemberment, \$10,000 per person per accident.
- Evidence of coverage effective January 19, 2024.