

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):

Consider the approval acknowledgement of the May Valley Elementary School PTO and the included facility agreement for the 2024-2025 school year.

#### Applicable State or Regulations:

PTO approval and facility use by PTO requires Board of Education approval

#### Fiscal/Budgetary Impact:

The May Valley PTO works diligently in order to provide additional resources to promote student learning/success.

#### History/Background:

The May Valley PTO works diligently in order to provide additional resources to promote achievement for students and staff.

#### Recommended Action:

Approve the request

Contact Person(s):

Kevin O'Quinn, Principal Seth Crisp, Assistant Principal

Samantha Howard, PTO President

Kein Odum Hall While Superintendent

Superintendent

Date: प्राथिव



May Valley Elementary PTO 481 Stephens Branch Rd Martin, KY 41649

# **Specialty Insurance Products**

Insurance Policy Number: NANPO0064946

Tel. (800) 364-2433

Email support@rvnuccio.com

Online rvnuccio.com

Office 10148 Riverside Drive

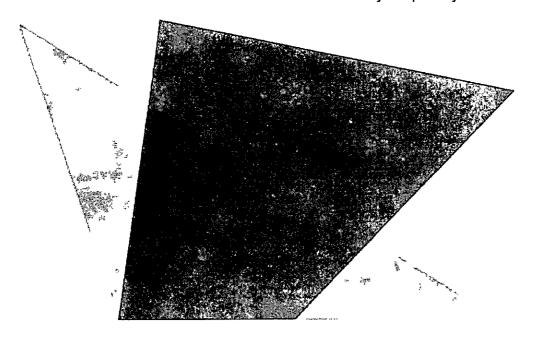
Toluca Lake, CA 91602

# Your Insurance Policy

What's included:

- ✓ Your Certificate(s) of Insurance
- ✓ A copy of your Application
- ✓ Your Memorandum
- ✓ Your Coverages
- ✓ Your Quote Letter

Thank you for choosing R.V. Nuccio & Associates Insurance Brokers — We look forward to helping with your specialty insurance needs.





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 7/9/2024

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(les) 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).

PRODUCER				CONTA NAME:	<sup>іст</sup> Joan G	ibson			
Hall & Clark insurance			PHONE (AJC. No. Ext): 606-886-2318 FAX (AJC. No.): 606-886-2351						
132 S. Lake Dr # 101			E-Mail Appress: joan@hallclark.com						
Prestonsburg , KY 41653				INSURER(S) AFFORDING COVERAGE NAIC #					
				INSURER A: Fireman's Fund Insurance Company 21873					
INSURED				INSURER B: Axis Insurance Company 37273					
May Valley Elementary PTO				INSURER C:					
481 Stephens Branch Rd				INSURER D:					
Martin , KY 41649				INSURE	RE:				
				INSURER F:					
COVERAGES CERTIFICATE NUMBER:			REVISION NUMBER:						
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RECERTIFICATE MAY BE ISSUED OR MAY	EQUIF	REME	NT, TERM OR CONDITION	OF AN'	Y CONTRÁCT	OR OTHER (	DOCUMENT WITH RESP	ECT TO	WHICH THIS
EXCLUSIONS AND CONDITIONS OF SUCH	POLI	CIES.	LIMITS SHOWN MAY HAVE	BEEN F	REDUCED BY	PAID CLAIMS.			
INSR LTR TYPE OF INSURANCE	INSR	SUBR WVD	POLICY NUMBER		POLICY EFF [MM/OD/YYYY]	MMIDD/YYYY	LIA	ITS	
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COMMERCIAL GENERAL LIABILITY			NANPO0064946				DAMAGE TO RENTED PREMISES	s	100,000
CLAIMS-MADE COCCUR			111111111111111111111111111111111111111				MEDÍCAL EXPENSE	s	5,000
	l						PERSONAL & ADV INJURY	5	1,000,000
		l			ļ		GENERAL AGGREGATE	s	2,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGO	\$	2,000,000
POLICY PRO-							7	\$	
AUTOMOBILE CIABILITY							COMBINED SINGLE LIMIT	s	
ANY AUTO							BODILY INJURY (Per person)	\$	
ALL OWNED SCHEDULED AUTOS							BODILY INJURY (Per acciden	) S	
HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE [Per accident]	s	
				ļ				\$	
UMBRELLA LIAB OGCUR						Ì	EACH OCCURRENCE	5	
EXCESS LIAB CLAIMS-MADE					1		AGGREGATE	\$	
DED RETENTIONS								s	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					1		WC.STATU- OTH	-1	
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	s	****
(Mandatory in NH)	NIA				l		E.L. DISEASE - EA EMPLOYE	E S	
If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	s	···
					-	1			
				Ì					
A Sexual Misconduct Liability			NANPO0064946	ļ	7/12/2024	7/12/2025			Included
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICL	LES (A	ttach A	ACORD 101, Additional Remarks S	ichedule,	If more space is	required)			
Additional Insured: / Sexual Misconduct Liability included, Event Description: Booster/PTO Start Date: 07/12/2024 End Date: 07/12/2025									
Tradicord Madred: / October Miscorlage	, L.ICA	Dirity	mondod. Event Descrip	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3003(Ciii 10	Ciait Date	. 0171232024 Liiu De	(C, U)) I	2,2023
CERTIFICATE HOLDER C				CANCELLATION					
OERTH TOATE HOLDER				OANO	LLLA ! IOII				
Floyd County Board of Education			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
442 KY RT 550				AUTHORIZED REPRESENTATIVE					
i i			Authorized Refriedentative						
Eastern , KY 41622				incer	h Guerrero	(	) [ ]		Į.

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POLICY NUMBER: UST021067230 EFFECTIVE DATES: 7/12/2024 to 7/12/2025 CERTIFICATE NUMBER; NANPO0064946

COMMERCIAL GENERAL LIABILITY CG 20 26 07 04

# THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

# ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

#### **SCHEDULE**

Name Of Additional Insured Person(s) Or Organization(s)	
Floyd County Board of Education 442 KY RT 550	
Eastern, KY 41622	
	ļ
	1
Information and the second of	_
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

Section II – Who is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- A. In the performance of your ongoing operations; or
- B. In connection with your premises owned by or rented to you.



## **Applicant Information**

**Contact Person** 

First Name Last Name

Contact Phone Number

Contact Email

School Information

School Name

School Address

School City

School State School Zip Code

Organization Information

School Support Group Type

Full Legal School Support Group Name

Is the applicant's mailing address the same as the address indicated above?

Website/Facebook/Instagram (If Any)

**Organization Activity** 

Is your group primarily a project graduation group?

Does your organization conduct its business from a school campus between the grades of

Annual Revenues/Receipts

Membership dues

Cash grants/gifts/scrips/online sales

Other Fund Raising Activities

Coverages

Liability Plus

Damage to Premises Rented Limit

**Bonding Plus** 

I understand and agree that no coverage will be provided unless we install and maintain the required accounting procedures at inception and throughout the coverage period.

- There will be no pre-signing of blank checks.

- There will be a monthly bank reconciliation (re-balancing of the checkbook) performed by an organization officer other than that officer (usually the Treasurer) normally responsible for banking functions (this forces discovery of deposits which should have been made but have not been made).

**Directors & Officers Plus** 

Accident Medical Plus

Property Plus

When would you like coverage to begin?

Policy Effective Date

Acknowledgements and Signature

Have you had any claims in the last 5 years which may have been covered by this type of insurance?

Does your School Support Group (SSG) have any other Organizations, Auxiliaries, Clubs, Chapters, Groups or Entities operating along with, attached to, subordinate to or under your SSG; or any other Organizations, Auxiliaries, Clubs, Chapters, Groups or Entities over which you exercise any control and/or to which you might expect this insurance to also provide insurance coverage?

Samantha Howard 606-434-5175

May Valley Elementary 481 Stephens Branch Rd

Martin

KY

41649

PTO

May Valley Elementary PTO

Yes

No

0 0

0 13000

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

\$100,000

Limit \$10,000 Yes

No, I do not want to purchase this coverage. No, I do not want to purchase this coverage.

7/12/2024

No

No



# R.V. NUCCIO & ASSOCIATES, INC.

I agree that after diligent inquiry, neither I nor any of our Directors, Officers, or Members are aware of any circumstances, conditions, or situations which may give rise to a loss under this insurance.

Do you understand and agree that any known or existing circumstances, conditions, or situations which may give rise to a loss under this insurance will not be covered by the policy?

Do you understand and agree that if you select the Mail-in Check payment option, the effective date will be the date payment is processed by R.V. Nuccio & Associates or the requested effective date, whichever is later?

I understand and agree that the underwriter retains the right to review the application for accuracy, and that the policy will not provide any insurance coverage if any application information is falsely reported, falsely stated, incorrectly selected, incorrectly stated, misreported, misrepresented, misstated or wrongly stated, whether or not intentional. I understand and agree that by entering my name below, I am effectively signing this application for insurance.

Name Date Signed Memorandum Number Memorandum Number D&O Memorandum Number AD&D **Expiration Date** 

Yes

Yes

Not Applicable

Yes

Samantha Howard 07/09/2024 NANPO0064946

7/12/2025

## **Additional Insureds**

Additional Insured Name Address City State Zip Code Email Address Phone Number **Event Start Date Event End Date** 

**Event Description** 

Is there any specific wording the Additional Insured would like to see on the Certificate?

Floyd County Board of Education

442 KY RT 550 Eastern KY 41622

07/12/2024 07/12/2025 Booster/PTO

# SCHOOL SUPPORT GROUP/NONPROFIT ORGANIZATION COMMERCIAL PACKAGE INSURANCE POLICY

## MEMORANDUM OF INSURANCE

M	aster	Policy Number: USTO	21067230	Ma		ANDOGGGGG		
Issuing Company:				Memorandum Number: NANPO0064946				
Fireman's Fund Insurance Company			National Program Administrator:					
225 W. Washington Street, Suite 1900			DOXA Programs, LLC DBA					
Chicago, IL 60606			R.V. Nuccio & Associates Insurance Brokers					
Nationwide Claims: 1-888-347-3428			10148 Riverside Drive, Toluca Lake, CA 91602					
			NAME AND ADDRESS (MI	PMORANDUM HOLDER &	de and March Incomes			
	a.	Memorandum Holde	r: May Valley Elementary	PTO	TEARS HARLEU INSURED)			
	b.	Street Address:	481 Stephens Branch F					
	c.	City:	Martin					
	d.	State:	KY					
	e.	Zip Code:	41649					
02.	Co	VERAGE PERIOD						
02,			12:01 A.M. to Expiration	Data 7/10/2025 1	2.01 A B4 C+44 771			
	ado	lress as stated above.	12.017k.ivi. to Expiration	1 Date 1/12/2025 1	2:01A.M. Standard 1 ii	ne at the Named Insured's		
03.		SINESS TYPE						
		PTA PTO	☐Booster Club	Educational Fo	undation Dia			
04.		VERAGE PART		MIT OF INSURANCE		ofit Organization		
	a,		DPERTY COVERAGE PART	MIT OF INSURANCE	DEDUCTIBLE	A MEMILIA		
		Business Personal Pro	merty/Faninment	Not Covered	Not Coursed	\$0.00		
	b.		ME COVERAGE PART	Mor Coveten	Not Covered	<b>600.00</b>		
		(01)Employee Dishon		\$10,000	\$250	\$33.00		
		(02)Forgery Or Altera						
			nce And Destruction Of N	\$10,000 Money	\$250			
		(a)Inside The Pre	mises	\$10,000	\$250			
		(b)Outside The Pr	remises	\$10,000	\$250 \$250			
	c.	GENERAL AND AUTO	MOBILE LIABILITY COVE	ERAGE PART	υσαφ	\$45.00		
		(01)General Aggregate		\$2,000,000	\$0	\$45.00		
		(02)Products/Complet	ed Operations Aggregate	\$2,000,000	Ų.			
		(03)Personal And Adv	ertising Injury	\$1,000,000				
		(04)Each Occurrence	- + -	\$1,000,000				
		(05)Damage To Premi	ses Rented To You	\$100,000				
		(06)Medical Expense		\$5,000				
		(07) Non-Owned And	Hired Automobiles	Not Covered				
					State Guarantee Fund	\$0.00		
05,		TOTAL PREMIUM Due	At Inception			\$78.00		
~-						******		
06.	FOR	MS AND ENDORSEMEN	STS ATTACHED AT INCEP	TION				
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Date	Issu	ed;		Rτ	212			
Form	Nu:	mber:NPOUWS001		ъу		Janarh Carre		
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3/20/2008

NPOUWS001
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SCHOOL FACILITIES 05.31 AP.21

## Application and Agreement for Use of District Property

<u>NOTE:</u> 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 Organi	zation/Activity May Valley PTO Telephon (606) 295-0883				
Representative's Name Samontha Howard					
Address 1453 Prater Fok Hugys, No. KY 41640					
The above organization/indiv	idual requests the use of:				
auditorium 🛛 gym	masium dining room/kitchen stadium				
classroom(s)	dother, specify				
Is the organization planning to us	se District-owned equipment?   YES   NO				
If yes, specify equipment	Operator's Name				
Is the organization planning to co	onduct sales on school premises? YES NO				
	on of what is being sold and how the proceeds will be used. School Jacket				
Shirts RADA, Bumblee B	ee Seles, Some shop, Trips, incentives, Supply for students/techte				
Building/school/facility May					
Purpose Student Funda					
Date(s) requested 2024-20	25 School year Time(s) Requested				
	□ yes □ no				
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.

### SCHOOL FACILITIES

# 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)	Total
Custodians				•
Food Service Employees				
Supervisory Personnel				
Other		1		A
ANALYSIS OF THE PROPERTY OF TH			TAX DEDGOLDER ON A CO	
		TC	TAL PERSONNEL CHARGE	

Property Used	Facility/ Equipment Fee	Personnel Cost, if applicable	Insurance cost, if applicable	Total Cost for Facility Use:
Gymnasium				
atschool				
Auditorium				_
atschool				
Cafeteria - Dining Room Kitchen Both				
atschool			,	
Classroom(s) Number			:-	
atschool				
Stadium				
atschool				
Other Property				
atschool				

Samantha Noward	7-9-24
Signature - Representative of User Group	Date
Kein O'Quinn	7/9/04
Signature - Superintendent/designee	Date &

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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.