

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 Varla, Member - District 2  
Keith Smallwood, Member - District 4  
Steve Stone, 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

Kevin O'Quinn  
Principal

Rachel Wheeler  
Director

Anna Whitaker Shepherd  
Superintendent

**Date:** 7/9/24



## Specialty Insurance Products

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

Insurance Policy Number: NANPO0064946

Tel. (800) 364-2433

Email [support@rvnuccio.com](mailto:support@rvnuccio.com)

Online [rvnuccio.com](http://rvnuccio.com)

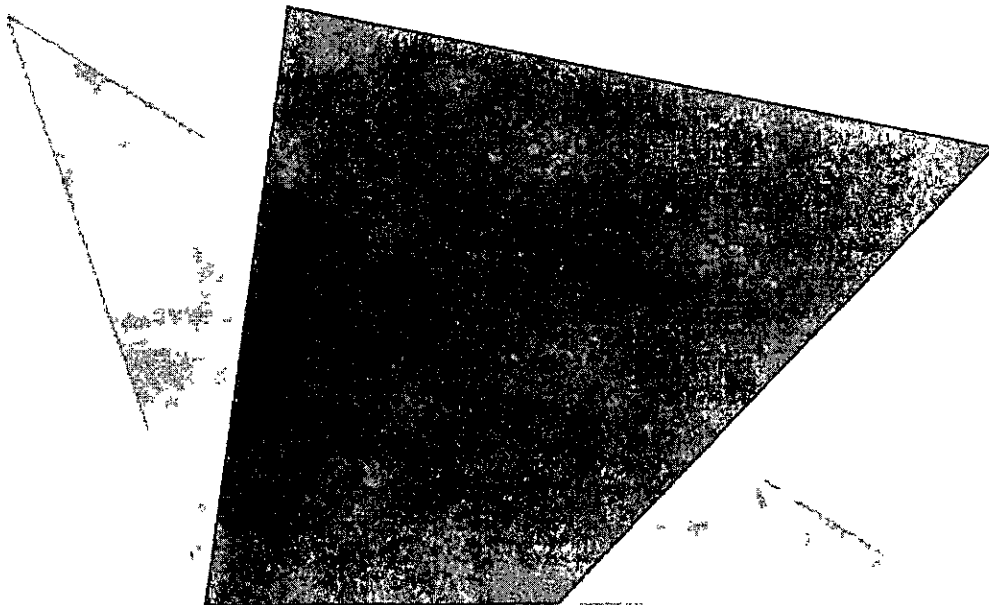
Office 10148 Riverside Drive  
Toluca Lake, CA 91602

# 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.





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**

<b>Name Of Additional Insured Person(s) Or Organization(s)</b>
Floyd County Board of Education 442 KY RT 550 Eastern , KY 41622
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

Samantha  
 Howard  
 606-434-5175

**School Information**

School Name  
 School Address  
 School City  
 School State  
 School Zip Code

May Valley Elementary  
 481 Stephens Branch Rd  
 Martin  
 KY  
 41649

**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?

PTO  
 May Valley Elementary PTO  
 Yes

**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 K-12?

No  
 Yes

Annual Revenues/Receipts  
 Membership dues  
 Cash grants/gifts/scripts/online sales  
 Bingo  
 Other Fund Raising Activities

0  
 0  
 0  
 13000

**Coverages**

Liability Plus  
 Damage to Premises Rented Limit  
 Bonding Plus

\$1,000,000/\$2,000,000  
 \$100,000  
 Limit \$10,000

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

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

**When would you like coverage to begin?**

Policy Effective Date

7/12/2024

**Acknowledgements and Signature**

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

No

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?

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.

Yes

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?

Yes

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?

Not Applicable

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.

Yes

Name

Samantha Howard

Date Signed

07/09/2024

Memorandum Number

NANPO0064946

Memorandum Number D&O

Memorandum Number AD&D

Expiration Date

7/12/2025

**Additional Insureds**

1

Additional Insured Name

Floyd County Board of Education

Address

442 KY RT 550

City

Eastern

State

KY

Zip Code

41622

Email Address

Phone Number

Event Start Date

07/12/2024

Event End Date

07/12/2025

Event Description

Booster/PTO

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

**SCHOOL SUPPORT GROUP/NONPROFIT ORGANIZATION  
COMMERCIAL PACKAGE INSURANCE POLICY**

**MEMORANDUM OF INSURANCE**

Master Policy Number: UST021067230	Memorandum Number: NANPO0064946
Issuing Company: <b>Fireman's Fund Insurance Company</b> 225 W. Washington Street, Suite 1900 Chicago, IL 60606 Nationwide Claims: 1-888-347-3428	National Program Administrator: <b>DOXA Programs, LLC DBA</b> <b>R.V. Nuccio &amp; Associates Insurance Brokers</b> 10148 Riverside Drive, Toluca Lake, CA 91602

**01. MEMORANDUM HOLDER NAME AND ADDRESS (MEMORANDUM HOLDER MEANS NAMED INSURED)**

- a. Memorandum Holder: May Valley Elementary PTO
- b. Street Address: 481 Stephens Branch Rd
- c. City: Martin
- d. State: KY
- e. Zip Code: 41649

**02. COVERAGE PERIOD**

Inception Date 7/12/2024 12:01A.M. to Expiration Date 7/12/2025 12:01A.M. Standard Time at the Named Insured's address as stated above.

**03. BUSINESS TYPE**

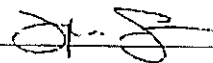
PTA       PTO       Booster Club       Educational Foundation       Nonprofit Organization

**04. COVERAGE PART**

LIMIT OF INSURANCE	DEDUCTIBLE	PREMIUM
<b>a. INLAND MARINE PROPERTY COVERAGE PART</b>		<b>\$0.00</b>
Business Personal Property/Equipment	Not Covered	
<b>b. INLAND MARINE CRIME COVERAGE PART</b>		<b>\$33.00</b>
(01)Employee Dishonesty	\$10,000	\$250
(02)Forgery Or Alteration	\$10,000	\$250
(03)Theft, Disappearance And Destruction Of Money		
(a)Inside The Premises	\$10,000	\$250
(b)Outside The Premises	\$10,000	\$250
<b>c. GENERAL AND AUTOMOBILE LIABILITY COVERAGE PART</b>		<b>\$45.00</b>
(01)General Aggregate	\$2,000,000	\$0
(02)Products/Completed Operations Aggregate	\$2,000,000	
(03)Personal And Advertising Injury	\$1,000,000	
(04)Each Occurrence	\$1,000,000	
(05)Damage To Premises Rented To You	\$100,000	
(06)Medical Expense	\$5,000	
(07)Non-Owned And Hired Automobiles	Not Covered	
<b>05. TOTAL PREMIUM Due At Inception</b>	State Guarantee Fund	<b>\$0.00</b>
		<b>\$78.00</b>

**06. FORMS AND ENDORSEMENTS ATTACHED AT INCEPTION**

Date Issued:  
Form Number:NPOUWS001

By  \_\_\_\_\_  
Joseph Guerrero

**Application and Agreement for Use of District Property**

***NOTE: 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 Organization/Activity <u>May Valley PTO</u> Telephone <u>(606) 295-0883</u>	
Representative's Name <u>Samantha Howard</u>	
Address <u>1453 Prater Fck Hueysville, KY 41640</u>	
The above organization/individual requests the use of:	
<input checked="" type="checkbox"/> auditorium <input checked="" type="checkbox"/> gymnasium <input checked="" type="checkbox"/> dining room/kitchen <input type="checkbox"/> stadium <input checked="" type="checkbox"/> classroom(s) _____ <input type="checkbox"/> other, specify _____	
Is the organization planning to use District-owned equipment? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
If yes, specify equipment _____ Operator's Name _____	
Is the organization planning to conduct sales on school premises? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, give a complete description of what is being sold and how the proceeds will be used. <u>School Jacket</u> <u>Shirts, RADA, Bumble Bee Sales, Sente Shop, Trips, incentives, supply for students/teachers</u>	
Building/school/facility <u>May Valley</u>	
Purpose <u>Student Fundraising</u>	
Date(s) requested <u>2024-2025 school year</u>	Time(s) Requested _____
Will public be admitted? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Will advertisement(s) be used? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Will admission be charged? <input type="checkbox"/> YES <input type="checkbox"/> 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.
- 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.
- 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.



**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 _____				
<b>TOTAL PERSONNEL CHARGE</b>				

Property Used	Facility/ Equipment Fee	Personnel Cost, if applicable	Insurance cost, if applicable	Total Cost for Facility Use
<b>Gymnasium</b> at _____ school				
<b>Auditorium</b> at _____ school				
<b>Cafeteria - Dining Room Kitchen Both</b> at _____ school				
<b>Classroom(s) Number _____</b> at _____ school				
<b>Stadium</b> at _____ school				
<b>Other Property</b> at _____ school				

Samantha Howard  
Signature - Representative of User Group

7-9-24  
Date

Kevin O'Quinn  
Signature - Superintendent/designee

7/9/24  
Date

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.