

Memo

To: Jesse Bacon *JB*

From: Lesa Howell *LH*

Date: September 5, 2024

Re: B and B Pharmacy- Vaccinations

Please present this opportunity for the Bullitt County Public Schools to work with B and B Pharmacy at the September 30, 2024 Board meeting. They will offer the flu vaccination and any other vaccines the employee might request during the month of October. These services will take place before or after school hours and possibly midday during the lunches at each school campus, central office and bus compound. Attached you will find the Certificates of Liability Insurance and Memorandum of Agreement. All have been reviewed and approved by Eric Farris.

**Memorandum of Agreement between  
Bullitt County Public Schools and  
B and B Pharmacy and Affiliates**

This Memorandum of Agreement by and between B and B Pharmacy and Affiliates (hereinafter "B and B") and Bullitt County Public Schools (hereinafter "BCPS") from October 1, 2024 through June 30, 2025. This Agreement relates to the administration of approved influenza and any other immunizations as available and requested by BCPS Employees.

Funding for immunizations to BCPS employees will be paid by each employee who desires to receive the immunization at the time it is administered.

**Duties of BCPS:**

1. BCPS agrees to schedule all immunizations through the BCPS District Health Coordinator.
2. The school principal or designee shall be informed when B and B pharmacy arrives at the facility/location.

**Duties of B and B Pharmacy:**

1. B and B shall provide to BCPS all required certifications and insurance verification for the immunization services. General liability insurance shall be obtained in the minimum amount of One Million Dollars naming BCPS as an additional insured.
2. B and B shall guarantee that every individual administering the immunizations possesses the requisite certifications and training required by law.
3. B and B shall coordinate all immunizations through the BCPS District Health Coordinator.

**OUR MISSION IS TO INSPIRE AND EQUIP OUR STUDENTS TO SUCCEED IN LIFE**

**BULLITT COUNTY PUBLIC SCHOOLS IS AN EQUAL EDUCATION AND EMPLOYMENT INSTITUTION**

4. B and B agrees to assume responsibility for all liability or damages caused by its agents, employees or materials and to indemnify, save and hold harmless BCPS, its agents, board and employees from any and all liability or damages.
5. B and B agrees to adhere to State and Federal privacy requirements, unless requested to release information by lawful subpoena or court order.

Reviewed and agreed to by:

\_\_\_\_\_  
Jesse Bacon, Superintendent, Bullitt County Public Schools

Date

\_\_\_\_\_  
Darrell Coleman, Chairperson, Bullitt County Board of Education

Date

*Jesse Bacon*

9-4-24

\_\_\_\_\_  
Authorized Agent, B and B Pharmacy

Date



# CERTIFICATE OF LIABILITY INSURANCE

CUSTOMER NUMBER: 010000909

DATE (MM/DD/YYYY)  
03/19/2024

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**

PHARMACISTS MUTUAL INSURANCE COMPANY  
808 HIGHWAY 18 W  
PO BOX 370  
ALGONA IA 50511-0370

CONTACT NAME:  
PHONE (A/C, No. Ext): 800-247-5930 FAX (A/C, No):  
E-MAIL ADDRESS:

**INSURED**

B AND B PHARMACY  
1578 HIGHWAY 44 E UNIT 1  
SHEPHERDSVILLE KY 40165-7172

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A:	PHARMACISTS MUTUAL INSURANCE COMPANY	13714
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

**COVERAGES****CERTIFICATE NUMBER:****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 X	<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"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER	Y	N	VST 0004531 00	06/01/2024	06/01/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ Included GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 WATER LEGAL LIABILITY \$ Included COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A X	<b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			UCL 0160157 09	06/01/2024	06/01/2025	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE-EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTIONS OF OPERATIONS below			N/A			
<b>DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)</b> See Remarks for Premises Schedule							

**CERTIFICATE HOLDER**

DESIGNATED PERSON OR ORGANIZATION

BULLITT COUNTY PUBLIC SCHOOLS  
1040 HIGHWAY 44 E  
SHEPHERDSVILLE KY 40165-6122

**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

GAIL T. WOLFE, CISR, API



CUSTOMER NUMBER: 010000909

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

**ADDITIONAL REMARKS SCHEDULE**Page 2 of 2

AGENCY		NAMED INSURED	
POLICY NUMBER VST 0004531 00		B AND B PHARMACY 1578 HIGHWAY 44 E UNIT 1 SHEPHERDSVILLE KY 40165-7172	
CARRIER PHARMACISTS MUTUAL INSURANCE COMPANY	NAIC CODE 13714	EFFECTIVE DATE: 06/01/24	

**ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: ACORD 25 FORM TITLE: EVIDENCE OF COMMERCIAL LIABILITY INSURANCE

**PREMISES SCHEDULE**

1 - 1	1578 HIGHWAY 44 E UNIT 1, SHEPHERDSVILLE, KY 40165-7172
2 - 1	B AND B PHARMACY 126 SHADOWMEADE LN, MT WASHINGTON, KY 40047-6277



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<b>PRODUCER</b> PHARMACISTS MUTUAL INSURANCE COMPANY 808 HIGHWAY 18 W PO BOX 370 ALGONA IA 50511-0370	<b>CONTACT NAME:</b> PHONE (A/C, No. Ext): 800-247-5930	FAX (A/C, No):	
	<b>E-MAIL ADDRESS:</b>		
<b>INSURED</b> B AND B PHARMACY 1578 HIGHWAY 44 E UNIT 1 SHEPHERDSVILLE KY 40165-7172	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	INSURER A: PHARMACISTS MUTUAL INSURANCE COMPANY		13714
	INSURER B:		
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INSURER F:			

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							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ Included
							GENERAL AGGREGATE	\$ 3,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
							WATER LEGAL LIABILITY	\$ Included
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			UCL 0160157 09	06/01/2024	06/01/2025	EACH OCCURRENCE	\$ 1,000,000
							AGGREGATE	\$ 1,000,000
								\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTIONS OF OPERATIONS below		N/A				PER STATUTE	
							OTH-ER	
							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)

Premises 1, Building 1

1578 HIGHWAY 44 E UNIT 1, SHEPHERDSVILLE, KY 40165-7172

**CERTIFICATE HOLDER****CANCELLATION**

LESSOR OF LEASED EQUIPMENT

SCRIPTPRO USA INC  
5828 REEDS RD  
MISSION KS 66202-2740

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

GAIL T. WOLFE, CISR, API

CUSTOMER NUMBER: 0100000909

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



## ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

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POLICY NUMBER VST 0004531 00		B AND B PHARMACY 1578 HIGHWAY 44 E UNIT 1 SHEPHERDSVILLE KY 40165-7172	
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<b>INSURED</b> B AND B PHARMACY 1578 HIGHWAY 44 E UNIT 1 SHEPHERDSVILLE KY 40165-7172	INSURER B:		
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	INSURER D:		
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							E.L. EACH ACCIDENT	\$
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							E.L. DISEASE - POLICY LIMIT	\$

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

Premises 1, Building 1  
 1578 HIGHWAY 44 E UNIT 1, SHEPHERDSVILLE, KY 40165-7172

**CERTIFICATE HOLDER****CANCELLATION**

NOVITAS (NPEAST)  
 PO BOX 3704  
 MECHANICSBURG PA 17055-1863

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

GAIL T. WOLFE, CISR, API



CUSTOMER NUMBER: 010000909

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



## ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

AGENCY		NAMED INSURED B AND B PHARMACY 1578 HIGHWAY 44 E UNIT 1 SHEPHERDSVILLE KY 40165-7172
POLICY NUMBER VST 0004531 00		
CARRIER PHARMACISTS MUTUAL INSURANCE COMPANY	NAIC CODE 13714	EFFECTIVE DATE: 06/01/24

### ADDITIONAL REMARKS

<b>THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM, FORM NUMBER: ACORD 25 FORM TITLE: EVIDENCE OF COMMERCIAL LIABILITY INSURANCE</b>
---



# CERTIFICATE OF LIABILITY INSURANCE

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	<b>E-MAIL ADDRESS:</b>		
	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	INSURER A: PHARMACISTS MUTUAL INSURANCE COMPANY		13714
	INSURER B:		
	INSURER C:		
INSURER D:			
INSURER E:			
INSURER F:			

**INSURED**  
 B AND B PHARMACY  
 1578 HIGHWAY 44 E UNIT 1  
 SHEPHERDSVILLE KY 40165-7172

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	<b>INSURER A: PHARMACISTS MUTUAL INSURANCE COMPANY</b>		13714	
	<b>INSURER B: CHIRON INSURANCE COMPANY</b>		16356	
	<b>INSURER C:</b>			
	<b>INSURER D:</b>			
	<b>INSURER E:</b>			
<b>INSURER F:</b>				

**COVERAGES****CERTIFICATE NUMBER:****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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER			VST 0004531 00	06/01/2024	06/01/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ Included GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 WATER LEGAL LIABILITY \$ Included
B	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			CAM 0004876 00	06/01/2024	06/01/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			UCL 0160157 09	06/01/2024	06/01/2025	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTIONS OF OPERATIONS below		N/A	WCV 0160161 09	06/01/2024	06/01/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE-EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	<b>PHARMACY SERVICES PROFESSIONAL LIABILITY - OCCURRENCE</b>			PSP 0160719 01	06/01/2024	06/01/2025	PER OCCURRENCE \$ 1,000,000 AGGREGATE \$ 3,000,000 RX PRODUCTS Included

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

See Remarks for Location Schedule  
 See Individual Policy Declarations for more information

**CERTIFICATE HOLDER****CANCELLATION**

## FOR EVIDENCE ONLY

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  
 GAIL T. WOLFE, CISR, API

CUSTOMER NUMBER: 0100000909

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



### ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

AGENCY		NAMED INSURED	
POLICY NUMBER VST 0004531 00		B AND B PHARMACY 1578 HIGHWAY 44 E UNIT 1 SHEPHERDSVILLE KY 40165-7172	
CARRIER PHARMACISTS MUTUAL INSURANCE COMPANY	NAIC CODE 13714	EFFECTIVE DATE: 06/01/24	

**ADDITIONAL REMARKS**

<b>THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM, FORM NUMBER: ACORD 25 FORM TITLE: EVIDENCE OF COMMERCIAL LIABILITY INSURANCE</b>
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**PREMISES SCHEDULE**

1 - 1	1578 HIGHWAY 44 E UNIT 1, SHEPHERDSVILLE, KY 40165-7172
2 - 1	B AND B PHARMACY 126 SHADOWMEADE LN, MT WASHINGTON, KY 40047-6277