

DEPARTMENT OF FACILITIES

DANNY CLEMENS, DIRECTOR
TRACY PARSLEY, MAINTENANCE SUPERVISOR
THOMAS STOKES, CUSTODIAL SUPERVISOR
GEORGE BROCK, ENERGY MANAGER

MEMO

TO: Jesse Bacon
FROM: Danny Clemens
DATE: December 12, 2024
RE: Agenda item for December 16, 2024

Mike Sullivan with Derby City Legends is requesting to use North Bullitt High School for youth and middle school sectional duals on December 29, 2024 beginning at 7:00a.m.

A copy of insurance is included.

I recommend they be able to use the facility for their wrestling duals.

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

BULLITT COUNTY PUBLIC SCHOOLS IS AN EQUAL EDUCATION AND EMPLOYMENT INSTITUTION

T. Ward

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. 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>Wrestling</u>	Telephone	<u>502-551-387</u>
Representative's Name	<u>Mike Sullivan</u>		
Address	<u>4300 East Bluelick Rd Louisville Ky 40229</u>		
The above organization/individual requests the use of:			
<input type="checkbox"/> auditorium	<input checked="" type="checkbox"/> gymnasium	<input type="checkbox"/> dining room/kitchen	<input type="checkbox"/> stadium
<input 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>Concessions</u>			
Building/school/facility <u>North Bullitt High School</u>			
Purpose <u>youth and middle school sectional duals</u>			
Date(s) requested <u>12-29-24</u>		Time(s) Requested <u>7:00 AM</u>	
Will public be admitted?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO If yes, please explain _____	
Will advertisement(s) be used?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO If yes, please explain _____	
Will admission be charged?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO If yes, please explain _____	

When using school facilities, this organization agrees to observe the following:

1. To schedule with the Superintendent/designee 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.
3. 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.
5. To acknowledge that approval of this request does not signify District sponsorship, endorsement or approval of your organization or the activity.

Reporting Form for Employee Extra Pay

Submit this form to the Central Office within one (1) week of the event. A check should accompany this form.

Name of Sponsoring Organization/Activity Derby City Legends

Representative's Name Mike Sullivan

Facilities used by organization: ☒ gymnasium ☐ dining room/kitchen ☐ stadium

☐ auditorium ☐ classrooms(s) ☐ other, specify _____

Personnel assigned to the event: ☐ Custodian(s) ☐ Food Service Employee(s)

☐ Supervisory personnel will be paid at not less than their regular hourly rate or regular overtime pay with pay beginning 30 minutes before and ending one (1) hour after the event or whenever the facility (including the stadium) is in good, useable order for the next day.

SIGNATURES BELOW VERIFY SERVICE FOR THIS EVENT

<i>Employee's Signature</i>	<i>Date of Service</i>	<i># of Hours Worked</i>
<i>Employee's Signature</i>	<i>Date of Service</i>	<i># of Hours Worked</i>
<i>Employee's Signature</i>	<i>Date of Service</i>	<i># of Hours Worked</i>
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<i>Employee's Signature</i>	<i>Date of Service</i>	<i># of Hours Worked</i>

For Central Office use only

Employee Name _____	# of Hours @ \$ _____	per hour Total \$ _____
Employee Name _____	# of Hours @ \$ _____	per hour Total \$ _____
Employee Name _____	# of Hours @ \$ _____	per hour Total \$ _____
Employee Name _____	# of Hours @ \$ _____	per hour Total \$ _____
Employee Name _____	# of Hours @ \$ _____	per hour Total \$ _____
Employee Name _____	# of Hours @ \$ _____	per hour Total \$ _____

Superintendent/Designee's Signature _____ Date _____

Review/Revised:1/15/08

North Bullitt High School



3200 E Hebron Lane
Shepherdsville, KY 40165

#Provett

Tel: 502-866-6200
Fax: 502-957-6762

[Date]

[Company Name]

[Address]

RE: Current Certificates of Insurance

Dear [Name]:

It is our school's policy to partner only with companies who are properly insured. Please provide us with a Certificate of Insurance and maintain insurance for general liability with minimum limits of \$1,000,000 occurrence / \$2,000,000 aggregate. Bullitt County Board of Education must be named as an **additional Insured** on the Certificate of Insurance for general liability. Please verify that the Additional Insured Box is checked as well.

All Certificates of Insurance must be provided directly from your insurance agent, or insurance company.

Thank you for your prompt attention to this request.

Sincerely,

Debbie Woodruff

Assistant Principals
Jonl Britt
Lindsey Wegley
Bob Morris

Principal
Chris VerDow

Counselors
Chelsea Mullannex
Ashley Poore
Amy Rogers

Application and Agreement for Use of District Property

For Office Use Only - To be Completed by School Official	
Cost for use of District property \$ <u>0</u>	Cost for school employee \$ _____ Total cost \$ _____
Deposit \$ _____	Is deposit refundable? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date Deposit Received _____	Balance Due \$ _____
Board employee(s) assigned: _____	
Board Action Date, if applicable _____	Board Order # _____
Date of Use _____	Length of Time _____

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	<u>0</u>			
Food Service Employees				
Supervisory Personnel				
Other _____				
TOTAL PERSONNEL CHARGE				

Property Used	Facility/ Equipment Fee	Personnel Cost, if applicable		Total Cost for Facility Use
Gymnasium at <u>North Bullitt HS</u> school	<u>0</u>			
Auditorium at _____ school				
Cafeteria <input type="checkbox"/> Dining Room <input type="checkbox"/> Kitchen <input type="checkbox"/> Both at _____ school				
Classroom(s) Number _____ at _____ school				
Stadium at _____ school				
Other Property at _____ school				

SCHOOL FACILITIES

05.31 AP.21
(CONTINUED)

Application and Agreement for Use of District Property

RATES FOR DISTRICT FACILITY USE

(The Principal of the school may set additional charges if not specifically stated.)

ALL PURPOSE ROOM

- \$30 for up to 3 hours, \$5 per hour each additional hour

AUDITORIUM

- \$50 for up to 3 hours, \$10 per hour each additional hour

GYMNASIUM

- \$50 for up to 3 hours, \$10 per hour each additional hour

CAFETERIA

- \$30 per hour

KITCHEN


- \$50 per hour, SFS personnel must be present and paid at a rate of time and a half


KITCHEN AND CAFETERIA

- \$80 per hour, SFS personnel must be present and paid at a rate of time and a half

OUTSIDE PROPERTIES

- \$30 for elementary/middles schools
- \$50 for high schools



Signature - Representative of User Group


Signature - Superintendent/designee

12-4-24

Date
12/12/24

Date

IN THE EVENT SCHOOL IS CLOSED DUE TO WEATHER CONDITIONS, ALL SCHEDULED ACTIVITIES, WITH THE EXCEPTION OF DINNER MEETINGS, WILL BE CANCELED AND THE OPPORTUNITY TO RESCHEDULE OR REFUND RENTAL FEE(s) WILL BE MADE.

Review/Revised:7/19/11



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/11/2024

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 Vaaler Insurance, A Marsh & McLennan Agency LLC Company 4803 38th Street South Suite 101 Fargo ND 58104	CONTACT NAME: Tricia Rudnick	
	PHONE (A/C, No, Ext): 701-451-5482	FAX (A/C, No): 701-235-9405
INSURED United States of America Wrestling Association 6155 Lehman Dr Colorado Springs CO 80918	E-MAIL ADDRESS: tricia.rudnick@marshmma.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Everest National Insurance Company	
	INSURER B: Texas Insurance Company	
	INSURER C:	
	INSURER D:	
	INSURER E:	
INSURER F:		
NAIC #		

COVERAGES **CERTIFICATE NUMBER:** 918139301 **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 type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	SI8ML01584241	9/1/2024	9/1/2025	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 \$ 2,000,000 \$
A	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			SI8ML01584241	9/1/2024	9/1/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			BESGLXTCO011401-170525	9/1/2024	9/1/2025	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
	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 / A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Abuse/Molestation Abuse/Molestation			SI8ML01584241	9/1/2024	9/1/2025	Each Occurrence Aggregate \$1,000,000 \$2,000,000

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

Name of Event: Region 2 Sectional Duals
Event to be held: North Bullitt High School
Start Date: 2024-12-29 End Date: 2024-12-29
The general liability and excess liability includes an automatic additional insured endorsement that provides additional insured status to the Certificate holder only when there is a written contract that requires such status, and only with regard to work.
The coverage shall be primary to the additional insureds, and not contributing with any other or similar protection to the Additional Insureds, whether said other available coverage to be primary contributing or excess. Certificate Holder is included as Additional Insured as required by written contract or agreement limited to the General Liability coverage.

CERTIFICATE HOLDER

CANCELLATION

Bullitt County Board of Education 1040 Highway 44 East Shepherdsville KY 40165	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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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

AMENDMENT – OTHER INSURANCE (PRIMARY NONCONTRIBUTORY)

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

A. Paragraph a. Primary Insurance of 4. Other Insurance of SECTION IV COMMERCIAL GENERAL LIABILITY CONDITIONS is replaced by the following:

a. Primary Insurance

This insurance is primary except when **b.** below applies. If this insurance is primary, our obligations are not affected unless any of the other insurance is also primary. Then, we will share with all that other insurance by the method described in **c.** below, except that we will not seek contribution from any party with whom you have agreed in a written contract or agreement that this insurance will be primary and noncontributory, if the written contract or agreement was made prior to the subject "occurrence" or offense.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/6/2024

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 Vaaler Insurance, A Marsh & McLennan Agency LLC Company 4803 38th Street South Suite 101 Fargo ND 58104	CONTACT NAME: Tricia Rudnick PHONE (A/C, No, Ext): 701-451-5482 FAX (A/C, No): 701-235-9405 E-MAIL ADDRESS: tricia.rudnick@marshmma.com														
INSURED United States of America Wrestling Association 6155 Lehman Dr Colorado Springs CO 80918	UNIT/STA-02 <table><tr><td>INSURER(S) AFFORDING COVERAGE</td><td>NAIC #</td></tr><tr><td>INSURER A : Everest National Insurance Company</td><td>10120</td></tr><tr><td>INSURER B : Texas Insurance Company</td><td>16543</td></tr><tr><td>INSURER C :</td><td></td></tr><tr><td>INSURER D :</td><td></td></tr><tr><td>INSURER E :</td><td></td></tr><tr><td>INSURER F :</td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Everest National Insurance Company	10120	INSURER B : Texas Insurance Company	16543	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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INSURER C :															
INSURER D :															
INSURER E :															
INSURER F :															

COVERAGES**CERTIFICATE NUMBER:** 122791056**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
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The general liability and excess liability includes an automatic additional insured endorsement that provides additional insured status to the Certificate holder only when there is a written contract that requires such status, and only with regard to work performed on behalf of the named insured.
NOTE: This certificate of liability insurance is in effect for chartered club practices, of which all participants MUST be individual members of USA Wrestling. No liability coverage extends to any event that the club may hold. The coverage shall be primary to the additional insureds, and not contributing with any other or similar protection to the Additional Insureds, whether said other available coverage to be primary contributing or excess. Certificate Holder is included as Additional Insured as required by written contract or agreement limited to the General Liability coverage.
RE: Derby City Legends - LLC

CERTIFICATE HOLDER**CANCELLATION**

Bullitt County Board of Education
1040 Highway 44 East
Shepherdsville KY 40165

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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