

## DANNY CLEMENS, DIRECTOR

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

**MEMO** 

TO:

Jesse Bacon 8/3

FROM:

**Danny Clemens** 

DATE:

January 16, 2025

RE:

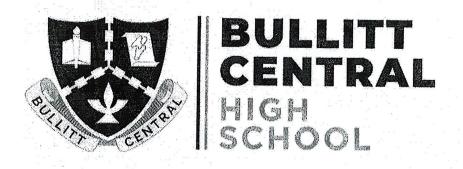
Agenda item for January 27, 2025

Stephen Hawkins with the Grand Lodge of Ky has requested to use the Auditorium at Bullitt Central for their District Meeting, on April 5, 2025, 9:30 a.m. - 12.30 p.m.

A copy of the insurance is included

I recommend they be able to use the facility for the Grand Lodge of Ky District Meeting.

OUR MISSION IS TO INSPIRE AND EQUIP OUR STUDENTS TO SUCCEED IN LIFE BULLITT COUNTY PUBLIC SCHOOLS IS AN EQUAL EDUCATION AND EMPLOYMENT INSTITUTION



### JOE PAT LEE, PRINCIPAL

CHRISTY BURDEN, ASSISTANT PRINCIPAL ABBY BAYLOR, ASSISTANT PRINCIPAL KYLE ROACH, ASSISTANT PRINCIPAL

To: Jesse Bacon, Superintendent

From: Joe Pat Lee, Principal

Date: 09/03/2024

Re: Grand Lodge of Ky District Meeting

I am sending the Facility Request form from Stephen Hawkins with the Grand Lodge of KY for your review and board approval. Mr. Hawkins is requesting the use of the auditorium at Bullitt Central to host their District Meeting. He has requested the date of April 5th, 2025 from 9:30am -12:30pm.

Thank you,

Joe Pat Lee

Joe Par Lu

Principal

**Bullitt Central High School** 

## **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 Orga	nization/Actj	vity GRAND LODGE O	f KY Tele	ephone 502 921 3406
Representative's Name				10100
Address 5/	5 Nestst/	The LOOD Cox's Cre	ek KV 4	2213
The above organization/indi	vidual reques	ts the use of:	<i>o.</i> . <i>y</i>	
auditorium 🗆 g	gymnasium	□ dining room/kitchen	□ stadium	
□ classroom(s)		other, specify		
Is the organization planning to	use District-ow	ned equipment?  VES	NO	
If yes, specify equipment		Operator	r's Name	
Is the organization planning to			4	
If yes, give a complete descript				
Building/school/facility Avp	iTORIUM			
Purpose District #15	5 MEET	ing-		
Date(s) requested APRIL ~	05-202	<i>5</i> T	ime(s) Requested	9:30 AM - 12:30 PM
Will public be admitted?	□ YES	NO If yes, please explain		
Will advertisement(s) be used?		NO If yes, please explain		l l
Will admission be charged?	□ YES 🗷	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.

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

	For Office Use C							· • • • •
Cost for use of I	District property \$ \backslash \distal	_Cost	for sch	ool emple	oyee :	s 1941.09	Total cost \$	264.05
Deposit \$	,				_	Is deposit	t refundable? 🗆	Yes □ No
						ue \$		
Board employee	eceived e(s) assigned: TUOY	Ic	_2_					
Board Action Da	ate, if applicable					Boa	ard Order#	
Date of Us	se 4/5/2025						Lengt	th of Time RS 30-1み:
FEE SCHEDUL	L <b>E</b>						8:	30-12:
The organizati	ion agrees to pay the app	olicab	le fee(	(s) for th	ie us	e of Distr	ict facilities.	
	# of Employees	# of	Hours	Hourly	Rate	e (Overtim	e at 1.5 times)	Total
Custodians	•	Į	5	\$38	લા	1he		\$194.03
Food Service Employees						,		
Supervisory Personnel								
Other								
		+						
	,		TC	)TAL PER	RSON	NEL CHA	RGE	194,05
	Property Used		Equi	cility/ ipment Fee		ersonnel Cost, if oplicable		Total Cost for Facility Use
	Gymnasium							
at	schoo							
at_P>C	Auditorium Schoo	ol 🎝		131	RS R'	5	4	70,00
547	oining Room? Kitchen?		,					
	schoo	)l			-			
Classro at	coom(s) Numberschoo	ol						
at	Stadium schoo	ol						
	Other Property					3		
at	schoo	ol	ĺ				a	
			1		1		1	í

# 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 kigh schools

Signature - Representative of User Group

Date

9-3-24

Signature - Superintendent/designee

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

Client#: 1117949

#### GRANDLOD5

## ACORD<sub>TM</sub>

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/07/2024

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 SELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED EPRESENTATIVE 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 any rights to the certificate holder in lieu of such endorsement(s).

	his c	ertificate does not confer any rig	hts	to the	certificate holder in lieu o	of such	endorseme	ent(s).	dine an endorsement, F	Statem	enton		
PR	ODUCI	ER Surance Services LLC						st Select Gr	oup - USI		<del></del>		
						PHONE (A/C, No, Ext): 855-874-1390 (A/C, No):							
		m Street, Suite 2400				E-MAIL ADDRESS: mwselect@usi.com							
		nati, OH  45202 4-1390									NAIC#		
		4-1390				INSURER(S) AFFORDING COVERAGE INSURER A : Markel Insurance Company							
INS	URED	Crand Ladae of Kantuck				***************************************		ati Insurance			38970 10677		
		Grand Lodge of Kentucky PO Box 99159	r&.	AW					Insurance Company		10335		
						INSURE					10000		
		Louisville, KY 40269				INSURE	RE:						
						INSURE	RF:						
		AGES CER	TIFI	CATE	NUMBER:				REVISION NUMBER:				
C	ERTI	S TO CERTIFY THAT THE POLICIES TED. NOTWITHSTANDING ANY RE FICATE MAY BE ISSUED OR MAY F ISIONS AND CONDITIONS OF SUCH	PERT	AIN, ICIES	THE INSURANCE AFFORDED LIMITS SHOWN MAY HAV	ANY	HE POLICIES N REDUCED	DESCRIBED  BY PAID CLA	CUMENT WITH RESPECT				
INSF	1	TYPE OF INSURANCE	INSR	L SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	rs			
Α	X	COMMERCIAL GENERAL LIABILITY			MNGG0003221				EACH OCCURRENCE	\$1,000	0.000		
	$\vdash$	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000			
	$\vdash$								MED EXP (Any one person)	\$10,00			
					2				PERSONAL & ADV INJURY	\$1,000			
	GEN	"L AGGREGATE LIMIT APPLIES PER:			9				GENERAL AGGREGATE	\$5,000	0,000		
	$\vdash$	POLICY JECT LOC						8	PRODUCTS - COMP/OP AGG	\$2,000	),000		
· · · · · ·	1	OTHER:			- TORREST - TORR	, a				\$			
	1	OMOBILE LIABILITY			MNGG0003221	1	01/01/2024	01/01/2025	COMBINED SINGLE LIMIT (Ea accident)	\$			
		ANY AUTO OWNED SCHEDULED							BODILY INJURY (Per person)	\$			
		AUTOS ONLY   AUTOS							BODILY INJURY (Per accident) \$				
	$\vdash$	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY						,	PROPERTY DAMAGE (Per accident)	\$			
- D	1	WINDER I A 4 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1						1		\$			
В		UMBRELLA LIAB X OCCUR			EUP0057208	(	01/01/2024	01/01/2025	EACH OCCURRENCE	\$1,000	,000		
	-	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$1,000	,000		
_		DED RETENTION \$ KERS COMPENSATION								\$			
С	AND	EMPLOYERS' LIABILITY			19641757	1	1/01/2023	11/01/2024	X PER STATUTE ER				
		CER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$1,000	,000		
	If yes,	describe under							E.L. DISEASE - EA EMPLOYEE	\$1,000	,000		
	DESC	RIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$1,000	,000		
									,				
DESC	PIDTI	ON OF OPERATIONS // OCATIONS // CITICAL											
Bul	litt C	on of operations / Locations / Vehicl entral High School is recogni	.es (A i <b>ze</b> d	as a	101, Additional Remarks Schedule n additional insured on	e, may bo napri	attached if moi mary and r	re space is requir non-contrib	ed) utory basis.	28/			
									3				
CFR	TIFIC	ATE HOLDER					LLATION						

Bullitt Central High School

1330 Hwy 44 E

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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Client#: 1117949

**GRANDLOD5** 

ACORD.

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/15/2025

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 any rights to the certificate holder in lieu of such endorsement(s).

USI Insurance Services LLC 312 Elm Street, Suite 2400 Cincinnati, OH 45202 855 874-1390		CONTACT Mark Weimer  NAME: PHONE (A/C, No, Ext): 317-559-9247  E-MAIL ADDRESS: mark.weimer@usi.com					
		INSURER(S) AFFORDING COVERAGE	NAIC #				
		INSURER A: Markel Insurance Company	38970				
Grand Lodge of Kentucky F&AM	manual and EQ ANA	INSURER B : Cincinnati Insurance Company	10677				
		INSURER C : Bridgefield Casualty Insurance Company	10335				
PO Box 99159		INSURER D:					
Louisville, KY 4026	59	INSURER E :					
		INSURER F:					
COVERAGES	CERTIFICATE NUMBER:	DEVISION NUMBER					

	OZICIII IO/CIZ ICOMBEIC	REVISION NUMBER.
THIS IS TO CERTIF	Y THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BE	EEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD
INDICATED. NOTWI	THSTANDING ANY REQUIREMENT, TERM OR CONDITION OF AN	Y 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 C	CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BE	EEN REDUCED BY PAID CLAIMS.

INSR LTR		TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
Α	X	COMMERCIAL GENERAL LIABILITY			MNGG0003222			EACH OCCURRENCE	\$1,000,000
		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000
			-					MED EXP (Any one person)	\$10,000
			-					PERSONAL & ADV INJURY	\$1,000,000
	GEI	N'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$5,000,000
1		POLICY JECT LOC						PRODUCTS - COMP/OP AGG	\$2,000,000
_		OTHER:							\$
Α	AU	TOMOBILE LIABILITY			MNGG0003222	01/01/2025	01/01/2026	COMBINED SINGLE LIMIT (Ea accident)	\$
		ANY AUTO OWNED SCHEDULED						BODILY INJURY (Per person)	\$
		AUTOS ONLY AUTOS HIRED NON-OWNED						BODILY INJURY (Per accident)	\$
		AUTOS ONLY AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
В	Х	UMBRELLA LIAB X OCCUR			EUP0057208	01/01/2025	01/01/2026	EACH OCCURRENCE	\$1,000,000
		EXCESS LIAB CLAIMS-MAD	4					AGGREGATE	\$1,000,000
-	WOI	DED RETENTION \$ RKERS COMPENSATION	-					DED	\$
С	AND	EMPLOYERS' LIABILITY			19641757	11/01/2024	11/01/2025	X PER STATUTE OTH-	
	OFF	PROPRIETOR/PARTNER/EXECUTIVE Y	N/A					E.L. EACH ACCIDENT	\$1,000,000
	If ye	ndatory in NH) s, describe under						E.L. DISEASE - EA EMPLOYEE	\$1,000,000
	DES	CRIPTION OF OPERATIONS below	-					E.L. DISEASE - POLICY LIMIT	\$1,000,000

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

\*\* Workers Comp Information \*\*

Proprietors/Partners/Executive Officers/Members Excluded:

Mitchell May, Vice President

Richard Short, President

(See Attached Descriptions)

С	Е	R	T	IF	IC	A.	TΕ	Н	OI	LD	ER	

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

#### 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

Dia. R

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	DESCRIPTIONS (Cor	ntinued from Page	: 1)	
Bullitt County Board of Education basis.	n is recognized as an additional ins	sured on a primary and non	contributory	