



**BEECHWOOD INDEPENDENT SCHOOL DISTRICT  
BOARD OF EDUCATION**

50 Beechwood Rd., Ft. Mitchell, KY 41017 (859) 331-3250 www.beechwood.kyschools.us Fax (859) 331-7528

RENTAL/ USE OF FACILITY

**Community Groups**

TODAY'S DATE: 1/31/2025 DATE(S) OF ACTIVITY: 2/2/25-6/22/25 (Sundays only, and not ever

**PLEASE CHECK WITH HS SECRETARY TO BE SURE SITE IS AVAILABLE FOR THE DATES REQUESTED.**

Once approved by the principal, the request will be submitted to the Superintendent. If approved, the request will be put on the agenda for the next Board of Education meeting for final approval.

NAME OF REQUESTING ORGANIZATION: Legacy Baseball Club

PERSON(S) WHO WILL BE PRESENT & SUPERVISING THE ACTIVITY: Roddy Powell and Ryan Booth

NAME OF EVENT: Legacy Baseball Club Practice

LOCATION(S) REQUESTED FOR ACTIVITY: ☐ Cafe ☐ Varsity Gym ☐ Aux Gym ☐ Lower Field ☒ Upper Field  
☐ Fieldhouse Viewing Room ☐ Performing Arts Center ☐ Alumni Atrium ☐ Teacher Learning Center ☐ Student Center  
☐ Kitchen-requires Food Service staff be present. Requesting group is responsible for cost. ☒ Other: The Barn

TIME OF ACTIVITY/EVENT: FROM Noon ☐ AM or ☐ PM TO 2:00 ☐ AM or ☐ PM.

START TIME FOR SET UP:

END TIME FOR CLEAN UP:

DOORS (TO BE KEPT OPEN DURING ACTIVITY IF APPLICABLE) (Please check or circle required entrances)

DOORS OPEN FROM: ☐ Elem Main Entry #2 ☐ HS Entry #10  
☐ Aux Gym Lobby #14 ☐ Other, be specific \_\_\_\_\_

APPROXIMATE NUMBER OF PERSONS WHO WILL BE ATTENDING THE ACTIVITY: 15

IF THIS IS A CONTINUING REQUEST, INDICATE THE DURATION BELOW:

Beginning 2/2/2025 and continuing through 6/22/2025

THE REQUESTED LOCATION(S) WILL BE USED FOR THE FOLLOWING ACTIVITY: Baseball practice with vast majority of Beech

Is the organization planning on using any equipment located on school property? ☐ Yes ☒ No

If yes, specify equipment: \_\_\_\_\_

Is the organization planning to conduct sales on school premises? ☐ Yes ☒ No

If yes, give a COMPLETE description of what is being sold and how the proceeds will be used: \_\_\_\_\_

Custodial service requested ☐ yes ☒ no. Fees may apply. Heating/Cooling needed ☐ yes ☒ no.

**Check Fee Schedule for any applicable fees, 05.3 AP.2**

☐ I have read the Rules and Regulations for Community Use of School Facilities and the Use of Facilities Assurances of Acceptable Behavior, and agree on behalf of the requesting organization to assume personal responsibility for the proper use of the above named areas of the facility.

SIGNATURE OF PERSON MAKING REQUEST ON BEHALF OF THE ORGANIZATION

Ryan Booth and Roddy Powell

EMAIL

ADDRESS

CELL

**AREA BELOW IS FOR OFFICE USE ONLY**

**SITE IS AVAILABLE. HS SECRETARY INITIAL**

☒ Approved ☐ Not Approved

☒ Approved ☐ Not Approved

☐ Approved ☐ Not Approved

PRINCIPAL'S SIGNATURE

SUPERINTENDENT'S SIGNATURE

SCHOOL BOARD CHAIR

Date

Date

Date

**STIPULATIONS:**

**CONTACT PERSON WILL BE NOTIFIED BY EMAIL.**

**Original - Director of Operations Office**

**Copies will be emailed to:** Maintenance/Custodial Supervisors, Principal, HS Secretary for Facility Book,  
Dir. Of Technology if heat/AC requested, & Athletic Dir. if athletic facility requested.

05.31 AP.21

**UPDATED January 2025**

**CERTIFICATE OF INSURANCE****Issue Date: 1/17/2025**

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 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:**

Edgewood Partners Ins. Center  
License #0B29370  
10877 White Rock Road, Suite #300  
Rancho Cordova, CA 95670  
USSSA@epicbrokers.com

**INSURERS AFFORDING COVERAGE**

INSURER A: Everest National Ins Co NAIC # 10120  
INSURER B: Everest Reinsurance Company NAIC #26921

**Insured:**

United States Specialty Sports Association  
5800 Stadium Parkway  
Melbourne, FL 32940  
800-741-3014

**Coverages:**

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<br>INS | SUBR<br>WVD | Policy Number  | Policy<br>Effective<br>Date | Policy<br>Expiration<br>Date | Limits  |
|----------|--|-------------|-------------|----------------|-----------------------------|------------------------------|---|
| A        | Commercial General Liability<br>Occurrence Basis | Y           | Y           | SI8GL01833-241 | 8/13/2024                   | 8/12/2025                    | Each Occurrence \$1,000,000<br>Damage to Rented Premises(ea occ) \$1,000,000<br>Med Exp (any one person) \$ Excluded<br>General Aggregate \$5,000,000<br>Personal and Adv Injury \$1,000,000<br>Products - Comp/OP Agg \$1,000,000<br>Participant Legal Liability \$1,000,000<br>Sexual Abuse & Molestation (Each Incident) \$1,000,000<br>Sexual Abuse & Molestation (Aggregate) \$2,000,000 |
| A        | Excess Liability                                 |             |             | SI8EX01692-241 | 8/13/2024                   | 8/12/2025                    | Each Occurrence \$1,000,000<br>Aggregate \$1,000,000  |
| B        | Participant Accident                             |             |             | 1BPA000039-241 | 8/13/2024                   | 8/12/2025                    | AD&D \$ None<br>Primary Medical \$ None<br>Excess Medical \$100,000<br>Weekly Indemnity \$ None   |

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

Coverage includes amateur play and practice in the insured sport for : Legacy Baseball Club BBBoys9AA - [2025-9256103242890]

When required by written contract, Certificate Holder is included as additional insured with primary coverage and waiver of subrogation as respects to General

Liability: \*\$500.00 Deductible for excess medical

Certificate Holder:

Coverage Effective Date: 1/17/2025 2:20:00 PM

Legacy Baseball Club  
Roddy Powell  
46 Thompson Ave.  
Ft Mitchell KY 41017

## 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.

Certificate # USSSA-523536

Authorized Representatives:



| <b>CERTIFICATE OF INSURANCE</b>  |  |              |             | <b>Issue Date: 1/31/2025</b>  |                             |                              |   |
|--|--|--------------|-------------|---|-----------------------------|------------------------------|---|
| 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 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).  |  |              |             |   |                             |                              |   |
| <b>Producer:</b><br>Edgewood Partners Ins. Center<br>License #0B29370<br>10877 White Rock Road, Suite #300<br>Rancho Cordova, CA 95670<br>USSSA@epicbrokers.com  |  |              |             | <b>INSURERS AFFORDING COVERAGE</b><br><br>INSURER A: Everest National Ins Co NAIC # 10120<br>INSURER B: Everest Reinsurance Company NAIC #26921 |                             |                              |   |
| <b>Insured:</b><br>United States Specialty Sports Association<br>5800 Stadium Parkway<br>Melbourne, FL 32940<br>800-741-3014   |  |              |             |   |                             |                              |   |
| <b>Coverages:</b>  |  |              |             |   |                             |                              |   |
| 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<br>LTR  | Type of Insurance                                | ADDL<br>INSD | SUBR<br>WVD | Policy Number   | Policy<br>Effective<br>Date | Policy<br>Expiration<br>Date | Limits  |
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Certificate Holder:

Coverage Effective Date: 1/17/2025 2:20:00 PM

Beechwood Board of Education  
54 Beechwood Road  
Fort Mitchell KY 41017

**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.

Certificate # USSSA-523536-504058

Authorized Representatives:

