



**BULLITT  
COUNTY  
PUBLIC  
SCHOOLS**

**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: January 27, 2025

RE: Agenda item for January 27, 2025

Lee Barger with Bullitt County Warriors and South Bullitt Bulldogs has requested to use Riverview Opportunity Center Gym for their Basketball Practices.

A copy of the insurance is included

I recommend they be able to use Riverview Opportunity Center Gym for their practices

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

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

**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>BC Warriors / South Bull. Jr. Bull. 555</u>		Telephone <u>                    </u>
Representative's Name <u>Lee Bays</u>		
Address <u>8901 Cedar Grove Rd Shepherdsville KY 40361</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"/> classroom(s)	<input type="checkbox"/> stadium	
<input type="checkbox"/> other, specify <u>                    </u>		
Is the organization planning to use District-owned equipment? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
If yes, specify equipment <u>                    </u> Operator's Name <u>                    </u>		
Is the organization planning to conduct sales on school premises? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
If yes, give a complete description of what is being sold and how the proceeds will be used. <u>                    </u>		
Building/school/facility <u>River View Opportunity Center</u>		
Purpose <u>Basketball Practice</u>		
Date(s) requested <u>numerous dates</u>		Time(s) Requested <u>                    </u>
Will public be admitted?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO If yes, please explain <u>                    </u>
Will advertisement(s) be used?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO If yes, please explain <u>                    </u>
Will admission be charged?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO If yes, please explain <u>                    </u>

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 Only - To be Completed by School Official			
Cost for use of District property \$ _____	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				
Food Service Employees				
Supervisory Personnel				
Other _____				
TOTAL PERSONNEL CHARGE				

No  
Cost

Property Used	Facility/ Equipment Fee	Personnel Cost, if applicable		Total Cost for Facility Use
Gymnasium at _____ school				
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				



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
01/23/2025

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

**PRODUCER**

**Chappell Insurance**  
4335 Cox Rd, Ste 4335  
Glen Allen, VA, 23060

**CONTACT**

NAME: Daryl Chappell

PHONE (A/C, No. Ext): 804-733-2020

FAX (A/C, No): 804-891-1803

E-MAIL ADDRESS: daryl@chappellinsurance.com

**INSURED**

**Bullitt County Warriors**  
8901 Cedar Grove Road  
Shepherdsville, KY 40165

(1) Team Name(s): Bullitt County Warriors  
Age Group: 14U.

**INSURER(S) AFFORDING COVERAGE****NAIC #**

INSURER A: SiriusPoint America Insurance Company

38776

INSURER B: Axis Insurance Company

37273

INSURER C:

INSURER D:

INSURER E:

INSURER F:

**COVERAGES****CERTIFICATE NUMBER:**

NS-BK-1-001850

**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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE \$2,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000
						MED EXP (Any one person) \$
						PERSONAL & ADV INJURY \$1,000,000
						GENERAL AGGREGATE \$5,000,000
						PRODUCTS-COMP/OPR AGG \$2,000,000
						Participant Legal Liability \$1,000,000
						EACH OCCURRENCE \$
						AGGREGATE \$
	GEN'L AGGREGATE LIMIT APPLIES PER:					
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					
	<input checked="" type="checkbox"/> OTHER:					
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR				
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				
	DED:	RETENTION				
B	PARTICIPANT ACCIDENT		SRPO187022-00	01/01/2025 12:01 AM	01/01/2026 12:01 AM	EXCESS MEDICAL \$100,000
						DEDUCTIBLE \$500.00

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

The certificate holder listed below is an additional insured with respect to the operations of the named insured. This insurance covers one (1) team only with maximum of 15 players per team for Basketball.

**Coverage Effective From 10:38 AM on 01/23/2025 TO 01/01/2026**

**CERTIFICATE HOLDER****CANCELLATION**

**Bullitt County Public Schools**  
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**

*Daryl Chappell*

Certificate Number: NS-BK-1-001850

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ACORD 25 (2016/03)

The ACORD name and logo are registered marks of ACORD

Notice to Texas Insureds: The insurer for the purchasing group may not be covered by an insurance insolvency guarantee fund or similar mechanism and the insurer of the group is not subject to all the insurance laws and regulations of this state.



# CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)  
01/23/2025

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**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**

**Chappell Insurance**  
4335 Cox Rd, Ste 4335  
Glen Allen, VA, 23060

**CONTACT**

NAME: Daryl Chappell

PHONE (A/C, No, Ext): 804-733-2020

FAX (A/C, No): 804-591-1803

E-MAIL ADDRESS: daryl@chappellinsurance.com

**INSURED**

**South Bullitt Bulldogs**  
8901 Cedar Grove Road  
Shepherdsville, KY 40165

(1)Team Name(s): South Bullitt Bulldogs  
Age Group: 11U.

**INSURER(S) AFFORDING COVERAGE**

NAIC#:

INSURER A: SiriusPoint America Insurance Company

38776

INSURER B: Axs Insurance Company

37273

INSURER C:

INSURER D:

INSURER E:

INSURER F:

**COVERAGES**

CERTIFICATE NUMBER:

NS-BK-1-001851

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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE: \$2,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence): \$1,000,000
						MED EXP (Any one person): \$
						PERSONAL & ADV INJURY: \$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE: \$5,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					PRODUCTS-COMP/OP AGG: \$2,000,000
	<input checked="" type="checkbox"/> OTHER:					Participant Legal Liability: \$1,000,000
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR					EACH OCCURRENCE: \$
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE					AGGREGATE: \$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION					\$
B	PARTICIPANT ACCIDENT		SRP0187022-00	01/01/2025 12:01 AM	01/01/2026 12:01 AM	EXCESS MEDICAL: \$100,000
						DEDUCTIBLE: \$500.00

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

The certificate holder listed below is an additional insured with respect to the operations of the named insured. This insurance covers one (1) team only with maximum of 15 players per team for Basketball.

**Coverage Effective From 10:44 AM on 01/23/2025 TO 01/01/2026**

**CERTIFICATE HOLDER****CANCELLATION**

**Bullitt County Public Schools**  
1040 Hwy 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

Certificate Number: NS-BK-1-001851

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ACORD 25 (2016/03)

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Notice to Texas Insureds: The insurer for the purchasing group may not be covered by an insurance insolvency guarantee fund or similar mechanism and the insurer of the group is not subject to all the insurance laws and regulations of this state.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ADDITIONAL INSURED – WHERE REQUIRED UNDER  
CONTRACT OR AGREEMENT  
(PRIMARY AND NON-CONTRIBUTORY WHERE  
REQUIRED UNDER CONTRACT)**

This endorsement modifies insurance provided under the following:

**COMMERCIAL GENERAL LIABILITY COVERAGE PART**

**SECTION II – WHO IS AN INSURED** is amended to include any person or organization to whom you become obligated to include as an additional insured under this policy, as a result of any written contract or written agreement you enter into which requires you to furnish insurance to that person or organization of the type provided by this policy and is fully executed prior to an "occurrence", but only with respect to liability arising out of your operations or premises owned by or rented to you. However, the insurance provided will not exceed the lesser of:

- a. The coverage and/or limits of this policy; or
- b. The coverage and/or limits required by said contract or agreement.

Coverage afforded to these additional insured parties will be primary to, and non-contributory with, any other insurance available to that person or organization where required of you by written contract or written agreement.

**Bullitt County Public Schools  
1040 Hwy 44E  
Shepherdsville, KY 40165**

**Facility Use Procedures and Expectations Agreement**  
For Outside Community Members and Agencies

Name / Lead Point of Contact: Lee Major Barger  
Community Organization / Name of Agency Bullitt County Warriors  
School Riverview Opportunity Center

When using school facilities and by signing the BCPS Facility Use agreement, this organization agrees to:

- ☒ Keep all exterior doors shut and locked at all times, only accessible by the district-issued fob/badge for entry. No doors are to be propped open AT ANY TIME during the event.
- ☒ All district-issued fobs, badges, or keys are to never be copied and you agree to be responsible for any upkeep, maintenance, or fees associated with the loss of said items.
- ☒ Schedule with the superintendent/designee the time(s) the district property is to be used. Additionally, the point of contact shall work with the designee to schedule a time frame for the doors to be both locked and unlocked, as well as for the alarm/monitoring system to be scheduled accordingly, if applicable.
- ☒ 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 the 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 that 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 indemnifies and save harmless the Board from any loss or damage thereby.
- ☒ 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. It is the responsibility of the user to leave the campus grounds the same or in better condition than when they arrived.

**PLEASE CONTINUE TO THE OTHER SIDE**

**CONTINUED**

- ☒ Abide by the requirements of Board policies 05.3 and 05.31 (see attached). Disregarding 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.
- ☒ Acknowledge that approval of this request does not signify district sponsorship, endorsement, or approval of your organization or the activity.
- ☒ Review the School's Emergency Operations Plan as well as the Event Security Plan provided by the building principal and be familiar with the building layout in the event of emergencies. Additionally, keep a list of contact information for building leadership and emergency contacts in the event of any emergency.
- ☒ Maintain a copy of all records for the facility use while utilizing the facility as documentation.

*By checking all of the boxes above, I acknowledge as the organizer of the agency and the point of contact for the facility use agreement, I will abide by the aforementioned expectations of all BCPS facilities:*

Lee Barger

PRINTED NAME

(Agency/Organization Representative)

Lee Barger

SIGNATURE

(Agency/Organization Representative)

1/23/25

DATE

TC Hensley

PRINTED NAME

(Agency/Organization Representative)

TC Hensley

SIGNATURE

(Agency/Organization Representative)

1/23/25

DATE

Temporary until surgery recovery.

PRINTED NAME

(Agency/Organization Representative)

SIGNATURE

(Agency/Organization Representative)

DATE

Dominic McCanish

PRINTED NAME

(Principal / Designee)

Dominic McCanish

SIGNATURE

(Principal / Designee)

1/23/25

DATE



**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ADDITIONAL INSURED – WHERE REQUIRED UNDER  
CONTRACT OR AGREEMENT  
(PRIMARY AND NON-CONTRIBUTORY WHERE  
REQUIRED UNDER CONTRACT)**

This endorsement modifies insurance provided under the following:

**COMMERCIAL GENERAL LIABILITY COVERAGE PART**

**SECTION II – WHO IS AN INSURED** is amended to include any person or organization to whom you become obligated to include as an additional insured under this policy, as a result of any written contract or written agreement you enter into which requires you to furnish insurance to that person or organization of the type provided by this policy and is fully executed prior to an "occurrence", but only with respect to liability arising out of your operations or premises owned by or rented to you. However, the insurance provided will not exceed the lesser of:

- a. The coverage and/or limits of this policy; or
- b. The coverage and/or limits required by said contract or agreement.

Coverage afforded to these additional insured parties will be primary to, and non-contributory with, any other insurance available to that person or organization where required of you by written contract or written agreement.

**Bullitt County Public Schools  
1040 Hwy 44E  
Shepherdsville, KY 40165**