



**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**

*Monday only*

TODAY'S DATE: 02/11/2025

DATE(S) OF ACTIVITY: ~~2/13/25 - 4/28/25~~ *3/3/25 - 4/28/25*

**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: Honey Birds Volleyball (9U) Beechwood students transitioning to BW Volleyball in the fall.

PERSON(S) WHO WILL BE PRESENT & SUPERVISING THE ACTIVITY: Jon Vice & Michelle Westfall (parents of two players)

NAME OF EVENT: Honey Birds Supplemental Volleyball Practice

LOCATION(S) REQUESTED FOR ACTIVITY: ☐ Cafe ☒ Varsity ☐ or ☒ 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:

TIME OF ACTIVITY/EVENT: FROM 6 AM or ☒ PM TO 7 AM or ☒ PM.

START TIME FOR SET UP: 5:55 PM

END TIME FOR CLEAN UP: 7:05 PM

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

DOORS OPEN FROM: 5:50 - 6:05 PM  
☐ Elem Main Entry #2 ☐ HS Entry #10  
☐ Aux Gym Lobby #14 ☒ Other, be specific whichever is most appropriate

APPROXIMATE NUMBER OF PERSONS WHO WILL BE ATTENDING THE ACTIVITY: 10

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

Beginning 2/12/25 and continuing through 5/7/25

THE REQUESTED LOCATION(S) WILL BE USED FOR THE FOLLOWING ACTIVITY: Supplemental practice time

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

*Jon Vice (KJ)*

dotloop verified  
02/11/25 12:55 PM EST  
JOMP-0KZM-ERGQ-7EZD

*Michelle Westfall*

dotloop verified  
02/11/25 12:44 PM EST  
0RYV-GH02-KIHO-5URG

82 Oprhanage Rd, Fort Mitchell, KY 41017

37 1/2 Ashton Rd, Fort Mitchell, KY 41017

SIGNATURE OF PERSON MAKING REQUEST ON BEHALF OF THE ORGANIZATION

ADDRESS

jonvice15@icloud.com

michwestfall88@gmail.com

513-432-2413

859-653-4453

EMAIL

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

*2/13/25*  
Date

*2/13/25*  
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 LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/11/2025

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).

<b>PRODUCER</b> Next First Insurance Agency, Inc. PO Box 60787 Palo Alto, CA 94306	<b>CONTACT NAME:</b>		
	<b>PHONE (A/C, No, Ext):</b> (855) 222-5919	<b>FAX (A/C, No):</b>	
	<b>E-MAIL ADDRESS:</b> support@nextinsurance.com		
<b>INSURED</b> Jon Vice Jon Vice 54 Beechwood Rd Ft Mitchell, KY 41017	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	INSURER A: Next Insurance US Company		16285
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
INSURER F:			

**COVERAGES**

CERTIFICATE NUMBER: 137506172

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	X		NXTRCQDQTH-00-GL	02/11/2025	02/11/2026	EACH OCCURRENCE	\$1,000,000.00
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000.00
							MED EXP (Any one person)	\$15,000.00
							PERSONAL & ADV INJURY	\$1,000,000.00
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$2,000,000.00
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$2,000,000.00
	OTHER:							\$
	<b>AUTOMOBILE LIABILITY</b>						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								\$
	<b>UMBRELLA LIAB</b>						EACH OCCURRENCE	\$
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR						AGGREGATE	\$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$							\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	N/A				E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
A	Professional Liability			NXTRCQDQTH-00-GL	02/11/2025	02/11/2026	Each Occurrence:	\$1,000,000.00
							Aggregate:	\$2,000,000.00

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

The Certificate Holder is Beechwood Independent School District. This Certificate Holder is an Additional Insured on the General Liability policy per the Additional Insured Automatic Status Endorsement. All Certificate Holder privileges apply only if required by written agreement between the Certificate Holder and the insured, and are subject to policy terms and conditions.

**CERTIFICATE HOLDER**

Beechwood Independent School District  
54 Beechwood Rd  
Ft Mitchell, KY 41017

**LIVE CERTIFICATE**

Click or scan to view

**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

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