



**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: 2/7/25 DATE(S) OF ACTIVITY: Sunday's in the Spring

**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: At The Yard Baseball - Slusher 11u

PERSON(S) WHO WILL BE PRESENT & SUPERVISING THE ACTIVITY: Brandon Slusher

NAME OF EVENT: Baseball 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:

TIME OF ACTIVITY/EVENT: FROM 9 ☒ AM or ☐ PM TO 12 ☐ 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 2/9/25 and continuing through 3/30/25

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

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

If yes, specify equipment: batting cages and baseballs

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

brandon.slusher@beechwood.kyschools.us

EMAIL

322 Cherrywood Dr., Ft. Mitchell, KY 41011

ADDRESS

859-630-8124

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 LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
01/17/2025

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 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>  <b>Chappell Insurance</b> 4335 Cox Rd, Ste 4335 Glen Allen, VA, 23060		<b>CONTACT NAME:</b> Daryl Chappell <b>PHONE (A/C, No. Ext):</b> 804-733-2020 <b>FAX (A/C, No):</b> 804-591-1603 <b>E-MAIL ADDRESS:</b> daryl@chappellinsurance.com																									
<b>INSURED</b>  <b>At the Yard Baseball Group</b> 330 weaver rd suite 200 Florence, KY 41042  (9)Teams in At the Yard Baseball Group group		<b>INSURER(S) AFFORDING COVERAGE</b> <table border="1"><tr><td>INSURER A:</td><td>SiriusPoint America Insurance Company</td><td>NAIC #</td><td>38776</td></tr><tr><td>INSURER B:</td><td>Axis Insurance Company</td><td>NAIC #</td><td>37273</td></tr><tr><td>INSURER C:</td><td></td><td></td><td></td></tr><tr><td>INSURER D:</td><td></td><td></td><td></td></tr><tr><td>INSURER E:</td><td></td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td><td></td></tr></table>		INSURER A:	SiriusPoint America Insurance Company	NAIC #	38776	INSURER B:	Axis Insurance Company	NAIC #	37273	INSURER C:				INSURER D:				INSURER E:				INSURER F:			
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COVERAGES CERTIFICATE NUMBER: NS-BB-10-001621 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/OP AGG \$ 2,000,000
						Participant Legal Liability \$ 1,000,000
	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					EACH OCCURRENCE \$
	EXCESS LIAB					AGGREGATE \$
	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

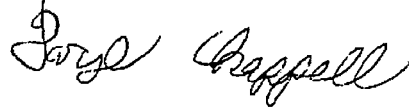
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Coverage includes amateur play and practice in the insured sport for At the Yard Baseball Group. Team or league listed below is a named insured under the above referenced policy. Sport Insured: Baseball. Age Group: 12 & Under.

Coverage Effective From 09:12 AM on 01/17/2025 TO 01/01/2026

## CERTIFICATE HOLDER

## CANCELLATION

Certificate Number: NS-BB-10-001621	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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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.