Paintsville Independent Schools

305 SECOND STREET
PAINTSVILLE, KENTUCKY 41240
606-789-2654
FAX 606-789-7412



APPLICATION FOR USE OF SCHOOL FACILITIES

Pursuant to Paintsville Independent Board Policy 05.31

Name of Applicant EKY CRUSH - Casey Music
Address 123 Big Sandy Shrine Rd, Hagerhill, KY 41222
Telephone # 606.371.0505
Activity_Softball
Date & Hours of Use Summer & Fall 2025
Name of Facility Softball Field & Softball Batting Cage
The group agrees to be responsible for the school and each of the following:
 (A) Accepts responsibility for any damages resulting from of facility; (B) Group will supply liability insurance and shall assume responsibility for any damages to that facility; (C) Agrees to observe all fire and safety regulations; (D) Must have the presence of school custodian or other school employee at all activities; (E) Use of tobacco shall not occur within the building and use of alcoholic beverages is prohibited in buildings of school grounds; (F) Must assure no immoral of illegal activity shall be allowed on premises while being used; (G) Alterations to the buildings or grounds shall not occur without consent of Superintendent; (H) School equipment shall not be a part of the rental contract unless specifically enumerated; & (I) Facility must be in as good condition as it was prior to the activity.
The user will:
(A) Provide security for all surrounding areas of the rented property (example: playground, hall, restrooms, etc);
(B) Clean facility to the satisfaction of the building principal; (If building requires cleaning, the party will billed accordingly (custodian' hourly rate at time & ½ plus retirement).
(C) PROVIDE PROOF OF INSURANCE for event
(D) Party must abide by non-discrimination clause.*(Please refer to statement below.) Signature of Representative Cassy Music Date 4/21/2025

CHUMAL OPPORTUNITY FEE ATIONAL INSTITUTION

" So Hank children first"

Paintsville Independent Schools does not discriminate on the basis of sex, race, religion, age, national origin, ancestry, creed, pregnancy, marital or parental status, sexual orientation, or physical, mental, emotional or learning disability.



MEMBER SOUTHERN ASSOCIATION OF COLLEGES AND SCHOOLS



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/21/2025

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 CONTACT Daryl Chappell Chappell Insurance NAME: PHONE 4335 Cox Rd, Ste 4335 FAX 804-591-1603 804-733-2020 (A/C, No. Ext): (A/C, No) Glen Allen, VA, 23060 F-MAII daryl@chappellinsurance.com ADDRESS INSURED INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: SiriusPoint America Insurance Company 38776 **EKY CRUSH** 123 Big Sandy Shrine Rd Hagerhill, KY 41222 INSURER B: 37273 Axis Insurance Company INSURER C INSURER D: (1)Team Name(s): EKY CRUSH INSURER E: Àge Group: 18Ù. INSURER F NS-SB-3-004770 COVERAGES CERTIFICATE NUMBER: 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 ADDLSUBR POLICY EFF POLICY EXP LIMITS (MM/DD/YYYY) (MM/DD/YYYY) LTR TYPE OF INSURANCE INSD WVD POLICY NUMBER COMMERCIAL GENERAL LIABILITY **EACHOCCURRENCE** \$ 2,000,000 CLAIMS-MADE X OCCUR DAMAGE TO RENTED \$1,000,000 PREMISES (Ea occurrence) MED EXP (Any one person) Α X 01/01/2025 01/01/2026 PI H02GI 00000691 PERSONAL & ADV INJURY \$1,000,000 12:01 AM 12:01 AM GENERAL AGGREGATE GEN'L AGGREGATE LIMIT APPLIES PER: \$5,000,000 LOC PRODUCTS-COMP/OP AGG POLICY PROJECT \$2,000,000 X OTHER: Participant Legal Liability \$1,000,000 UMBRELLA LIAB OCCUR **EACH OCCURRENCE** EXCESS LIAB CLAIMS-MADE AGGREGATE RETENTION SRPO187022-00 01/01/2025 01/01/2026 EXCESS MEDICAL \$100,000 В PARTICIPANT ACCIDENT 12:01 AM 12:01 AM DEDUCTIBLE \$\$250.00 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 20 players per team for Softball. Coverage Effective From 03:36 PM on 04/21/2025 TO 01/01/2026 CERTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED Paintsville Ind. Schools BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. 305 Second Street Paintsville, KY 41240 AUTHORIZED REPRESENTATIVE Dorso Chappell

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ACORD 25 (2016/03)

Certificate Number: NS-SB-3-004770

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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.