

**BULLITT COUNTY PUBLIC SCHOOLS
HEALTH SERVICES**

KIM WILLOUGHBY, COORDINATOR

Memo

To: Jesse Bacon
From: Kim Willoughby
Date: 8/20/25
Re: Kentucky Blood Center

Please present this opportunity for the Bullitt County Public Schools to work with the Kentucky Blood Center, Inc. Blood drives will occur throughout the district during the 2025-2026 school year and sponsor groups or individual students will advertise and assist the drives.

Attached you will find the Memorandum of Understanding, and Certificate of Liability Insurance. These agreements are automatically renewable; however, on legal advice steps will be taken each year to confirm the arrangement. The certificate of Liability Insurance was reviewed and accepted by Emily Vessels.

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

BULLITT COUNTY PUBLIC SCHOOLS IS AN EQUAL EDUCATION AND EMPLOYMENT INSTITUTION

MEMORANDUM OF UNDERSTANDING

THIS MEMORANDUM OF UNDERSTANDING made and entered into this 1 day of July, 2025 by and between THE BOARD OF EDUCATION OF BULLITT COUNTY, dba BULLITT COUNTY PUBLIC SCHOOLS, (hereinafter "BCPS") of 1040 Highway 44E, Shepherdsville KY 40165 and KENTUCKY BLOOD CENTER, INC., (hereinafter "KENTUCKY BLOOD CENTER") of 3121 Beaumont Centre Circle, Lexington, KY 40513.

WHEREAS, the parties hereto desire to establish an understanding and procedures for blood drives in the schools of BCPS; and

WHEREAS, the purpose of this Memorandum is to outline the duties of the respective parties hereto;

NOW THEREFORE, the Parties hereto do hereby agree as follows:

I. DUTIES OF BCPS

A. To provide suitable facilities for carrying out the reasonable objectives of the Kentucky Blood Center in a blood drive during regular school hours

B. To distribute Kentucky Blood Center literature and post Kentucky Blood Center notices of upcoming blood drives in advance to maximize participation in blood drives

C. To provide the BCPS Nurse Administrator as liaison for blood drives

II. DUTIES OF KENTUCKY BLOOD CENTER

A. To provide liability insurance coverage for each site of a blood drive with minimum limits of per \$4 million occurrence and naming Bullitt County Public Schools as certificate holder on each policy form. Copies of said certificates shall be appended hereto and made a part hereof.

B. To provide all equipment, materials, and personnel to perform blood drives in a manner acceptable under normal and approved health and medical guidelines

C. To ensure all participants in blood drives are qualified under normal and approved health and medical guidelines

D. To provide suitably trained and certified personnel capable of performing proper phlebotomy procedures, including personnel trained in CPR and AED.

E. To provide suitable nutrition and hydration materials for participants in blood drives

F. To be responsible for all set up and removal of equipment and materials necessary for a blood drive, leaving the facility in as good condition as when found

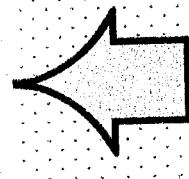
G. To provide an appropriate liaison to cooperate with the BCPS Nurse administrator

III. This agreement shall be effective August 1, 2025 through June 30, 2026 at which time the Kentucky Blood Center shall give notice of its intent to renew, which may occur annually thereafter; provided, however, either party hereto may give notice of its intent to not renew or to cancel this Memorandum of Understanding with thirty (30) days advance notice to the addresses set forth hereinabove.

In testimony whereof witness the hands of the authorized representatives of the parties hereto this day and year first herein written.

BULLITT COUNTY PUBLIC SCHOOLS

BY: _____
JESSE BACON
SUPERINTENDENT



KENTUCKY BLOOD CENTER, INC.

BY: _____
AUTHORIZED OFFICER

ATTACHMENTS

- CERTIFICATE OF INSURANCE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/23/2025

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 BCx 702 North Shore Drive, Suite 500 Jeffersonville IN 47130	CONTACT NAME: Brenda Higgins	
	PHONE (A/C, No, Ext): 713-470-4142	FAX (A/C, No):
E-MAIL ADDRESS: bhiggins@alliant.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: The Community Blood Cntr Exch		13893
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

COVERAGES **CERTIFICATE NUMBER:** 973654806 **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 <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> PL - Claims made GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		BCX25-00004	9/1/2025	9/1/2026	EACH OCCURRENCE	\$ 4,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 250,000
							MED EXP (Any one person)	\$ 1,000
							PERSONAL & ADV INJURY	\$ 4,000,000
							GENERAL AGGREGATE	\$ 8,000,000
							PRODUCTS - COMP/OP AGG	\$ 8,000,000
								\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 The General Liability policy includes a blanket Additional Insured endorsement that provides Additional Insured status to the owner or lessor of any property who allows the "Named Insured" to hold blood drives or donor registration drives on their premises, but only with respect to "bodily injury" or "property damage" caused in whole or in part by the "Named Insured" during the collection or registration process.
 Re: Bullitt County Board of Education.

CERTIFICATE HOLDER Bullitt County Public Schools 1040 Highway 44 East Shepherdsville KY 40165	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 

COMMUNITY BLOOD CENTERS' EXCHANGE

RISK RETENTION GROUP

ENDORSEMENT

This endorsement, effective September 1, 2025 at 12:01 am forms a part of Policy No. BCx25-00004

Issued to: Kentucky Blood Center, Inc.

**ADDITIONAL INSURED – OWNERS OR LESSORS OF PROPERTY USED FOR
BLOOD DRIVES OR DONOR REGISTRATION DRIVES
(Blanket Basis)**

This endorsement modifies insurance provided under Coverage Part A:

PART III COMMON POLICY DEFINITIONS, CONDITIONS AND EXCLUSIONS

SECTION I – COMMON POLICY DEFINITIONS, Paragraph M is amended to add a new subparagraph under Paragraph M:

9. The owner or lessor of any property who allows the “Named Insured” to hold blood drives or donor registration drives on their premises, but only with respect to “bodily injury” or “property damage” caused in whole or in part by the “Named Insured” during the collection or registration process.

This insurance does not apply to:

1. Any “wrongful act” or “occurrence” which takes place after the “Named Insured” ceases to occupy the premises used for the blood drive or registration drive
2. Structural alterations, new construction or demolition operations performed by or on behalf of the owner or lessor.

SECTION II – COMMON POLICY CONDITIONS, Paragraph M. is deleted and replaced by the following:

1. A loss the “Named Insured” sustains which is covered under this “Policy”, including from claims reported during an Extended Reporting Period, may also be covered under another policy the “Named Insured” have. If a loss the “Named Insured” sustains is covered under another policy, “our” “Policy” will apply only if the “Named Insured’s” loss is in excess of any other coverage provided under the

“Named Insured’s” other policy(ies), regardless of how such other coverage is described. This clause will not apply:

- (1) To coverage which is expressly stated to apply in excess of this specific “Policy”; or
- (2) To coverage carried by employed, contracted, or volunteer physicians; or
- (3) Where a written contract or agreement specifically requires that this insurance be either primary or primary and noncontributory.

Authorized Signature

Endorsement No. 3