

## USE AGREEMENT

This agreement made by and between the Boone County Board of Education, RENEE TURNER as Principal authorized so to act by direction of the Board of Education and A.M. YEALEY ELEMENTARY PTA hereinafter referred to as "user" of the school facilities hereinafter described.

### WITNESSETH:

The principal does hereby agree to permit user to utilize certain school facilities more particularly described as follows:

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at the following times and dates: LIST ATTACHED

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subject to the following terms and conditions:

1. The school property identified above may be utilized by the user as a permittee at will on the condition that all terms and conditions as hereinafter set out are complied with and any other terms and conditions may result in immediate termination of the Use Agreement and/or liability of the user. The utilization of the premises by the user is a privilege extended to the user by the Board of Education and said use does not constitute a property right nor shall it be deemed a lease or renewable beyond the specified period without the written consent of the principal.
2. The use of these school facilities shall be in compliance with all laws and regulations and the terms and conditions of Boone County Board of Education policies, including but not limited to BCBE Policy No. 05.3, 05.31, 05.32 and 10.3 which are incorporated by reference herein.
3. The reserved time/date for use by user may be cancelled or preempted by Principal and permission for use may be terminated without cause by notice from Principal.
4. User is responsible for the conduct of its participants or guests.
5. There shall be no subletting or assignment of this agreement nor any profit making or commercial venture subject of the use.

6. User shall return the facilities or premises in the same condition as at the commencement of the use, or if user fails to do so, the user will be responsible for the cost of clean-up and be prohibited from further use of facilities.
7. The user agrees to save harmless the Boone County Board of Education, its employees, and agents, for any liability, damage, loss or expense incurred respecting the utilization of the school facilities; and the user agrees to reimburse the Boone County Board of Education for any damages to or replacement of school property damaged, lost, stolen or vandalized while in user's name.

IN WITNESS WHEREOF the principal for and on behalf of the Board of Education and the user hereunto set their hands this 21<sup>st</sup> day of August, 20 25.

A.M. YEALEY ELEMENTARY  
SCHOOL

BY: Renee Turner  
PRINCIPAL

JH Cyderia  
USER/SIGNATURE

10 Yealey Dr.  
ADDRESS

Florence KY 41042  
CITY STATE ZIP

408-431-6057  
PHONE NUMBER

A.M. YEALEY ELEMENTARY  
FACILITY USE AGREEMENT WITH A.M. YEALEY PTA

<u>DATE</u>	<u>EVENT</u>	<u>LOCATION</u>	<u>TIME</u>
SEPTEMBER 12 <sup>TH</sup>	PARTY IN THE PLAYGROUND	PLAYGROUND	5:00 – 7:00
SEPTEMBER 12 <sup>TH</sup>	MUMS PICK UP	FRONT LAWN	4:00 – 7:00
OCTOBER 6 <sup>TH</sup>	PUMPKIN PICK UP	FRONT LAWN	4:00 – 7:00
OCTOBER 18 <sup>TH</sup>	FALL FEST/TRUCK OR TREAT	PLAYGROUND	1:00 – 4:00
		PARKING LOT	
NOVEMBER 14 <sup>TH</sup>	FALL DANCE	CAFETERIA/GYM	5:30 – 7:30
DECEMBER 8-12	SANTA SHOP	GYM	SCHOOL DAY
JANUARY 15 <sup>TH</sup>	FAMILY MOVIE NIGHT	CAFETERIA	5:30 – 7:30
FEBRUARY 27 <sup>TH</sup>	SPRING DANCE	CAFETERIA/GYM	5:30 – 7:30
MARCH 19 <sup>TH</sup>	FAMILY GAME NIGHT	CAFETERIA	5:30 – 7:30



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/02/2025

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 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> Association Insurance Management 12221 Merit Drive, Suite 1670 Dallas, TX 75231  Insured Number: KY194926	<b>CONTACT NAME: AIM</b> <b>PHONE No: 800-876-4044</b> <b>FAX No: 214-360-0802</b> <b>EMAIL ADDRESS: AIM@AIM-COMPANIES.COM</b>  <b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Concert Specialty Insurance Company <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b>
<b>INSURED</b> Yealey Elementary PTA Tiffany deBie or Current Officer 10 Yealey Drive Florence, KY 41042	<b>NAIC #</b>

**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 LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
A	<b>GENERAL LIABILITY</b>	N	N	GL2025AIM36096	09/01/2025	09/01/2026	EACH OCCURRENCE \$ 1,000,000			
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000			
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000			
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$ 1,000,000			
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 2,000,000			
							PRODUCTS - COMP/OP AGG \$ 2,000,000			
							Sexual Abuse/Molestation \$ 0			
							Media Liability \$ 0			
	<b>AUTOMOBILE LIABILITY</b>									COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO									BODILY INJURY (Per person)
<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident)				
<input type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident)				
<b>UMBRELLA LIAB</b>							EACH OCCURRENCE			
<b>EXCESS LIAB</b>							AGGREGATE			
<input type="checkbox"/> OCCUR										
<input type="checkbox"/> CLAIMS-MADE										
<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$										
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>			CR2025AIM26734 IM2025AIM05507 DO2025AIM30412	09/01/2025	09/01/2026	WC STATUTORY LIMITS			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y / N					OTH-ER			
	If yes, describe under DESCRIPTION OF OPERATIONS below	N	N / A				E.L. EACH ACCIDENT			
							E.L. DISEASE - EA EMPLOYEE			
							E.L. DISEASE - POLICY LIMIT			
A	Fidelity Bond (Crime)			CR2025AIM26734 IM2025AIM05507 DO2025AIM30412	09/01/2025	09/01/2026	Per Occurrence / Aggregate - \$10,000			
	Property (Business Personal)						Per Occurrence / Aggregate - \$10,000			
	Directors and Officers						Per Occurrence / Aggregate - \$1,000,000			

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

**CERTIFICATE HOLDER****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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ACORD 25 (2010/05)

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