

DEPARTMENT OF PUPIL PERSONNEL

Jesse Bacon To:

From: Steve Smallwood

Date: September 4, 2025

Re: MOU with B & B Pharmacy to offer Flu Vaccinations to BCPS Employees

> Please present this opportunity for the Bullitt County Public Schools to work with B and B Pharmacy during the September 22, 2025 Board meeting.

They will offer the flu vaccination and any other vaccines the employee might request during the month of October.

These services will take place before or after school hours and possibly midday during the lunches at each school campus, central office and bus compound.

Attached you will find the Certificates of Liability Insurance and Memorandum of Agreement. All have been reviewed and approved by Eric Farris.

Respectfully submitted,

Steve Smallwood

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 Agreement between Bullitt County Public Schools and B and B Pharmacy and Affiliates

This Memorandum of Agreement by and between B and B Pharmacy and Affiliates (hereinafter "B and B") and Bullitt County Public Schools (hereinafter "BCPS") from September 1, 2025 through June 30, 2026. This Agreement relates to the administration of approved influenza and any other immunizations as available and requested by BCPS Employees.

Funding for immunizations to BCPS employees will be paid by each employee who desires to receive the immunization at the time it is administered.

Duties of BCPS:

- 1. BCPS agrees to schedule all immunizations through the BCPS District Health Coordinator.
- 2. The school principal or designee shall be informed when B and B pharmacy arrives at the facility/location.

Duties of B and B Pharmacy:

- 1. B and B shall provide to BCPS all required certifications and insurance verification for the immunization services. General liability insurance shall be obtained in the minimum amount of One Million Dollars naming BCPS as an additional insured.
- 2. B and B shall guarantee that every individual administering the immunizations possesses the requisite certifications and training required by law.

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BULLITT COUNTY PUBLIC SCHOOLS IS AN EQUAL EDUCATION AND EMPLOYMENT INSTITUTION

- 3. B and B shall coordinate all immunizations through the BCPS District Health Coordinator.
- 4. B and B agrees to assume responsibility for all liability or damages caused by its agents, employees or materials and to indemnify, save and hold harmless BCPS, its agents, board and employees from any and all liability or damages.
- 5. B and B agrees to adhere to State and Federal privacy requirements, unless requested to release information by lawful subpoena or court order.

reviewed and agreed	to by:			
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Jesse Bacon, Superint	endent, Bullitt County	Public Schools		Date
Matt Mooney, Chairpe	erson, Bullitt County I	Board of Education		Date
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Authorized Agent, Ba	and B Pharpaacy		· · · · · · · · · · · · · · · · · · ·	Date



CERTIFICATE OF LIABILITY INSURANCE

CUSTOMER NUMBER: 0100000909

DATE (MM/DD/YYYY) 09/03/2025

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).

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	HEPHERDSVILLE KY 40165-7172				INSURER D:	<u> </u>			
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Α	PHARMACY SERVICES AND SPECIFIED PRODUCTS PROFESSIONAL LIABILITY -	N	N.	PSP 0160719 02	06/01/2025	06/01/2026	PER OCCURRENCE AGGREGATE	\$ \$	1,000,000 3,000,000
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	Premises 1 B AND B PHARMACY								
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BULLITT COUNTY PUBLIC SCHOOLS 1040 HIGHWAY 44 E SHEPHERDSVILLE KY 40165-6122

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

CUSTOMER NUMBER: 0100000909

LOC #:



ADDITIONAL REMARKS SCHEDULE

Page_2_of__2_

AGENCY		NAMED INSURED
		B AND B PHARMACY
PSP 0160719 02		1578 HIGHWAY 44 E UNIT 1 SHEPHERDSVILLE KY 40165-7172
CARRIER	NAIC CODE	
PHARMACISTS MUTUAL INSURANCE COMPANY	13714	EFFECTIVE DATE: 06/01/25

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: EVIDENCE OF COMMERCIAL LIABILITY INSURANCE

if the policy noted on this certificate is not in effect, this proof of coverage is not valid.



CERTIFICATE OF LIABILITY INSURANCE

CUSTOMER NUMBER: 0100000909

DATE (MM/DD/YYYY) 09/03/2025

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this certificate does not confer rights	to the certificate holder in lieu of suc	h endorsement(s).	y require an endorsement. A sta	tement on			
PRODUCER		CONTACT NAME:		<u> </u>			
PHARMACISTS MUTUAL INSURAN 808 HIGHWAY 18 W	CE GROUP	PHONE (AC. No. Ext): 800-247-5930	(A/C, No):				
PO BOX 370		E-MAIL ADDRESS:		*			
ALGONA IA 50511-0370		INSURER(S) AFF	ORDING COVERAGE	NAIC#			
		INSURER A: PHARMACISTS N	NUTUAL INSURANCE COMPANY	13714			
INSURED		INSURER B:					
B AND B PHARMACY		INSURER C:		•			
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Premises 2 B AND B PHARMACY, DBA B AND B PHARMACY 126 SHADOWMEADE LN, MT WASHINGTON, KY 40047-6277

1040 HIGHWAY 44 E SHEPHERDSVILLE KY 40165-6122

BULLITT COUNTY PUBLIC SCHOOLS

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

CUSTOMER NUMBER: 0100000909 LOC #:



ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

AGENCY		NAMED INSURED
		B AND B PHARMACY
POLICY NUMBER PSP 0160719 02		1578 HIGHWAY 44 E UNIT 1 SHEPHERDSVILLE KY 40165-7172
CARRIER	NAIC CODE	
PHARMACISTS MUTUAL INSURANCE COMPANY	13714	EFFECTIVE DATE: 06/01/25

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SO				
FORM NUMBER: ACORD 25 FORM TITLE:	EVIDENCE OF COMMERCIAL LIABILITY	INSURANCE		

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this certificate does not confer rights to t		e policy, certain policies may require an endorsement. A stat endorsement(s).	tement on
PRODUCER		CONTACT NAME:	
PHARMACISTS MUTUAL INSURANCE	GROUP	PHONE (AC, No. Ext): 800-247-5930 [AC, No):	
808 HIGHWAY 18 W		(A/C, No. Ext): 800-247-3930 (A/C, No);	
PO BOX 370		E-MAIL ADDRESS:	
ALGONA IA 50511-0370		INSURER(S) AFFORDING COVERAGE	NAIC#
		INSURER A: PHARMACISTS MUTUAL INSURANCE COMPANY	13714
INSURED		INSURER B:	
B AND B PHARMACY 1578 HIGHWAY 44 E UNIT 1		INSURER C:	
SHEPHERDSVILLE KY 40165-7172		INSURER D:	
		INSURER E:	
	<u> </u>	INSURER F:	
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							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
٠.	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$
	POLICY PRO- LOC		ļ				PRODUCTS - COMP/OP AGG	\$
	OTHER	<u> </u>						\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	ANY AUTO						BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	HIRED AUTOS ONLY AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
	DED RETENTION \$				· ·			\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N					1	PER OTH- STATUTE ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$
	(Mandatory in NH)						E.L. DISEASE-EA EMPLOYEE	\$
	If yes, describe under DESCRIPTIONS OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
Α	PHARMACY SERVICES AND SPECIFIED PRODUCTS PROFESSIONAL LIABILITY -			PSP 0160719 02	06/01/2025	06/01/2026	PER OCCURRENCE	\$ 1,000,000
	OCCURENCE						AGGREGATE	\$ 3,000,000
1.5							RX PRODUCTS	\$ Included
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHI	CLES	ACOR	D 101, Additional Remarks Schedule. n	nav be attached if n	nore space is requir	ed)	
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Se	e Remarks for Premises Schedule							

CERTIFICATE HOLDER

FOR EVIDENCE ONLY

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

Michelle Chally

CUSTOMER NUMBER: 0100000909

LOC #:



ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

AGENCY		NAMED INSURED
		B AND B PHARMACY
POLICY NUMBER PSP 0160719 02		1578 HIGHWAY 44 E UNIT 1 SHEPHERDSVILLE KY 40165-7172
CARRIER	NAIC CODE	
PHARMACISTS MUTUAL INSURANCE COMPANY	13714	EFFECTIVE DATE: 06/01/25

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FORM NUMBER: ACORD 25 FORM TITLE: EVIDENCE OF COMMERCIAL LIABILITY INSURANCE

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PREMISES SCHEDULE

1	B AND B PHARMACY 1578 HIGHWAY 44 E UNIT 1, SHEPHERDSVILLE, KY 40165-7172		
2	B AND B PHARMACY B AND B PHARMACY 126 SHADOWMEADE LN, MT WASHINGTON, KY 40047-6277		