



STEVE SMALLWOOD, DIRECTOR

DEPARTMENT OF PUPIL PERSONNEL

To: Jesse Bacon

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**



KIM WILLOUGHBY, COORDINATOR

### **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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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:

\_\_\_\_\_  
Jesse Bacon, Superintendent, Bullitt County Public Schools

\_\_\_\_\_  
Date

\_\_\_\_\_  
Matt Mooney, Chairperson, Bullitt County Board of Education

\_\_\_\_\_  
Date

*Ellen Bayne*  
\_\_\_\_\_  
Authorized Agent, B and B Pharmacy

*9-3-25*  
\_\_\_\_\_  
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).

<b>PRODUCER</b> PHARMACISTS MUTUAL INSURANCE GROUP 808 HIGHWAY 18 W PO BOX 370 ALGONA IA 50511-0370	<b>CONTACT NAME:</b>	
	<b>PHONE (A/C, No, Ext):</b> 800-247-5930	<b>FAX (A/C, No):</b>
<b>INSURED</b> B AND B PHARMACY 1578 HIGHWAY 44 E UNIT 1 SHEPHERDSVILLE KY 40165-7172	<b>E-MAIL ADDRESS:</b>	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A:</b> PHARMACISTS MUTUAL INSURANCE COMPANY	<b>NAIC #</b> 13714
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
<b>INSURER F:</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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	<b>COMMERCIAL GENERAL LIABILITY</b>						EACH OCCURRENCE	\$
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$
	<input type="checkbox"/> OTHER							\$
	<b>AUTOMOBILE LIABILITY</b>						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
								\$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR						EACH OCCURRENCE	\$
	<b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE						AGGREGATE	\$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$							\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> <input type="checkbox"/> Y/N						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTIONS OF OPERATIONS below	N/A					E.L. EACH ACCIDENT	\$
							E.L. DISEASE-EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
A	<b>PHARMACY SERVICES AND SPECIFIED PRODUCTS PROFESSIONAL LIABILITY - OCCURRENCE</b>	N	N	PSP 0160719 02	06/01/2025	06/01/2026	PER OCCURRENCE	\$ 1,000,000
							AGGREGATE	\$ 3,000,000
							RX PRODUCTS	\$ Included

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

Premises 1  
B AND B PHARMACY  
1578 HIGHWAY 44 E UNIT 1, SHEPHERDSVILLE, KY 40165-7172

**CERTIFICATE HOLDER**

BULLITT COUNTY PUBLIC SCHOOLS  
1040 HIGHWAY 44 E  
SHEPHERDSVILLE KY 40165-6122

**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 Chaffey*

CUSTOMER NUMBER: 0100000909

LOC #: \_\_\_\_\_

**ADDITIONAL REMARKS SCHEDULE**Page 2 of 2

AGENCY		NAMED INSURED B AND B PHARMACY 1578 HIGHWAY 44 E UNIT 1 SHEPHERDSVILLE KY 40165-7172
POLICY NUMBER PSP 0160719 02		
CARRIER PHARMACISTS MUTUAL INSURANCE COMPANY	NAIC CODE 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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	PHONE (A/C, No, Ext): 800-247-5930	FAX (A/C, No):
<b>INSURED</b> B AND B PHARMACY 1578 HIGHWAY 44 E UNIT 1 SHEPHERDSVILLE KY 40165-7172	E-MAIL ADDRESS:	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
	INSURER A: PHARMACISTS MUTUAL INSURANCE COMPANY	
	INSURER B:	
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	INSURER D:	
INSURER E:		
INSURER F:		
NAIC #		

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	<b>COMMERCIAL GENERAL LIABILITY</b>						
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						EACH OCCURRENCE \$
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$
							MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$
	<input type="checkbox"/> OTHER						\$
	<b>AUTOMOBILE LIABILITY</b>						
	<input type="checkbox"/> ANY AUTO						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR						EACH OCCURRENCE \$
	<b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$
	DED <input type="checkbox"/> RETENTION \$						\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N	N/A					PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	(Mandatory in NH) If yes, describe under DESCRIPTIONS OF OPERATIONS below						E.L. EACH ACCIDENT \$
							E.L. DISEASE-EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	<b>PHARMACY SERVICES AND SPECIFIED PRODUCTS PROFESSIONAL LIABILITY - OCCURENCE</b>	N	N	PSP 0160719 02	06/01/2025	06/01/2026	PER OCCURRENCE \$ 1,000,000 AGGREGATE \$ 3,000,000 RX PRODUCTS \$ Included

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

**CERTIFICATE HOLDER**

BULLITT COUNTY PUBLIC SCHOOLS  
1040 HIGHWAY 44 E  
SHEPHERDSVILLE KY 40165-6122

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AUTHORIZED REPRESENTATIVE

*Michelle Chaffey*

CUSTOMER NUMBER: 0100000909

LOC #: \_\_\_\_\_

**ADDITIONAL REMARKS SCHEDULE**Page 2 of 2

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CARRIER PHARMACISTS MUTUAL INSURANCE COMPANY	NAIC CODE 13714	EFFECTIVE DATE: 06/01/25

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	<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>
	INSURER A: PHARMACISTS MUTUAL INSURANCE COMPANY	13714
	INSURER B:	
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INSURER E:		
INSURER F:		

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	OTHER						\$
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	<b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$
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	If yes, describe under DESCRIPTIONS OF OPERATIONS below						E.L. EACH ACCIDENT \$
							E.L. DISEASE-EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	<b>PHARMACY SERVICES AND SPECIFIED PRODUCTS PROFESSIONAL LIABILITY - OCCURENCE</b>			PSP 0160719 02	06/01/2025	06/01/2026	PER OCCURRENCE \$ 1,000,000 AGGREGATE \$ 3,000,000 RX PRODUCTS \$ Included

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

See Remarks for Premises Schedule

**CERTIFICATE HOLDER****CANCELLATION****FOR EVIDENCE ONLY**

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 Chaffey*



CUSTOMER NUMBER: 0100000909

LOC #: \_\_\_\_\_

**ADDITIONAL REMARKS SCHEDULE**Page 2 of 2

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POLICY NUMBER PSP 0160719 02		
CARRIER PHARMACISTS MUTUAL INSURANCE COMPANY	NAIC CODE 13714	EFFECTIVE DATE: 06/01/25

**ADDITIONAL REMARKS**

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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