


**BEECHWOOD INDEPENDENT SCHOOL DISTRICT  
BOARD OF EDUCATION**

50 Beechwood Rd., Ft. Mitchell, KY 41017 (859) 331-3250 www.beechwood.kyschools.us Fax (859) 331-7528

**RENTAL/ USE OF FACILITY  
Community Grounds**

TODAY'S DATE:

DATE(S) OF ACTIVITY:

Saturdays (Nov 15<sup>th</sup> - Jan. 10<sup>th</sup>)
**PLEASE CHECK WITH HS SECRETARY TO BE SURE SITE IS AVAILABLE FOR THE DATES REQUESTED**

Once approved by the principal, the request will be submitted to the Superintendent. If approved, the request will be put on the agenda for the next Board of Education meeting for final approval.

NAME OF REQUESTING ORGANIZATION:

Lonahorns Softball

PERSON(S) WHO WILL BE PRESENT &amp; SUPERVISING THE ACTIVITY:

Don Hatridge

NAME OF EVENT:

Winter Workouts

LOCATION(S) REQUESTED FOR ACTIVITY:

☐ Cafe ☐ Varsity Gym ☐ Aux Gym ☐ Lower Field ☐ Upper Field

☐ Fieldhouse Viewing Room ☐ Performing Arts Center ☐ Alumni Atrium ☐ Teacher Learning Center ☐ Student Center

☐ Kitchen-requires Food Service staff be present. Requesting group is responsible for cost. ☒ Other: Barn

TIME OF ACTIVITY/EVENT:

FROM 10:00

☒ AM or ☐ PM

TO 1:00P

☐ AM or ☒ PM.

START TIME FOR SET UP:

9:30 AM

END TIME FOR CLEAN UP:

1:05 PM

DOORS (TO BE KEPT OPEN DURING ACTIVITY IF APPLICABLE) (Please check or circle required entrances)

DOORS OPEN FROM:

☐ Elem Main Entry #2☐ HS Entry #10☐ Aux Gym Lobby #14☐ Other, be specific

APPROXIMATE NUMBER OF PERSONS WHO WILL BE ATTENDING THE ACTIVITY:

13

IF THIS IS A CONTINUING REQUEST, INDICATE THE DURATION BELOW:

Beginning November 15<sup>th</sup>

and continuing through

January 10<sup>th</sup>

THE REQUESTED LOCATION(S) WILL BE USED FOR THE FOLLOWING ACTIVITY:

related Winter Workouts

Softball

Is the organization planning on using any equipment located on school property?

☐ Yes☒ No

If yes, specify equipment:

Is the organization planning to conduct sales on school premises?

☐ Yes☒ No

If yes, give a COMPLETE description of what is being sold and how the proceeds will be used:

Custodial service requested ☐ yes ☒ no. Fees may apply.Heating/Cooling needed ☐ yes ☒ no.

Check Fee Schedule for any applicable fees, 05.3 AP.2

☒ I have read the Rules and Regulations for Community Use of School Facilities and the Use of Facilities Assurances of Acceptable Behavior, and agree on behalf of the requesting organization to assume personal responsibility for the proper use of the above named areas of the facility.

SIGNATURE OF PERSON MAKING REQUEST ON BEHALF OF THE ORGANIZATION

hatridged@gmail.com

EMAIL

ADDRESS

135 Thompson Ave, Ft. Mitchell, KY  
(859) 468-0885

CELL

AREA BELOW IS FOR OFFICE USE ONLY

SITE IS AVAILABLE HS SECRETARY/INITIAL

Approved

Not Approved

Approved

Not Approved

Approved

Not Approved

PRINCIPAL'S SIGNATURE

SUPERINTENDENT'S SIGNATURE

SCHOOL BOARD CHAIR

Date

Date

Date

10-30-25

STIPULATIONS:

CONTACT PERSON WILL BE NOTIFIED BY EMAIL

Original - Director of Operations Office

 Copies will be emailed to: Maintenance/Custodial Supervisors, Principal, HS Secretary for Facility Book,  
Dir. Of Technology if heat/AC requested, & Athletic Dir. If athletic facility requested.

05.31 AP.21

UPDATED January 2025

## Sadler Sports: Amateur Teams / Leagues Insurance Plan



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/26/2025

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> <b>SADLER &amp; COMPANY, INC.</b> P.O. BOX 5866 COLUMBIA, SOUTH CAROLINA 29250-5866	<b>CONTACT NAME:</b> Sports Dept <b>PHONE (A/C, No. Ext):</b> 800-622-7370   <b>FAX (A/C, No):</b> 803-256-4017 <b>E-MAIL ADDRESS:</b> amateur@sadlersports.com <b>PRODUCER CUSTOMER ID#:</b>
<b>INSURED</b> Villa Hills Longhorns Athletic Association 806 Flourney Court Crescent Springs, KY 41017 Application ID: 444714 A Member of the Sports, Leisure & Entertainment RPG	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> AIG Specialty Insurance Company <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b>

<b>COVERAGES</b>	<b>CERTIFICATE NUMBER</b>	<b>REVISION NUMBER</b>
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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.

INSD 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> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	X		9YAPG0001334486100	12:01:00 AM ET 02/28/2025	12:01AM ET 02/28/2026	EACH OCCURRENCE \$1,000,000 DAMAGE TO PREMISES RENTED TO YOU (Fire Legal Liability) \$1,000,000 MEDICAL EXPENSES (other than participants) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE (other than Products- completed Operations) \$5,000,000 PRODUCTS- COMP/OP AGG \$1,000,000 LEGAL LIAB TO PARTICIPANTS \$1,000,000 PROFESSIONAL LIABILITY \$1,000,000
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS (not provided while in Hawaii) <input checked="" type="checkbox"/> NON- OWNED AUTOS (not provided while in Hawaii)			9YAPG0001334486100	12:01:00 AM ET 02/28/2025	12:01AM ET 02/28/2026	COMBINED SINGLE LIMIT (Ea Accident) \$1,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION						EACH OCCURRENCE AGGREGATE
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER / MEMBER EXCLUDED? <input type="checkbox"/> (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT
A	<b>MEDICAL PAYMENTS TO PARTICIPANTS</b>			9YAPG0001334486100	12:01:00 AM ET 02/28/2025	12:01AM ET 02/28/2026	EXCESS MEDICAL \$100,000 AD&D NONE DEDUCTIBLE \$100

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

**RE: COVERED SPORTS** Baseball 12 & Under, Baseball 13-15, Baseball 16-19, Softball 12 & Under, Softball 13-15, TBall 12 & Under,

The certificate holder is added as an additional insured, but only with respect to the liability arising out of the operations of the insured above.  
 High Brain Injury Sports - For Decid Floor Field/Street Hockey, Roller Hockey (quad), Cheerleading (age 19 & under); Lacrosse (age 19 & under); Soccer (age 19 & under); Water Hockey (age 19 & under); Wrestling (age 19 & under); and Umpire/Referee Associations for the above High Risk Concussion Sports, Limited Coverage for "Brain Injury" endorsement applies- Brain Injury Limit: \$1,000,000 occurrence/ \$1,000,000 aggregate; Brain Injury Loss Adjustment Expense Limit: \$1,000,000 occurrence/ \$1,000,000 aggregate. "Brain Injury" means concussion, chronic traumatic encephalopathy, or any other injury to the brain and any symptoms, conditions, disorders and diseases, including death, resulting therefrom but only if such injury occurs as a result of specific events occurring during the policy period.

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>
<b>RELATIONSHIP:</b> Property Owner/ Lessor  <b>Beechwood Board of Education</b> 50 Beechwood Road Ft. Mitchell, KY 41017	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  <b>AUTHORIZED REPRESENTATIVE</b> 

Coverage is only extended to U.S. events and activities

\*\* NOTICE TO TEXAS INSURED: The Insurer for the purchasing group may not be subject to all the insurance laws and regulations of the State of Texas.

ACORD 25 (2014/01)

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