



**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 Groups

TODAY'S DATE: 10-22-2025 DATE(S) OF ACTIVITY: 11-7-2025

PLEASE CHECK WITH HS SECRETARY TO BE SURE SITE IS AVAILABLE FOR THE DATES REQUESTED.

INSTRUCTIONS: To request the use of the cafeteria, either gym, high school classroom, kitchen, or any athletic field your request must start in the high school office to determine availability of the area requested. To request the use of an elementary classroom or any space located in the elementary, the elementary principal will determine the availability of the area 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: Taylor County High School Marching Band

PERSON(S) WHO WILL BE PRESENT AND SUPERVISING THE ACTIVITY: Stephen Bishop, Band Director & Daniel Beams, Asst. Director

LOCATION(S) REQUESTED FOR ACTIVITY: ☐ Cafe ☐ Old Gym ☐ Auxillary Gym ☒ Lower Turf Field

☐ Upper Turf Field ☐ Field House Viewing Room ☐ Other: _____

☐ Kitchen-requires a Food Service staff member be present, requesting group is responsible for cost.

TIME OF ACTIVITY/EVENT: FROM 2:00 ☐ AM or ☒ PM TO 5:00 ☐ AM or ☒ PM.

START TIME FOR SET UP:

END TIME FOR CLEAN UP:

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: 75

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

Beginning _____ and continuing through _____.

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

Marching Band Practice

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.

Stephen L. Bishop

SIGNATURE OF PERSON MAKING REQUEST ON BEHALF OF THE ORGANIZATION

stephen.bishop@taylor.kyschools.us

EMAIL

2705 Hodgenville Rd. Campbellsville, KY 42718

ADDRESS

270-572-6355

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

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,

05.31 AP.21



TAYLCO-P02

JTROLL

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/23/2025

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 Houchens Insurance Group 505 Wellington Way, Suite 275 Lexington, KY 40503	CONTACT NAME:		
	PHONE (A/C, No, Ext): (859) 296-4580	FAX (A/C, No): (859) 296-4583	
	E-MAIL ADDRESS:		
	INSURER(S) AFFORDING COVERAGE	NAIC #	
	INSURER A : LM Insurance Corporation	33600	
	INSURER B : Liberty Mutual Fire Insurance Company	23035	
	INSURER C : Liberty Insurance Corporation	42404	
	INSURER D :		
	INSURER E :		
	INSURER F :		

INSURED Taylor County Board of Education 1209 E. Broadway Campbellsville, KY 42718	
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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
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			TB5-Z51-293526-024	7/1/2025	7/1/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 SEXUAL MISCONDU \$ 1,000,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			AS2-Z51-293526-014	7/1/2025	7/1/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0			TH7-Z51-293526-074	7/1/2025	7/1/2026	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> 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)

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

Beechwood Independent Schools
54 Beechwood Road
Fort Mitchell, KY 41017