

Paintsville Independent Schools Application for use of School Facilities

Name: *

Philip Workman

Address:

212 4th St, Paintsville, KY 41240

Home Phone:

859-396-4322

Cell Phone:

859-396-4322

Email Address:

philip.workman@paintsville.kyschools.us

Activity: *

Soccer

Date(s) & Hours of Use: *

Varies upon schedule. 1-2x per week 1 hour each.

Name of Facility: *

Soccer Field

The group agrees to be responsible for the school and each of the following:

- (A) Accepts responsibility for any damages resulting from use of facility;
- (B) Group will supply liability insurance and shall assume responsibility for any damages to that facility;
- (C) Agrees to observe all fire and safety regulations;
- (D) Must have the presence of school custodian or other school employee at all activities;
- (E) Use of tobacco shall not occur within the building and use of alcoholic beverages is prohibited in buildings o school grounds;
- (F) Must assure no immoral or illegal activity shall be allowed on premises while being used;
- (G) Alterations to the buildings or grounds shall not occur without consent of Superintendent;
- (H) School equipment shall not be a part of the rental contract unless specifically enumerated; &
- (I) Facility must be in as good condition as it was prior to the activity.

The user will:

- (A) Provide security for all surrounding areas of the rented property (example: playground, hall, restrooms, etc.);
- (B) Clean facility to the satisfaction of the building principal; (If building requires cleaning, the party will be billed accordingly (custodian hourly rate and time & 1/2 plus retirement).
- (C) PROVIDE PROOF OF INSURANCE for event
- (D) Part must abide by non-discrimination clause. *(Please refer to statement below)

Paintsville Independent Schools does not discriminate on the basis of sex, race, religion, age, or national origin.

Signature of Representative (Type your Name): *

Philip Workman

Date: *

MM DD YYYY

01 / 06 / 2026

Proof Of Insurance

Paintsville Independent Board of Education must have a copy of your proof of insurance. You may upload your proof of insurance below, or send a copy over to the board office.

Mailing Address:

Paintsville Independent Schools
305 2nd Street
Paintsville, KY 41240

Fax: 606-789-7412

Insurance (PDF):

 Paintsville Indep...

 Add file

This form was created inside of Paintsville Independent Schools.

Google Forms



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/04/2026

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 K&K Insurance Group, Inc. P.O. Box 2338 Fort Wayne, IN 46801-2338	CONTACT NAME: MM - Amateur Sports - Teams, Leagues and Associations	
	PHONE (A/C, No, Ext): 1-800-426-2889	FAX (A/C, No): 1-260-459-5105
	E-MAIL ADDRESS: info@sportsinsurance-kk.com	
	PRODUCER CUSTOMER ID:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED Kayla VanHoose DBA: Bluegrass Volleyball Academy, Bluegrass Futbol Academy 216 4th St Paintsville, KY 41240 A Member of the Sports, Leisure & Entertainment RPG	INSURER A:	AIG Specialty Insurance Company 26883
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER: U00171842

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	X		9YAPG0001334486101	11/25/2025 02:03 PM EDT	11/25/2026 12:01 AM	EACH OCCURRENCE	\$1,000,000
							DAMAGE TO RENTED PREMISES (Ea Occurrence)	\$1,000,000
							MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	\$5,000,000
							PRODUCTS - COMP/OP AGG	\$1,000,000
							PROFESSIONAL LIABILITY	\$1,000,000
							Legal Liability to Participants	see below
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NOT PROVIDED WHILE IN HAWAII <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			9YAPG0001334486101	11/25/2025 02:03 PM EDT	11/25/2026 12:01 AM	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"/> DED <input type="checkbox"/> RETENTION						EACH OCCURRENCE	
							AGGREGATE	
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/ EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	
							E.L. EACH ACCIDENT	
							E.L. DISEASE - EA EMPLOYEE	
							E.L. DISEASE - POLICY LIMIT	
A	<input type="checkbox"/> MEDICAL PAYMENTS FOR PARTICIPANTS			9YAPG0001334486101	11/25/2025 02:03 PM EDT	11/25/2026 12:01 AM	PRIMARY MEDICAL	
							EXCESS MEDICAL	\$25,000

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

Sport(s): Volleyball Age(s): 12 & Under, 13-15, 16-19 (LLP-\$1,000,000); Soccer Youth Age(s): 13-15, 16-19 (LLP-\$1,000,000)

The Certificate holder is added as an additional insured, but only for liability caused, in whole or in part, by the acts or omissions of the named insured.

CERTIFICATE HOLDER

Paintsville Independent School District
305 2nd Street
Paintsville, KY 41240
Owner/Manager/Lessor of Premises

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

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

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – DESIGNATED
PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

<p>Name Of Additional Insured Person(s) Or Organization(s)</p> <p>Paintsville Independent School District 305 2nd Street Paintsville, KY 41240</p> <p>Named Insured: Kayla VanHoose DBA: Bluegrass Volleyball Academy, Bluegrass Futbol Academy</p>
<p>Information required to complete this Schedule, if not shown above, will be shown in the Declarations.</p>

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

1. In the performance of your ongoing operations; or
2. In connection with your premises owned by or rented to you.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.