



Host Agreement National Career Academy Coalition

Insight Onsite Event

The Parties of this Agreement are the **National Career Academy Coalition (NCAC)** and Jefferson County Public Schools or (School or Academy), hereinafter collectively referred to as the Parties. This form **MUST** be signed and returned to Dana Shumate, Director of Strategic Partnerships, dshumate@ncacinc.com .

Purpose: The purpose of this agreement is to establish the roles and responsibilities of the Parties to develop and implement a one- or two-day Insight Onsite Study Visit that demonstrates and showcases the expertise of their Model Academies.

Definition: NCAC's Insight Onsite is a one- or two-day intensive seminar designed to provide an in-depth exploration of the college and career academy model. These events take place on-site at high schools across the country that have achieved the prestigious National Career Academy Coalition Model designation. Attendees learn how Model Academies have embedded the ten National Standards of Practice for Career Academies (NSOP) in their Career Academy programs and how their academy was able to meet and exceed these Standards.

To personalize the learning and to give participants time for meaningful conversations with Academy leaders, each Insight Onsite is limited to 100 participants. Fees include all program materials and meals during event hours. Attendees are responsible for their own travel and accommodation fees.

Profit-sharing: NCAC's Insight Onsite is a profit-sharing opportunity for schools/districts. After the event, NCAC's accounting department does a full analysis of the event. Expenses are paid from the total income, and the profit is split equally between NCAC and the school/academy. (See How to Submit, Acceptable Expenditures, and Reimbursements below).

Roles and Responsibilities: The Parties agree to the following roles and responsibilities.

Responsibilities of National Career Academy Coalition:

- Provide staff person to support the School/Academy and their designated point person
- Assist with the design and development of the agenda
- Provide marketing assistance through the NCAC website and email blasts
- Collect, maintain, and monitor registration information including confirmation emails, invoicing, and correspondence as it may relate to travel, substitutions, and other attendee concerns

Responsibilities of School/Academy:

- Provide designated point person(s) to work with NCAC staff to manage all aspects of the Insight Onsite
- Organize school/academy staff for planning and delivering sessions for the Insight Onsite
- Communicate the purpose, value, and details of the Insight Onsite to the school and district
- Organize the business advisory board members to participate in the Insight Onsite
- Provide food and beverages for attendees. This might include a continental breakfast and a light lunch. If the school site has a culinary academy, that program may provide the meals.

Acceptable Expenditures and Reimbursements:

- Printing: Any material needed for attendees: badges, brochures, handouts, etc.
- Food (Continental Breakfast, lunch, beverages): NCAC will reimburse the school up to \$25 per person per day.
- Substitutes: NCAC will reimburse the school for one to three substitutes.
- NCAC will charge an indirect fee of 10% to cover registration, advertising, organization, and website advertising, email blasts, and credit card fees.
- If you require an NCAC person onsite, their flight, hotel, and per diem will be charged against the event.
- Only the items listed above will be reimbursed unless NCAC gives prior approval.
- **Keeping costs low will maximize your profit.**

How to Submit Expenses:

All receipts should be submitted no more than 30 days after the event, and you must use the [NCAC Expense Submission Form](#). We can no longer accept expenses submitted via email - only expenses submitted via the online form will be processed and paid. Any expenses submitted

must have a corresponding receipt/backup, and all receipts should be combined into one pdf document. Please submit one expense report per event. Please advise NCAC of the name of the person responsible for submitting receipts.

After submitting, you will receive a confirmation email that NCAC has received it. Save the confirmation email in case you need to contact us. Disbursements will be made within 60 days. For shared profit events, you will receive two disbursements: one with the proceeds from the net profit, and one for the location's submitted expenses via the online form. Proceeds from a shared profit cannot be disbursed before all of the location's expenses have been submitted. Note: The "Payee" field on the online form should be completed in the same manner as the payment check should be written to (i.e. If the check should be written to the school, put the school's name in this field, not the individual completing the form). Businesses, Schools, and other entities will be paid via mailed check and cannot be paid via direct deposit. Only individuals can be paid via direct deposit after submitting the correct paperwork.

[If you have any further](#) questions about reimbursements, contact Operations Manager Jessica Lopp, Jlopp@ncacinc.com

School Representative:

Signature, Title Dr. Brian Yearwood, Superintendent

Date

Dana Shumate

02/16/2026

Dana Shumate
Director of Strategic Partnerships
National Career Academy Coalition



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/10/2026

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).

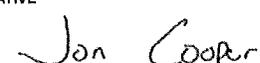
PRODUCER		CONTACT NAME: Sarah Leydon	
Relation Insurance Services		PHONE (A/C, No, Ext):	FAX (A/C, No):
10461 Mill Run Cir, Ste 1000		E-MAIL ADDRESS: Sarah.Leydon@relationinsurance.com	
Owings Mills	MD 21117	INSURER(S) AFFORDING COVERAGE	
		INSURER A : Hartford Underwriters Insurance Company	NAIC # 30104
		INSURER B : Rated by Multiple Co's	00914
		INSURER C : Mount Vernon Fire Insurance Company	26522
		INSURER D :	
		INSURER E :	
		INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** 26/27 GL AU WC 25/26 PL **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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		30SBMAK2B0H	01/26/2026	01/26/2027	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY			30SBMAK2B0H	01/26/2026	01/26/2027	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 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 DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y	N/A	30WECAW4ZEZ	02/27/2026	02/27/2027	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	Professional Liability			SP2551316J	04/10/2025	04/10/2026	Each Claim \$1,000,000 Annual Aggregate \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 General Liability: Jefferson County Public Schools is named as Additional Insured in regards to the operations of the Named Insured when required by written contract.

CERTIFICATE HOLDER	CANCELLATION
Jefferson County Public Schools 3332 Newburg Rd. Louisville KY 40218	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 

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DATE (MM/DD/YYYY)
02/10/2026

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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).

PRODUCER INSURANCE INC/PHS 30721579 The Hartford Business Service Center 3600 Wiseman Blvd San Antonio, TX 78251	CONTACT NAME: PHONE (A/C, No, Ext): (866) 467-8730		FAX (A/C, No):
	E-MAIL ADDRESS:		
	INSURER(S) AFFORDING COVERAGE		NAIC#
INSURED National Career Academy Coalition Inc. PO Box 121161 NASHVILLE TN 37212-1161	INSURER A : Hartford Underwriters Insurance Company		30104
	INSURER B : Hartford Fire and Its P&C Affiliates		00914
	INSURER C :		
	INSURER D :		
	INSURER E :		
	INSURER F :		

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/Y YYY)	LIMITS
A	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> General Liability	X		30 SBM AK2B0H	01/26/2026	01/26/2027	EACH OCCURRENCE \$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000
							MED EXP (Any one person) \$10,000
							PERSONAL & ADV INJURY \$2,000,000
A	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			30 SBM AK2B0H	01/26/2026	01/26/2027	COMBINED SINGLE LIMIT (Ea accident) \$2,000,000
							BODILY INJURY (Per person)
							BODILY INJURY (Per accident)
							PROPERTY DAMAGE (Per accident)
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB						EACH OCCURRENCE
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						AGGREGATE
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	30 WEC AW4ZEZ	02/27/2025	02/27/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
							E.L. EACH ACCIDENT \$1,000,000
							E.L. DISEASE -EA EMPLOYEE \$1,000,000
A	Employment Practices Liability Insurance			30 SBM AK2B0H	01/26/2026	01/26/2027	Each Claim Limit \$25,000 Annual Aggregate Limit \$25,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Those usual to the Insured's Operations. Certificate holder is an additional insured per the Business Liability Coverage Form SL3032 attached to this policy. RE: Jefferson County Public Schools, 3332 NEWBURG RD LOUISVILLE, KY 40218

CERTIFICATE HOLDER Jefferson County Public Schools 3332 NEWBURG RD LOUISVILLE KY 40218	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 <i>Susan L. Castaneda</i>
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