



**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:

DATE(S) OF ACTIVITY: 9/3-2/26 PAL & 3/21-4/22

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

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: Immanuel School of Music (ISM)

PERSON(S) WHO WILL BE PRESENT & SUPERVISING THE ACTIVITY: Mozart Strings Teacher(s) - ISM teachers assigned

NAME OF EVENT: Mozart Strings

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: flexible. Open Space.

TIME OF ACTIVITY/EVENT: FROM 3:30 pm ☐ AM or ☒ PM TO 4:30 pm ☐ AM or ☒ PM.

START TIME FOR SET UP: 3:15 pm END TIME FOR CLEAN UP: 4:40 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: 20

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

Beginning September 2026 and continuing through April 2027

THE REQUESTED LOCATION(S) WILL BE USED FOR THE FOLLOWING ACTIVITY: ISM String Instruction
+ Music Enrichment.

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.

Julie Geiman

SIGNATURE OF PERSON MAKING REQUEST ON BEHALF OF THE ORGANIZATION

jgeiman@immanuel-nky.org

EMAIL

2551 Dixie Hwy, Lakeside Park KY 41076

ADDRESS

1.513.236.1269

CELL

AREA BELOW IS FOR OFFICE USE ONLY

SITE IS AVAILABLE. HS SECRETARY INITIAL _____

☒ Approved ☐ Not Approved

PRINCIPAL'S SIGNATURE

Date

☐ Approved ☐ Not Approved

SUPERINTENDENT'S SIGNATURE

Date

☐ Approved ☐ Not Approved

SCHOOL BOARD CHAIR

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,
Dir. Of Technology if heat/AC requested, & Athletic Dir. if athletic facility requested.

05.31 AP.21

UPDATED January 2025

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/11/2026

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 Lightwell Insurance Advisors of TN 7121 Afton Drive Knoxville TN 37918	CONTACT NAME: Benjamin W Johnson PHONE (A/C, No, Ext): (865) 922-3111 E-MAIL ADDRESS: BJohnson@Lightwell.com FAX (A/C, No): (865) 922-0613																					
INSURED Immanuel Church, Inc. 2551 Dixie Hwy Lakeside Park KY 41017 (859) 341-5330	<table><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A:</td><td>BROTHERHOOD MUTUAL INS CO</td><td>13528</td></tr><tr><td>INSURER B:</td><td>Everest Reinsurance Co</td><td>26921</td></tr><tr><td>INSURER C:</td><td></td><td></td></tr><tr><td>INSURER D:</td><td></td><td></td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	BROTHERHOOD MUTUAL INS CO	13528	INSURER B:	Everest Reinsurance Co	26921	INSURER C:			INSURER D:			INSURER E:			INSURER F:		
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COVERAGES JL CERTIFICATE NUMBER: Cert ID 2468 (8) 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. LIMITS SHOWN ARE INCLUSIVE OF AMOUNTS REQUESTED BY THE CERTIFICATE HOLDER AND MAY NOT REFLECT POLICY LIMIT AMOUNTS IN EXCESS OF THOSE REQUESTED. *Not Applicable in WY

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ LOC OTHER:			16MRA0525404	06/04/2026	06/04/2027	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 \$ 10,000,000 PRODUCTS - COMP/OP AGG \$ 10,000,000 Empl Benefits Liab \$ 1,000,000
	☐ AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ HIRED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	☐ UMBRELLA LIAB ☐ EXCESS LIAB DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	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	16WRA0525428	06/04/2026	06/04/2027	☒ PER STATUTE ☐ OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
B	Blanket Accident Only			AHP0000741-261	03/01/2026	03/01/2027	Max Amount per covered person 10,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
For ISM Music instruction, ISM String instruction, Mozart Strings, as approved and scheduled by schools & ISM during 2026-2027.

CERTIFICATE HOLDER

The Beechwood Independent School District
50 Beechwood Rd
Ft Mitchell KY 41017

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
