BEECHWOOD INDEPENDENT SCHOOL DISTRICT
BOARD OF EDUCATION

RENTAL/ USE OF FACILITY
Community Groups

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

TODAY'S DATE: 6/19/26 DATE(S) OF ACTIVITY: June 7 - 11, 2027

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 ORGANIZTION: Camp Invention

PERSON(S) WHO WILL BE PRESENT & SUPERVISING THE ACTIVITY: Jill Justice & Additional Instructors TBD

NAME OF EVENT: Camp Invention

LOCATION(S) REQUESTED FOR ACTIVITY: ☑ Cafe ☐ Varsity Gym ☐ Aux Gym ☑ Lower Field ☐ Upper Field (Possible for 1 hr. mid day)

☐ 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: 4-8 Elem. Classrooms (# of rooms depends on enrollment)

TIME OF ACTIVITY/EVENT: FROM 7:45 ☑ AM or ☐ PM TO 4:15 ☐ 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: 7:55 - 8:15 and 3:50 - 4:10

☑ Elem Main Entry **#2** ☐ HS Entry **#10**

☐ Aux Gym Lobby **#14** ☐ Other, be specific

APPROXIMATE NUMBER OF PERSONS WHO WILL BE ATTENDING THE ACTIVITY: 60-120 K-6 students

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: The Cafeteria, 4 -8 Elementary Classroom (Enrollments determines the number of classrooms). Possiblv lower field for up to 1 hour

Is the organization planning on using any equipment located on school property? ☐ Yes ☑ No

If yes, specifiy 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.

Jill Justice
SIGNATURE OF PERSON MAKING REQUEST ON BEHALF OF THE ORGANIZATION

1131 Old State Rd., Park Hills, KY 41011
ADDRESS

jill.justice@beechwood.kyschools.us
EMAIL

(859)240-9832
CELL

AREA BELOW IS FOR OFFICE USE ONLY

SITE IS AVAILABLE. HS SECRETARY INITIAL _____

✓ Approved ____ Not Approved — PRINCIPAL'S SIGNATURE — 10/26/26 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.

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 09/02/2026

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
The James B. Oswald Company
950 Main Avenue, Suite 1800
Cleveland OH 44113

CONTACT NAME: Stacy Felix
PHONE (A/C, No, Ext): (216) 367-8787 **FAX (A/C, No):** (216) 241-4520
E-MAIL ADDRESS: sfelix@oswaldcompanies.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Philadelphia Indemnity Insurance Co	18058
INSURER B : Sentinel Insurance Company Ltd	11000
INSURER C : Underwriters at Lloyd's London (IL)	15792
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
National Inventors Hall of Fame, Inc.
3701 Highland Park NW
North Canton OH 44720

COVERAGES **CERTIFICATE NUMBER:** 26-27 **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 ☒ Abusive Conduct Liability $1M/$3M ☒ Professional Liability $1M/$3M GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☒ LOC ☐ OTHER:			PHPK2596788-007	08/31/2026	08/31/2027	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG $	$ 1,000,000 $ 1,000,000 $ 20,000 $ 1,000,000 $ 3,000,000 $ 3,000,000 $
A	AUTOMOBILE LIABILITY ☒ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY			PHPK2596788-007	08/31/2026	08/31/2027	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) $	$ 1,000,000 $ $ $ $
A	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☒ RETENTION $ 10,000			PHUB879565-007	08/31/2026	08/31/2027	EACH OCCURRENCE AGGREGATE $	$ 10,000,000 $ 10,000,000 $
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N: N If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		45 WBC BJ4ZM2	08/31/2026	08/31/2027	☒ PER STATUTE ☒ OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	OH & WA Stop Gap $ 1,000,000 $ 1,000,000 $ 1,000,000
C	Cyber Liaibity			ESP0440972811	08/31/2026	08/31/2027	Per Occurrence Aggregate Deductible	$5,000,000 $5,000,000 $10,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
C-KY60-11493-27 - Camp Invention

CERTIFICATE HOLDER
Beechwood Independent School District
50 Beechwood Rd
Fort 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
Stacy Felix

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