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: 9/21/2026 DATE(S) OF ACTIVITY: February 5th, 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: Kenton County Public Library

PERSON(S) WHO WILL BE PRESENT & SUPERVISING THE ACTIVITY: Kyler Kantz, Logan Rains, Claudia Read, Caitlin Beach, Michelle Mueller

NAME OF EVENT: Passport Acceptance Event

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:

TIME OF ACTIVITY/EVENT: FROM 5:00 ☐ AM or ☑ PM TO 7:00 ☐ AM or ☑ PM.

START TIME FOR SET UP: 4:30PM **END TIME FOR CLEAN UP:** 7:30PM

DOORS (TO BE KEPT OPEN DURING ACTIVITY IF APPLICABLE) (Please check or circle required entrances)

DOORS OPEN FROM: 5pm - 7pm

☐ Elem Main Entry **#2** ☑ HS Entry **#10**
☐ Aux Gym Lobby **#14** ☐ Other, be specific

APPROXIMATE NUMBER OF PERSONS WHO WILL BE ATTENDING THE ACTIVITY: 5

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: Tables in the cafe area will be used to check passport documents and application assembly by our staff.

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.

SIGNATURE OF PERSON MAKING REQUEST ON BEHALF OF THE ORGANIZATION

502 Scott St, Covington KY, 41011
ADDRESS

kkantz@kentonlibrary.org
EMAIL

(859) 962-4076
CELL

AREA BELOW IS FOR OFFICE USE ONLY

SITE IS AVAILABLE. HS SECRETARY INITIAL _____

✓ Approved ____ Not Approved
PRINCIPAL'S SIGNATURE — Date 10/21/24 10/12/26

____ 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.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 9/29/2026

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
Arthur J. Gallagher Risk Management Services, LLC
201 E 4th Street
Suite 625
Cincinnati OH 45202

CONTACT NAME: N. Speller
PHONE (A/C, No, Ext): 513-977-3100 **FAX (A/C, No):**
E-MAIL ADDRESS: Nikki_Speller@ajg.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Accident Fund Insurance Company of America	10166
INSURER B : Cincinnati Casualty Company	28665
INSURER C : The Cincinnati Insurance Company	10677
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Kenton County Public Library
3095 Hulbert Avenue
Erlanger KY 41018

COVERAGES **CERTIFICATE NUMBER:** 190944027 **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	
C	X COMMERCIAL GENERAL LIABILITY			EPP 0199987	7/1/2026	7/1/2029	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 500,000
							MED EXP (Any one person)	$ 10,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	OTHER:							$
B	AUTOMOBILE LIABILITY			EBA 0199987	7/1/2026	7/1/2027	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	X ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
C	X UMBRELLA LIAB X OCCUR			EPP 0199987	7/1/2026	7/1/2029	EACH OCCURRENCE	$ 7,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$ 7,000,000
	DED X RETENTION $ 0							$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N			100033047	7/1/2026	7/1/2027	X PER STATUTE OTH-ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Beechwood Independent Schools are named as an additional insured on the General Liability policy as required by written contract regarding the Passport Fair Event.
Event Name: Passport Fair
Date: February 5, 2027

CERTIFICATE HOLDER

Beechwood Independent Schools
54 Beechwood Road
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
Arthur J. Gallagher Risk Management Services, LLC

© 1988-2015 ACORD CORPORATION. All rights reserved.

The ACORD name and logo are registered marks of ACORD