

August 3, 2015

Dear Mr. Ballard and EIS School Board,

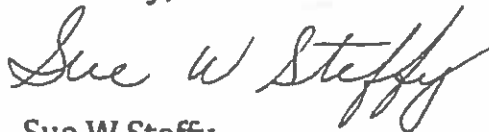
I am writing to ask approval to organize another trip to Europe for our Elizabethtown middle and high school students. I have taken 3 trips with students and parents to various destinations including Italy, Greece, Paris, and Switzerland. Our group this summer was the largest yet at 26 participants.

The trip I would like to organize for the summer of 2017 goes to Italy, France and Spain. I want to use Explorica as our tour company. They did a great job for us on our latest trip and I'd like to use them again. I have included information from Explorica that will hopefully answer any questions you may have concerning insurance and liability.

I've always loved to travel but traveling with students is a unique and exciting opportunity. To see them experience things that we've talked about in class, or to see the Pantheon in Rome and have them say, "You said it was big but we didn't know it was this big!" is exhilarating as a teacher. It's one of the most rewarding experiences of my life to be able to share these things with my students.

Traveling with students is a huge responsibility but the reward is worth it. My groups have grown each time we've traveled. I only had 7 on my first trip, and 14 on the second. We had 26 this summer so I'm hoping for a bus load in 2017! Thank you for your consideration.

Sincerely,

A handwritten signature in cursive script that reads "Sue W Steffy". The signature is written in dark ink and is positioned above the printed name.

Sue W Steffy

TKS History & Appreciation of the Arts

Florence guided walking sightseeing tour with Whisper headsets  
 Palazzo Vecchio, Piazza della Signoria, Chiesa di Santa Croce, Ponte Vecchio, Duomo visit, leather workshop, Gates of Paradise, Giotto's Bell Tower, Dante's House  
 Outdoor Picnic Lunch  
*Optional Siena guided excursion \$35*  
 Piazza del Campo, Palazzo Pubblico, Duomo, Church of St Catherine, Fortezza Medicea

- Tapas Dinner
- Flamenco evening on extension
- Tour Diary™
- Note: On arrival day only dinner is provided; on departure day, only breakfast is provided
- Note: Tour cost does not include airline-imposed baggage fees, or fees for any required passport or visa. Please visit our Fees FAQ page for a full list of items that may not be included in the cost of your tour.

#### **Day 6 Florence--Côte d'Azur**

Travel to Côte d'Azur via Pisa  
 Baptistry visit & see the Leaning Tower of Pisa  
 Nice tour director-led sightseeing  
 Vieux Nice, Promenade des Anglais

#### **Day 7 Côte d'Azur--Provence**

Monaco & Èze tour director-led sightseeing  
 Prince's Palace, parfumerie visit in Èze  
 Travel to Provence

#### **Day 8 Provence--Barcelona**

Provence tour director-led sightseeing  
 Pont du Gard visit, Nîmes amphitheater visit  
 Travel to Barcelona  
 Paella dinner

#### **Day 9 Barcelona landmarks**

Barcelona guided sightseeing tour  
 Gaudí's Sagrada Família, Montjuïc Hill, Park Güell visit  
 Local Café Stop  
 Spanish Village visit  
 Barcelona city walk  
 Mercat de la Boqueria, Las Ramblas, Columbus Monument  
 Tapas dinner

#### **Day 10 End tour**



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
9/3/2014

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 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).

<b>PRODUCER</b> Commercial Lines - (866) 597-9827 Wells Fargo Insurance Services USA, Inc. 689 Boylston St. 6th Floor Boston, MA 02116	<b>CONTACT</b> NAME: PHONE: (A/C No. Ext): FAX: (A/C No.): E-MAIL: ADDRESS:														
<b>INSURED</b> Explorica, Inc 145 Tremont Street 6th Floor Boston, MA 02111	<table border="1"><thead><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A: Steadfast Insurance Company</td><td>26387</td></tr><tr><td>INSURER B: Hartford Casualty Insurance Company</td><td>29424</td></tr><tr><td>INSURER C:</td><td></td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></tbody></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Steadfast Insurance Company	26387	INSURER B: Hartford Casualty Insurance Company	29424	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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## COVERAGES

CERTIFICATE NUMBER: 8119753

REVISION NUMBER: See below

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 SUBR INSD 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  GENTL AGGREGATE LIMIT APPLIES PER <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER		EOL9474195-05	09/01/14	09/01/15	<table border="1"><tr><td>EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Per occurrence)</td><td>\$</td><td>5000000</td></tr><tr><td>MED EXP (Any one person)</td><td>\$</td><td>1000</td></tr><tr><td>PERSONAL &amp; ADV INJURY</td><td>\$</td><td>5000000</td></tr><tr><td>GENERAL AGGREGATE</td><td>\$</td><td>5000000</td></tr><tr><td>PRODUCTS - COMP/OP AGG</td><td>\$</td><td>0</td></tr><tr><td>PER OCCR DEDUCTIBLE</td><td>\$</td><td>25000</td></tr></table>	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Per occurrence)	\$	5000000	MED EXP (Any one person)	\$	1000	PERSONAL & ADV INJURY	\$	5000000	GENERAL AGGREGATE	\$	5000000	PRODUCTS - COMP/OP AGG	\$	0	PER OCCR DEDUCTIBLE	\$	25000
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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	08WECRH8114	09/01/14	09/01/15	<table border="1"><tr><td><input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER</td><td>\$</td><td></td></tr><tr><td>E.L. EACH ACCIDENT</td><td>\$</td><td>1000000</td></tr><tr><td>E.L. DISEASE - EA EMPLOYEE</td><td>\$</td><td>1000000</td></tr><tr><td>E.L. DISEASE - POLICY LIMIT</td><td>\$</td><td>1000000</td></tr></table>	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	\$		E.L. EACH ACCIDENT	\$	1000000	E.L. DISEASE - EA EMPLOYEE	\$	1000000	E.L. DISEASE - POLICY LIMIT	\$	1000000						
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Evidence of Coverage

## CERTIFICATE HOLDER

Evidence of Coverage

## 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

*James Smith*

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