



FLOYD COUNTY BOARD OF EDUCATION
Henry Webb, Superintendent
106 North Front Avenue
Prestonsburg, Kentucky 41653
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www.floyd.kyschools.us

Jeff Stumbo, Chair - District 3
Linda Gearheart, Vice-Chair - District 1
Dr. Chandra Varia, Member - District 2
Rhonda Meade, Member - District 4
Sherry Robinson, Member - District 5

Date: 11/7/16

Consent Agenda Item (Action Item):

Allen Central Middle School is requesting approval of Common Carrier (Miller Brothers Transportation) to transport students during Kentucky Youth Assembly.

Applicable Statute or Regulation:

Policy 0.1.11 General Powers and Duties of the Board

Fiscal/Budgetary Impact:

Fiscal/Budgetary Requirements are covered in KYA registration fees.

History/Background:

The students of Allen Central Middle School have successfully participated in the Kentucky Youth Assembly for seventeen years. During participation students are transported from Louisville to Frankfort to present their Bills to the Senate and the House of Representatives by Common Carrier on Friday, December 16th, 2016 and return to Louisville on Friday evening, December 16th, 2016.

Recommended Action:

Approve request of Common Carrier (Miller Brother Transportation) to transport students during Kentucky Youth Assembly.

Rationale:

Kentucky Youth Assembly provides students the opportunities to present a Bill to the Senate and the House of Representatives.

Contact Person(s):

Wes Halbert

Wes Halbert

Principal
Wes Halbert

David Bickford

Director
Davida Bickford

Dr. Henry Webb

Superintendent
Dr. Henry Webb

DATE (MM/DD/YYYY)
09/27/2016

Sure Linc Services, Inc.
111 Outer Loop

Louisville, KY 40214

INSURED	MILLER TRANSPORTATION INC., MILLER TRANSPORTATION BUS SERVICE, INC. 111 OUTER LOOP LOUISVILLE, KY 40214
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THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: PROTECTIVE INS CO

INSURER B:

INSURER C:

INSURER D:

INSURER E:

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L TR INSRD		TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		GENERAL LIABILITY	TD000059	09/27/2016	09/27/2017	EACH OCCURRENCE	\$ 5,000,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 5,000
						PERSONAL & ADV INJURY	\$ 1,000,000
						GENERAL AGGREGATE	\$ 5,000,000
						PRODUCTS - COMP/OP AGG	\$ INCL
		GEN'L AGGREGATE LIMIT APPLIES PER:					
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
A		AUTOMOBILE LIABILITY	TD000059	09/27/2016	09/27/2017	COMBINED SINGLE LIMIT (Ea accident)	\$ 5,000,000
		<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
		<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
		<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
		<input checked="" type="checkbox"/> HIRED AUTOS					
		<input checked="" type="checkbox"/> NON-OWNED AUTOS					
		<input checked="" type="checkbox"/> COLLISION					
<input checked="" type="checkbox"/> SPECIFIED PERIL							
A		GARAGE LIABILITY	TD000059	09/27/2016	09/27/2017	AUTO ONLY - EA ACCIDENT	\$ 5,000,000
		<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC	\$
		<input type="checkbox"/>				AUTO ONLY: AGG	\$
A		EXCESS/UMBRELLA LIABILITY	TX1349	09/27/2016	09/27/2017	EACH OCCURRENCE	\$ 5,000,000
		<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$
		<input type="checkbox"/>					\$
		<input type="checkbox"/> DEDUCTIBLE					\$
		<input type="checkbox"/> RETENTION \$					\$
							\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				<input type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER	
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	\$
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$
A		GARAGE KEEPERS	TD000059	09/27/2016	09/27/2017	600,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

CERTIFICATE HOLDER IS TO BE LISTED AS AN ADDITIONAL INSURED

MAIL AND E-MAIL ph@kyymca.org

CERTIFICATE HOLDER

**FLOYD COUNTY BOARD OF EDUCATION
106 NORTH FRONT AVENUE
PRESTONBURG, KY 41653**

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

NTATIVES.
ED REPRESENTATIVE

Carolyn Miller

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