



FLOYD COUNTY BOARD OF EDUCATION
Stephen A. Trimble, Interim Superintendent
106 North Front Avenue
Prestonsburg, Kentucky 41653
Telephone (606) 886-2354 Fax (606) 886-8862
www.floyd.kyschools.us

Sherry Robinson- Chair - District 5
Dr. Chandra Varia, Vice-Chair -
District 2
Linda C. Gearheart, Member -
District 1

Issue Paper

December 26, 2017

ACTION/DISCUSSION ITEM:

Commercial carrier of May Valley Elementary fifth grade trip to Frankfort, KY on April 20, 2018

APPLICABLE STATE or BOARD POLICY:

Board must approve the use of certified commercial carriers (Policy 9.36).

FISCAL/BUDGET IMPACT:

The cost of the transportation will be covered by May Valley activity funds.

HISTORY/BACKGROUND:

The fifth grade has been studying Kentucky History required in the KY Core Content SS-E.211, 2.12, 2.21, 4.3.2 Projects and research on historical places located in Frankfort, KY. Students have engaged in hands-on experiences with citizenship and KY government following legislative proposed actions.

RECOMMEDED ACTIONS:

Approve request for May Valley's fifth graders to use a commercial carrier for a one-day trip to Frankfort, KY.

ALTERNATIVE ACTIONS:

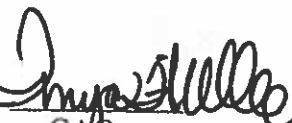
Request additional information


CONTACT PERSON(S):

Amie Hall, Brittany Hammonds, or Jamie Lawson at 285-0883

APPROVED:


Principal Signature
Kathy Shepherd


CAO
Tonya Williams


Interim Superintendent
Steve Trimble



GOLDSHI-04

SANDERSON

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/26/2017

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
Van Meter Insurance Group
505 Wellington Way
Lexington, KY 40503

CONTACT
NAME:
PHONE
(A/C, No, Ext): (859) 263-2771 FAX (A/C, No): (859) 263-1999
E-MAIL
ADDRESS:

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A : National Interstate Insurance Company

32620

INSURER B :

INSURER C :

INSURER D :

INSURER E :

INSURER F :

INSURED

Gold Shield VIP Coach, Inc.
Gold Shield Limousine Company, Inc.
PO Box 2145
Lexington, KY 40588

COVERAGES

CERTIFICATE NUMBER:

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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A X	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		GLR057485400	12/01/2017	05/14/2018	EACH OCCURRENCE \$ 5,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 5,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ 5,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:					
A	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		CAR057485407	05/14/2017	05/14/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ PIP Coverage \$ 10,000
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	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				PER STATUTE OTH-ER E L EACH ACCIDENT \$ E L DISEASE - EA EMPLOYEE \$ E L DISEASE - POLICY LIMIT \$
A	Excess Auto		EXR057485400	12/01/2017	05/14/2018	Excess Auto \$ 5,000,000
A	Excess Auto		EXR157485400	12/01/2017	05/14/2018	Excess Auto \$ 5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Re-issued 12/26/2017 per request from insured.

CERTIFICATE HOLDER

CANCELLATION

Floyd County Board of Education
106 North Front St.
Prestonsburg, KY 41653

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

ACORD 25 (2016/03)

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Lesson Plan

Fifth Grade Field Trip

The Capitol, The Old Capital, and The Kentucky Museum

Objectives: Students will observe, listen, and learn about Kentucky government and the roles played within the government. Students will develop an appreciation for Our Capitol city and the wealth of knowledge and history there. Students will experience “adventures in Kentucky history.” They will observe recreations of the lifestyles of Kentucky pioneers. They will also observe and experience visually, auditory, and tactically the basic needs, forms of education, forms of entertainment, and survival skills of the pioneers. They will understand social roles and expectations in society has changed since the pioneer days.

Core Content Areas Met: SS-E-2.1.1, SS-E-2.1.2, SS-E2.2.1, SS-E-4.3.2

Academic Expectations Met: 1.2, 1.3, 1.4, 2.20, 2.25, 6.1, 6.3

Program of Studies Met: SS-4-H-2, SS-4-H-5, SS-4-CS-1, SS-4-CS-2