

FLOYD COUNTY BOARD OF EDUCATION
Danny Adkins, Superintendent
106 North Front Avenue
Prestonsburg, Kentucky 41653
Telephone (606) 886-2354 Fax (606) 886-4550
www.floyd.kyschools.us

Sherry Robinson- Chair - District 5
William Newsome, Jr., Vice-Chair - District 3
Linda C. Gearheart, Member - District 1
Dr. Chandra Varla, Member- District 2
Rhonda Meade, Member - District 4

Date: March 12, 2019

Action/Discussion Item: Approve Prestonsburg High School Boys Basketball to attend the Sunshine Classic in Daytona, Florida, December 26-31, 2019. Approve use of Commercial Carrier.

Applicable Statutes or Regulation: Floyd County Board of Education Policy states that all out of state trips and use of Commercial Carriers, must have Board Approval.

Issue: Prestonsburg High School Boys Basketball Team has been invited to participate in the Sunshine Classic in Daytona, Florida. BOE must grant approval for out of state travel and use of commercial carriers per policy. Board Policy requires proof of insurance to be provided for commercial carriers. Trip Itinerary attached

Background: The trip is scheduled for December 26-31, 2019.

Budget/Financial Issues: No financial issues for the District. All expenses will be paid through student fundraising and the PHS Basketball Booster's Club.

Alternative: Not Approve the trip.

Recommended Action: Approve the PHS Boys Basketball Trip to Daytona, Florida, December 26-31.


Contact Person:

Brent Rose, Coach - 606.886.3891

Lori Bricken, Principal - 606.886.2252


Principal

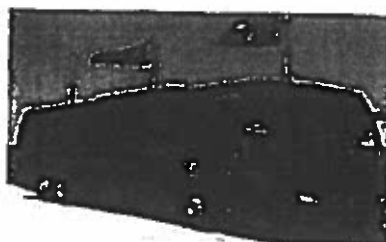

Director of Instruction


Superintendent

Clark Family Tours
PO Box 1241
Bristol TN 37621
Phone: 423-366-2014

www.clarkfamilytours.com

Prestonsburg High School
Mr. Brent Rose
140 South Clark Drive
Prestonsburg KY 41653



Confirmation

Page 1

Number: 3085
From: mays@clarkfamilytours.com
Order Date: 4/18/2019
Customer NO.: 65
Number of Vehicles: 1
Phone: 606-226-3190
Send To: brent.rose@floyd.kyschools.us

| | |
|-------------------|------------|
| Deposit Required: | \$1,000.00 |
| Deposit Due on: | 4/26/2019 |
| Balance Due on: | 11/26/2019 |

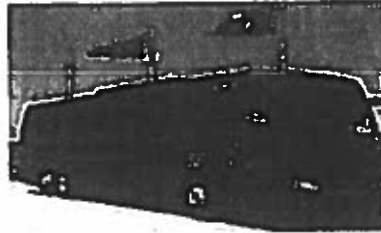
| Pickup | Destination | Amount | Misc. Charges | Total |
|--|---|------------|---------------|------------|
| Thursday 12/26/2019 Spot: 06:00AM Depart: 06:15AM | Arrive: 08:00PM Hotel | \$6,995.00 | | \$6,995.00 |
| Prestonsburg High School 140 South Clark Drive Prestonsburg KY 41653 Return 12/30/2019 2:00PM Brent Rose - Mobile Number: 606-226-3190 Day trip to Orlando on Dec.29th Does not include any parking or drivers tip | Daytona Beach FL Depart From Destination 12/30/2019 2:00PM | | | |

| | |
|--------------|------------|
| Total: | \$6,995.00 |
| Amount Paid: | |
| Balance Due: | \$6,995.00 |

Confirmation

Page 2

Clark Family Tours
PO Box 1241
Bristol TN 37621
Phone: 423-366-2014



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Number: 3085

From: mays@clarkfamilytours.com

Order Date: 4/18/2019

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Send To: brent.rose@floyd.kyschools.us

Herein is the copy of the Charter or Tour order you have placed with our company. All details of the service as it will be performed and the charges for the services are noted on this order. We are not responsible for problems arising from traffic, weather condition, unpredictable mechanical occurrences or acts of the devil.

Your signature on the confirmation denotes acceptance of the order. Charters and Tours will be performed as ordered unless affected by safety, traffic, weather conditions, or transportation service mishaps for which we assume no responsibility. On site cancellations will be charged at full fee.

If necessary we reserve the right to substitute equipment as long as the capacity is met.

Motorcoach Safety Rules:

Thank you for respecting our equipment and Federal laws: Rule #1 NO STANDING IN THE ISLES WHILE THE BUS IS IN MOTION Rule #2

DO NOT DISTRACT THE DRIVER AT ANY TIMES WHILE DRIVING. Rule #3 THE RESTROOM IS FOR EMERGENCY PURPOSES ONLY

Rule #4 NO SITTING ON THE ARM RAILS, AND KEEP THE INTERIOR OF THE BUS CLEAN

A \$250.00 sur-charge will be billed to the group and/or group leader if the bus is not kept clean

My signature here states that I agree with the above information and will be responsible for any damage my group does to the motorcoach

If the trip is canceled on or before 30 days prior to departure date the balance is non-refundable

Signature:

Date:

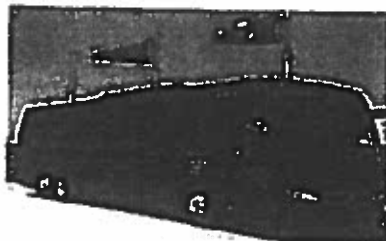
The client will pay for the drivers hotel room and the drivers gratuity and any bus parking , park entrance fees, toll charges or other

misc. expenses; should they become necessary. Your quote is subject to change based upon the cost of fuel at the time of the

charter and upon receipt of the final itinerary; subject to availability.

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Confirmation

Page 3

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Order Date: 4/18/2019

Customer NO.: 65

Number of Vehicles: 1

Phone: 606-226-3190

Send To: brent.rose@floyd.kyschools.us

Name on Credit Card

Billing address

Card Type (Circle One)

VISA MC AMEX DISC Other

Card Number

Exp Date

3 Digit Verification Code

Charge Amount

I agree to pay the above charge according to the card issuer's agreement. I understand that my signature on this contract will serve as my authorization on the credit charge slip.

Signature: _____ Date: _____

**Prestonsburg High School
Boys Basketball**

Sunshine Classic Trip Itinerary

December 26, 2019

5:00 AM – Depart Prestonsburg High School to Daytona Beach, Florida via Clark Family Tours.

7:00 PM – Arrive Daytona Beach, Florida, Hilton Oceanfront

December 27, 2019

Game #1 – Sunshine Classic – Daytona Florida

December 28, 2019

Game #2 – Sunshine Classic – Daytona Florida

December 29, 2019

Team will transport via Clark Family Tours to Orlando, Florida, to visit Disney World / Universal Studios and return back to hotel that evening.

December 30, 2019

Game #3 – Sunshine Classic – Daytona, Florida

Team will depart Daytona and return to Prestonsburg following the game. Times TBA.

December 31, 2019

Team arrives at Prestonsburg High School



CLARFA-C01

DDENISIO

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/8/2019

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
Houchens 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 : RLI Insurance Company

13056

INSURER B : Zurich American Insurance Company

16535

INSURER C :

INSURER D :

INSURER E :

INSURER F :

INSURED

Clark Family Tours, Inc.
PO Box 1241
Bristol, TN 37621

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 X OCCUR | | LGB0016432 | 4/19/2019 | 4/19/2020 | EACH OCCURRENCE \$ 1,000,000 |
| | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 |
| | | | | | | MED EXP (Any one person) \$ 5,000 |
| | | | | | | PERSONAL & ADV INJURY \$ 1,000,000 |
| | | | | | | GENERAL AGGREGATE \$ 1,000,000 |
| | | | | | | PRODUCTS - COMP/OP AGG \$ |
| | | | | | | \$ |
| A | AUTOMOBILE LIABILITY | | | | | |
| | ANY AUTO OWNED AUTOS ONLY X SCHEDULED AUTOS | | LFB0019372 | 4/19/2019 | 4/19/2020 | COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000 |
| | X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY | | | | | BODILY INJURY (Per person) \$ |
| | | | | | | BODILY INJURY (Per accident) \$ |
| | | | | | | PROPERTY DAMAGE (Per accident) \$ |
| | | | | | | \$ |
| | UMBRELLA LIAB OCCUR | | | | | EACH OCCURRENCE \$ |
| | EXCESS LIAB CLAIMS-MADE | | | | | AGGREGATE \$ |
| | DED RETENTION \$ | | | | | \$ |
| B | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | Y/N | 9F79103A | 6/22/2018 | 6/22/2019 | X PER STATUTE OTH-ER |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | N/A | | | | E.L. EACH ACCIDENT \$ 100,000 |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | E.L. DISEASE - EA EMPLOYEE \$ 100,000 |
| | | | | | | E.L. DISEASE - POLICY LIMIT \$ 500,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Reissued from 5-1-19

CERTIFICATE HOLDER

CANCELLATION

Floyd County Board of Education
106 North Front Ave.
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