



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 Varis, Member - District 2  
Rhonda Meade, Member - District 4

Date: May 24, 2019

**Consent Agenda Item (Action Item):** Approve the use of a commercial carrier and out-of-state trip to Philadelphia, Pennsylvania on June 23-June 25, 2019 for the Allen Elementary STLP team.

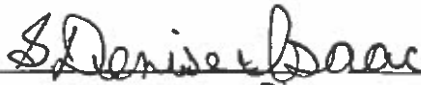
**Applicable State or Regulations:** KRS 156.153; Board Policy 9.36; Certified Common Carrier Service, Use of certified common carrier service shall be authorized by the Board on a case-by-case basis, and there reasons to justify such use shall be cited in he Board minutes.

**Budget/Financial Issues:** The cost of this field trip will be funded by State STLP organization.

**Background and Rationale:** The Kentucky State STLP Champions from Allen Elementary will represent Kentucky at the International Society of Technology in Education (ISTE) Conference in Philadelphia.

**Recommended Action:** Allow the students at AES to travel to ISTE Conference in Philadelphia on a commercial carrier.

**Contact Person(s):**  
Denise Isaac, CIO  
Floyd County Schools

  
Director

  
Superintendent



CROSFOW-02

SCHAFFO

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/23/2019

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  
Research Underwriters  
4240 Greensburg Pike  
Pittsburgh, PA 15221

CONTACT  
NAME  
PHONE  
(A/C, No, Ext): (412) 351-5800  
E-MAIL  
ADDRESS:

FAX  
(A/C, No): (412) 351-5818

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: Lancer Insurance Company

26077

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

INSURED

Croswell of Williamsburg LLC  
Croswell Bus Lines Inc  
975 W. Main Street  
Williamsburg, OH 45176

## 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 INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		GL156669#15	5/1/2019	5/1/2020	EACH OCCURRENCE \$ 5,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 5,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					
	POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/>					
	OTHER:					\$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY					
	ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/>		BA160112#14	5/1/2019	5/1/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR					
	<input checked="" type="checkbox"/> EXCESS LIAB CLAIMS-MADE		XS192552#8	5/1/2019	5/1/2020	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
	DED RETENTION \$					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N				PER STATUTE OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A				E L EACH ACCIDENT \$ E L DISEASE - EA EMPLOYEE \$ E L DISEASE - POLICY LIMIT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below					

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

## CERTIFICATE HOLDER

Floyd County Schools  
106 N. Front St.  
Prestonsburg, KY 41653

## 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