

School-Related Student Trips

Requests for Board Approval

March 2021

School	Student Group Attending	Supervision & Chaperones				Destination Details				Board Approval Required		
		# Students	# Staff	# Parents	Ratio	Date	Venue - City	State	Meal	Student Fee Amount	Out of Tri-State	Common Carrier Contract
Dixie	Forensics	3	1	0	3:1	05/29-05/30	Virtual	KY		\$ 60.00		
Dixie	Girls Basketbal	15	1	4	3:1	04/08 - 04/10	Rupp Arena, Lex	KY				X

Executive Charter, Inc.
1810 Monmouth St. Newport KY 41071
859-261-8841
reservations@executivetransportation.org

Account Name: DIXIE HEIGHTS HIGH SCHOOL Acct ID: 4868361

Address: 3010 DIXIE HWY EDGEWOOD, KY 41017

Client Contact: DEREK BOSSE Phone#: 8594868361

Pickup_Time	Passenger	Confirmation
4868361		
4/8/2021 12:30:00PM	DIXIE HEIGHTS HIGH SCHOOL GIRLS BASKETBALL	2618142
MOTOR COACH 55	FROM: DIXIE HEIGHTS HIGH SCHOOL: 3010 DIXIE HWY, DEGEWOOD, KY 41017	Fare \$1,890.00
	TO: LEXINGTON, KY	Tips \$100.00
		TotalFare \$1,990.00
TRIP REMARKS:	1ST OF A 2 DAY TRIP COULD BE A 3 DAY TRIP. WILL STAY AS LONG AS THEY KEEP WINNING	
		Invoice Total: \$1,990.00

DEPOSIT: A \$100 deposit per motorcoach is required to reserve service.

PAYMENT OF BALANCE: To avoid cancellation, the balance of the payment is due thirty (30) days prior to the event. If the balance is not paid in full 30 days prior, trips can be cancelled without notice to fulfill company needs.

CANCELLATION: We have a 2 week cancellation policy. Cancellation less than two (2) weeks prior to service will result in forfeiture of all monies paid.

ADDITIONAL CHARGES: You will be responsible for any tolls, city fees and applicable parking for the bus.

AMENITIES such as wi-fi, PA system, electrical outlets, DVD players and TV monitors are provided at no charge. Therefore no refund will be issued for the failure of such amenities.

DRIVER ACCOMMODATIONS: You are responsible for a hotel room for the driver. This includes booking and payment of the room.

PAYMENTS: We accept credit card or check. Please make checks payable to: Executive Charter, Inc.

A Finance Charge of 2% Per Month, 24% Annual Percentage Rate will be charge on all past due accounts.

PRICE VARIATIONS: The price quoted above is from terminal to terminal and is based upon the information originally given. Any changes may affect the original price quote. A revised quote will be given at the time of change.

DAMAGE AND CLEAN UP FEES: If extraordinary clean up is required there will be an additional charge of \$250. You will be liable for any damage caused by the passengers of the bus.

LIMITATIONS ON DRIVE TIMES: Please NOTE the following:

The bus will not be driven between 1:00 am and 5:00am. Please adjust your itinerary to accommodate this.

The D.O.T. only allows a driver to be on duty for 15 consecutive hours and to drive for 10 hours of the 15 hours before an 8 hour break is required.

It is important to communicate with us prior to your trip regarding any itinerary that may exceed these requirements so accommodations for a second driver can be made. A second driver will increase the cost of your charter.

ITINERARY: A specific itinerary is required 2 weeks before the service, listing all locations and expected times for the driver(s).

NOTES: Please check the information above regarding your trip. Please contact us with any changes, corrections, or additions to your itinerary. Our staff is anxious to help you.

Please sign and return with your deposit to ensure your coach reservation.

Signature

Date

3/31/21

Client#: 671132

EXECUTRA4

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/15/2021

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 any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER USI Insurance Services LLC 12 Elm Street, 24th Floor Cincinnati, OH 45202 613 852-6300	CONTACT NAME: Beth Malone PHONE (A/C, No, Ext): 513-852-6404 FAX (A/C, No): 610-57-4376 E-MAIL ADDRESS: beth.malone@usi.com
INSURED Executive Transportation, Inc. Executive Charter, Inc. 1810 Monmouth St. Newport, KY 41071	INSURER(S) AFFORDING COVERAGE INSURER A: Cincinnati Casualty Company NAIC # 28665 INSURER B: Kentucky Employers' Mutual Insurance 10320 INSURER C: RLI Insurance Company 13056 INSURER D: INSURER E: INSURER F:

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.

INSURER	TYPE OF INSURANCE	ADDITIONAL INSURER	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 GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:		EPP0516299	01/15/2019	01/15/2022	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
C	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SOLE-OWNED AUTOS X JOINED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DID <input type="checkbox"/> RETENTION \$		LFB0020311	01/15/2021	01/15/2022	COMBINED SINGLE LIMIT (Ea accident) \$5,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ EACH OCCURRENCE \$ AGGREGATE \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY EMPLOYER OR PARTNER/EXECUTIVE (Mandatory in NH) If yes, describe under DISCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N/A	306202 (Kentucky)	11/03/2020	11/03/2021	X PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Harrison Global LLC, Harrison Global dba Boston Coach and their subsidiaries are included as an additional insureds on the Automobile Liability and General Liability policies where required by written contract with the named insured subject to terms and conditions of the policies.

CERTIFICATE HOLDER

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



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