



FLOYD COUNTY BOARD OF EDUCATION  
Anna Shepherd, Superintendent  
442 KY RT 550  
Eastern, KY 41622  
Telephone (606) 886-2354 Fax (606) 886-4550  
[www.floyd.kyschools.us](http://www.floyd.kyschools.us)

Steve Slone- Chair- District 5  
William Newsome, Jr., Vice Chair- District 3  
Linda C. Gearheart, Member- District 1  
Dr. Chandra Varia, Member- District 2  
Keith Smallwood, Member- District 4

**Date: November 17, 2022**

**Consent Agenda Item (Action Item)** Betsy Layne High School's National Honor Society and Beta Club trip to New York City during Spring 2023 was approved at the September 2022 board meeting. Initially, we were approved to fly; however, due to rising costs of air line tickets we have decided to use American Tours and Charters, Inc. as means of transportation to New York City.

**Applicable State or Regulations:** Board Policy 01.11 General Powers and Duties of the Board of Education.

**Budget/Financial Issues** The event would not impact the board of education. The costs would be covered by BLHS's National Honor Society/BETA club.

**Background and Rationale**

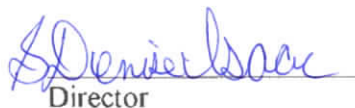
We are changing our transportation from Air to Charter bus because of rising air line costs.

**Recommended Action** The Floyd County Board of Education allows the Betsy Layne High School National Honor Society and Beta Club to travel to New York City on American Tours and Charters, Inc. during Spring Break 2023.

**Contact Person(s)**

Brandi Justice, National Honor Society Sponsor  
Amy Ratliff, Beta Club Sponsor

  
Principal

  
Director

  
Superintendent

11-17-22

# American Tours & Charters. Inc.



601 Morison Ave  
Kingsport, TN 37660  
Office 423-732-0690

Email: [americantourstn@yahoo.com](mailto:americantourstn@yahoo.com) Website: [americantourstn.com](http://americantourstn.com)

## Contract

**Group** Betsy Layne High School  
554 Bobcat Blvd.  
Stanville, KY 41659

Charter Order: 2023412-16 Date: 11/16/2022

Brandi Justice

Thank you for choosing American Tours & Charters Inc. to provide you with your transportation needs. We pride ourselves in having the finest Motor coach services available.

In order to make sure that you receive the best possible service, we ask that you review the information listed below. Please fill in any blanks left open.

Departure date: 4/12/2023 Load Time: \_\_\_\_\_ Departure Time: \_\_\_\_\_

Place of Departure: \_\_\_\_\_

Destination: New York City, NY

Return Date: 4/16/2023

Number of Motor Coaches 1@56 passengers

Private Driver's room provided by Chartering Party (Yes) sign here \_\_\_\_\_

*If private drivers room not provided by Charter party \$150.00 per day fee will be added*

Cost of service regarding the itinerary is: **\$9,950.00** If one wishes to change the itinerary, for example, add a stop or move the bus to a designated area deviating from the original contract, there will be an additional minimum charge of \$300.00 per move. American Tours & Charters Inc. Must receive the signed original copy of this form and a \$500.00(non-refundable deposit) within (7 business) days in order to continue to hold your bus. The balance is to be paid (7 business) days prior to departure date unless other arrangements are made. If the balance is not paid in a full & timely manner, then the trip maybe forfeited. There will be a 3.5%+ 15c surcharge if paying with a credit / debit card added to the Quoted price of your trip.

## We appreciate your business and look forward to serving you!

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 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, safety conditions, and unpredictable mechanical occurrences. Your signature on this conformation denotes acceptance of the order. Charter 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 a full fee. If necessary, we reserve the right to substitute equipment as long as the capacity is met.

**Motorcoach rules: Please No drinks without screw on lids, No standing while the bus is in motion. American Tours& Charters. Inc. resumes no responsibility due to injury while coach is in motion. No standing or Kneeling in the seats. No sitting on the arm rests. No Smoking, No pulling on the shades or curtains & the restroom is for # 1 only! Thank you for respecting our equipment and rules.**

**A \$ 300.00 Surcharge will be billed to the chartering party if 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 bus.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_





# CERTIFICATE OF LIABILITY INSURANCE

MAXWE-2

OP ID: AL

DATE (MM/DD/YYYY)

11/17/2022

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).

<b>PRODUCER</b> Mark Agency C/O Chamberlin & Reinheimer 215 Wyoming Ave Scranton, PA 18503		<b>570-558-5800</b>		<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): <b>570-558-5800</b>		<b>FAX (A/C, No):</b> <b>570-558-5881</b>	
<b>INSURED</b> AMERICAN TOURS AND CHARTERS, INC 601 Morison Ave Kingsport, TN 37660		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Cypress Insurance Company INSURER B: National Fire & Marine Ins Co INSURER C: INSURER D: INSURER E: INSURER F:		<b>NAIC #</b> 10855			

**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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (EA occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS COMP/OP AGG \$ OTHER \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y		03APM031842-01	10/28/2022	10/28/2023	COMBINED SINGLE LIMIT (EA accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ OTHER \$
B	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$			72XAS008176	10/28/2022	10/28/2023	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 OTHER \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/OWNER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

**CERTIFICATE HOLDER IS INCLUDED AS ADDITIONAL INSURED.**

## CERTIFICATE HOLDER

Floyd County Board of Education  
 442 KY-550  
 Eastern, KY 41622

## 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

*Lyndee H. Reinheimer*