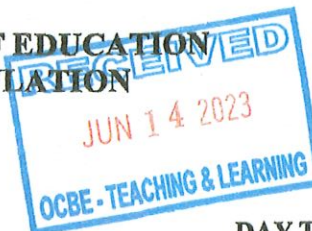


OLDHAM COUNTY BOARD OF EDUCATION
ADMINISTRATIVE REGULATION

FIELD TRIP BUS REQUEST FORM

Related to: Policy 8005, 4055, 8005AR; 8005.001F

8005.01F



OVERNIGHT ☒

EXTENDED DAY ☐

(Same day but extends beyond the school day)

DAY TRIP ONLY ☐

School: Oldham County High School

Employee(s) In Charge: David Centers

Group: Band

Destination: Orlando, FL (Disney) and Nassau, Bahamas

Date(s) of Trip: 4/2/24 - 4/9/24 Time of Departure: 9:00am Time of Return: 10:00pm

Approximate Mileage (one way): 880 *

Approximate Number of Students: 75

Number of Chaperones/Adults: 20

TOTAL TRANSPORTED: 95 *

Number of Buses: 2

*{44 Person Maximum for MS/HS} {60 Person Maximum for ELEM}

*These numbers include both students and all adults (bus driver, teachers, coaches, chap

Method of Transportation (if not by school bus): Gold Shield Buses

*Common Carriers must be Board approved and should have the 8005.02F accompanying

*All tolls are the responsibility of the school or group requesting the trip.

Trip Required or Optional: Optional

If optional, indicate student charges:

Transportation (mileage, driver) \$ 400

Admissions \$ 200

Other \$ 1100

Total Charges \$ 1700

Number of Instructional Days Lost: 1

Justification: Why is the trip necessary? What is to be learned? How will the experience be used?

Band students would travel to perform in a parade at Magic Kingdom, Walt Disney World and participate in the "Rock the Boat" performances on Carnival Cruise Line during a 3 day cruise from FL to Bahamas and back.

Requested by: David Centers

Date: 05/30/2023

APPROVAL/DISAPPROVAL

Approved/Disapproved: [Signature], Principal Date: 6/13/23

Approved/Disapproved: [Signature], Level Director Date: 6/15/23

Approved/Disapproved: [Signature], Superintendent Date: 6.27.23

*Field trips in excess of a 60-mile radius of the Board office require the approval of the Superintendent.

*ALL Overnight Field Trips and trips using Common Carriers must be approved by the school board and Superintendent.

Upon approval, the school will receive an approved form from the Superintendent. *

WE HAVE CHANGED BUS
COMPANIES FOR THE
OCHS BAND SPENDING TRIP

UPDATED Common Carrier Form
CERTIFICATE OF INSURANCE
ATTACHED

Policy # Trip Insurance
OFFERING

Adopted

Oldham County Board of Education

September 2, 1980

Revised: February 1, 1985, September 1991, April 29, 1996, June 19, 1998, June 9, 1999, November 23, 1999, April 2, 2001, March 25, 2004,
March 22, 2005, July 27, 2005, August 10, 2006, June 28, 2007, March 11, 2008, July 16, 2008, February 4, 2014, July 17, 2015, January 6,
2017, January 18, 2019

OLDHAM COUNTY BOARD OF EDUCATION
ADMINISTRATIVE REGULATION

APPLICATION FOR USE OF COMMON CARRIER

References: 702 KAR 5:060

Related to: Policy 8005, 4055, 8005AR-8005.04AR; 8005.01F, 8005.06F



8005.02F

This application is to be completed only when transportation of students will be other than by school bus.
702 KAR 5:060 - Section 6: Item (2)

School districts may, in their reasonable discretion and with due regard to the safety and required supervision of the school children to be transported, utilize appropriately certificated common carriers, in regular or charter service, to transport school children to or from school-related events, as long as the vehicles so utilized are not significantly used as school buses. Such use of common carrier service, in lieu of qualifying school buses, shall be on a case-by-case basis, and the reasons believed by the board to justify such shall be cited in the board minutes. (SBE 24.225: 1 KY.R 1052: eff. 6-11-75: Am. 9 KY.R 1309: eff. 7-6-83: 12 KY.R 1634: eff. 5-6-86)

School: Oldham County High School Date: 08/18/2023

Employee(s) In Charge: David Centers Group: Band

Date of Trip: _____ Destination: Orlando, FL

Main Mode of Travel: Coach Buses

Name of Major Carrier: Timi's Tours Transportation (Chancer) Phone: (800) 682-8214

Address: 230 S. Main Street, Moweaqua, IL 62550

Method of transportation to the departure point: same

Type of transportation upon destination arrival:

Company name: same Phone: _____

Contact person if available: _____

Why have you selected these transportation methods? _____

students to be transported via bus to Florida for performances


Principal


Teacher or Sponsor

(Attach a regular Field Trip Request Form (8005.01F) and the Common Carrier Insurance Certificate for Board approval.)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/15/2023

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 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 TIB Transportation Ins Brokers 425 W. Broadway Suite 300 Glendale CA 91204-1269		CONTACT NAME: Rita Clifford PHONE (A/C, No, Ext): 630-348-3380 FAX (A/C, No): 818-246-8295 E-MAIL ADDRESS: rclifford@tibinsurance.com		
INSURED Chancer LLC dba Timi's Tours Transportation 230 S. Main Street Moweaqua IL 62550 CHANLLC-01		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A : RLI Insurance Company		13056
		INSURER B :		
		INSURER C :		
		INSURER D :		
		INSURER E :		
		INSURER F :		

COVERAGES

CERTIFICATE NUMBER: 544288793

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 A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		LGB0017552 LXB0011172	8/31/2022 8/31/2022	8/31/2023 8/31/2023	EACH OCCURRENCE \$ 10,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 10,000,000 GENERAL AGGREGATE \$ 10,000,000 PRODUCTS - COMP/OP AGG \$ Excluded \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		LFB0020582	8/31/2022	8/31/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		LXB0011172	8/31/2022	8/31/2023	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
	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 <input type="checkbox"/> N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Physical Damage		LFB0020582	8/31/2022	8/31/2023	F.T.CAC Ded 2,000 Collision Ded 2,000

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

CERTIFICATE HOLDER**CANCELLATION**

Oldham Co. HS Band
1150 KY-393
La Grange KY 40031

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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CANCELLATION & NAME CHANGE POLICY

CRUISE PACKAGE (Group Cancellation)

- \$50.00 Fee per person if the entire group cancels before 5:00pm (EST) 120 days prior to arrival. All Deposits are Non-Refundable if the entire group cancels after this date and time.

CRUISE PACKAGE (Individual Cancellations)

- \$75.00 Fee per individual cancellation made after 5:00pm (EST) 120 days prior to arrival through 5:00pm (EST) 90 days prior to arrival.
- \$200.00 Fee per individual cancellation made after 5:00pm (EST) 90 days prior to arrival through 5:00pm (EST) 60 days prior to arrival.
- 50% of Total Fare per individual cancellation made after 5:00pm (EST) 60 days prior to arrival through 5:00pm (EST) 30 days prior to arrival.
- Individual Cancellations made after 5:00pm (EST) 30 days prior to arrival are Non-Refundable.

NAME CHANGES

- Rooming List - From **60 days prior to departure** a \$50.00 Fee will be applicable for each and every change involving names. **IMPORTANT NOTES:** (A) Legal first and last names must be provided on original rooming list. (B) At least one person from the original rooming list must remain in the cabin or it will result in a full cabin cancellation in which cancellation penalties will apply! (C) Carnival Cruise Line may place a no name change restriction on a sailing at any time, without prior notice.

STUDENT TRAVEL PROTECTION



**TRAVEL INSURED
INTERNATIONAL**
A CRUM & FORSTER COMPANY

TRAVEL PROTECTION PLAN FOR STUDENT GROUPS

SCHEDULE OF INSURANCE BENEFITS AND OTHER NON-INSURANCE SERVICES

Benefit	Maximum Benefit Amount
Trip Cancellation**1	Up to 100 % of Trip Cost*
Trip Interruption***1	Up to 150% of Trip Cost*
Trip Delay – 6 hours	Up to \$2,500 (\$250 per day)
Missed Trip Connection – 3 hours	Up to \$500
Single Supplement	Included
Baggage and Personal Effects	Up to \$1,000 (\$250 per article)
Baggage Delay – 24 hours	Up to \$300
Medical Evacuation & Repatriation of Remains	Up to \$250,000
Accident & Sickness Medical Expense	Up to \$50,000
Political or Security Evacuation and Natural Disaster Evacuation	Up to \$150,000
Optional Cancel for Any Reason (CFAR)****	Up to 75% of Trip Cost*

Non-Insurance Worldwide Emergency Assistance Services

Included

*Up to the lesser of the Trip Cost paid or the limit of coverage on Your confirmation of coverage

**Trip Cancellation is not applicable when \$0 Trip Cost displayed on Your confirmation of coverage

***\$500 Return air ticket cost only if \$0 Trip Cost displayed for Trip Cancellation on Your confirmation of coverage

****CFAR is optional and available provided: 1. You purchase the Cancel for Any Reason Benefit within the Time Sensitive Period; and 2. You cancel Your Trip no later than 48 hours prior to the Scheduled Departure Date of Your Trip. This Cancel for Any Reason Benefit does not cover penalties associated with any Travel Arrangements not provided by Retail Travel Supplier or the failure of Retail Travel Supplier to provide the bargained for Travel Arrangements due to cessation of operations for any reason. This benefit is not available to residents of NY State. Additional costs and terms apply.

¹ Trip Cancellation and Trip Interruption coverage only applies if trip is cancelled/interrupted by a covered peril.

PER PERSON RATES

Cost of Trip	Rates	With CFAR*	Cost of Trip	Rates	With CFAR*
\$0	\$10.00	N/A	\$5,001-\$5,500	\$230.00	\$345.00
\$1-\$250	\$26.00	\$39.00	\$5,501-\$6,000	\$252.00	\$378.00
\$251-\$500	\$32.00	\$48.00	\$6,001-\$6,500	\$273.00	\$409.50
\$501-\$1,000	\$46.00	\$69.00	\$6,501-\$7,000	\$293.00	\$439.50
\$1,001-\$1,500	\$63.00	\$94.50	\$7,001-\$8,000	\$337.00	\$505.50
\$1,501-\$2,000	\$83.00	\$124.50	\$8,001-\$9,000	\$382.00	\$573.00
\$2,001-\$2,500	\$105.00	\$157.50	\$9,001-\$10,000	\$403.00	\$604.50
\$2,501-\$3,000	\$125.00	\$187.50	\$10,001-\$11,000	\$446.00	\$669.00
\$3,001-\$3,500	\$145.00	\$217.50	\$11,001-\$12,000	\$488.00	\$732.00
\$3,501-\$4,000	\$167.00	\$250.50	\$12,001-\$13,000	\$531.00	\$796.50
\$4,001-\$4,500	\$187.00	\$280.50	\$13,001-\$14,000	\$573.00	\$859.50
\$4,501-\$5,000	\$208.00	\$312.00	\$14,001-\$15,000	\$616.00	\$924.00

The above rates are for trips up to 30 days. For each day over 30, add \$5.00 per person, per day. Maximum trip length is up to 60 days for all states, except Hawaii. Hawaii has a maximum trip length of up to 30 days. All of the above rates are for the plan which includes insurance and non-insurance services. The rates above do not apply to residents of Pennsylvania, California, Hawaii and Virginia.

*Optional Cancel For Any Reason (CFAR) benefit not available to residents of NY State.

Travel Insured International
844-440-8113
groups@travelinsured.com
www.travelinsured.com

EXCLUSIONS AND LIMITATIONS

Unless otherwise shown below, these exclusions apply to You, Your Traveling Companion, or Family Member scheduled and booked to travel with You.

The following exclusion(s) apply(ies) to the Trip Cancellation and Trip Interruption. We will not pay for any loss or expense caused due to, arising or resulting from: 1. a Pre-Existing Medical Condition, as defined in the policy.

The following exclusions apply to the Medical Expense benefits. We will not pay for any loss or expense caused due to, arising or resulting from: 1. routine physical examinations or routine dental care; 2. traveling for the purpose or intent of securing medical treatment or advice; 3. Elective Treatment and Procedures; 4. Normal pregnancy (except Complications of Pregnancy) or childbirth, except as specifically covered under Trip Cancellation or Trip Interruption or elective abortion; 5. a Mental, Nervous or Psychological Condition or Disorder unless Hospitalized or Partially Hospitalized while the policy is in effect; 6. Your participation in Adventure or Extreme Activities, riding or driving in any races, or participation in speed or endurance competition or events, except as a spectator; 7. Your participation in an organized athletic or sporting competition, contest, or stunt under contract in exchange for an agreed-upon salary or compensation. This does not include athletes participating in exchange for a scholarship or tuition.

In addition to any applicable benefit-specific exclusion, the following general exclusions apply to all losses and all benefits. We will not pay for any loss or expense caused due to, arising or resulting from: 1. suicide, attempted suicide or any intentionally self-inflicted injury of You, a Traveling Companion, Family Member or Business Partner booked and scheduled to travel with You, while sane or insane; 2. being under the influence of drugs or narcotics, unless administered upon the advice of a Physician as prescribed; 3. activities, losses, or claims involving or resulting from possession, production, processing, sale, or use of marijuana, illegal drugs, alcohol or substances are excluded from coverage; 4. war or act of war, including invasion, acts of foreign enemies, hostilities between nations (whether declared or undeclared), or civil war, except as the policy specifically provides otherwise; 5. the commission of or attempt to commit a felony or being engaged in an illegal occupation by You, a Traveling Companion, Family Member, or Business Partner; 6. directly or indirectly, the actual, alleged or threatened use, discharge, dispersal, seepage, migration, escape, release or exposure to any hazardous biological, chemical, nuclear radioactive weapon, device, material, gas, matter or contamination; 7. piloting or learning to pilot or acting as a member of the crew of any aircraft; 8. a loss or damage caused by detention, confiscation, or destruction by customs.

EXCLUSIONS AND LIMITATIONS apply to Baggage and Personal Effects, Musical Instruments, Baggage Delay, and Musical Instruments

Equipment Rental: We will not provide benefits for any loss or damage for the following items: a. animals; b. automobiles and automobile equipment; c. boats or other vehicles or conveyances; d. trailers; e. motors; f. aircraft; g. bicycles, except when checked as baggage with a Common Carrier; h. household effects and furnishings; i. antiques and collectors' items; j. sunglasses, contact lenses, artificial teeth, dentures, dental braces, dental bridges, retainers or other orthodontic devices or earing aids; k. artificial limbs or other prosthetic devices; l. prescribed medications; m. keys, money, stamps and credit cards (except as otherwise specifically covered herein); n. securities, stamps, tickets and documents (except as coverage is otherwise specifically provided herein); o. professional or occupational equipment or property, whether or not electronic business equipment; p. telephones or wireless devices, computer hardware or software.

Losses not covered: We will not provide benefits for any loss or damage caused by or resulting from: a. breakage of brittle or fragile articles (except musical instruments); b. wear and tear or gradual deterioration; c. confiscation or appropriation by order of any government or custom's rule; d. theft or pilferage while left in any unlocked or unattended vehicle; e. property illegally acquired, kept, stored or transported; f. Your negligent acts or omissions; g. property shipped as freight or shipped prior to the Scheduled Departure Date; h. electrical current, including electric arcing that damages or destroys electrical devices or appliances.

Pre-Existing Medical Condition Exclusion Waiver!

The Pre-Existing Medical Condition Exclusion will be waived if the protection plan is purchased within the time sensitive period, and you are medically able and not disabled from travel at the time you pay the plan cost.

PLEASE REFER TO THE PLAN DOCUMENTS FOR A COMPLETE DESCRIPTION OF COVERAGE.

This advertisement contains highlights of the plans developed by Travel Insured International, which include travel insurance coverages underwritten by United States Fire Insurance Company, Principal Office located in Morristown, New Jersey, under form series T7000 et al, T210 et al and TP-401 et al, and non-insurance Travel Assistance Services provided by C&F Services. The terms of insurance coverages in the plans may vary by jurisdiction and not all insurance coverages are available in all jurisdictions. **Insurance coverages in these plans are subject to terms, limitations and exclusions including an exclusion for pre-existing medical conditions.** In most states, your travel retailer is not a licensed insurance producer/agent, and is not qualified or authorized to answer technical questions about the terms, benefits, exclusions and conditions of the insurance offered or to evaluate the adequacy of your existing insurance coverage. Your travel retailer may be compensated for the purchase of a plan and may provide general information about the plans offered, including a description of the coverage and price. The purchase of travel insurance is not required in order to purchase any other product or service from your travel retailer. CA DOI toll free number is 800- 927-4357. The cost of your plan is for the entire plan, which consists of both insurance and non-insurance components. Individuals looking to obtain additional information regarding the features and pricing of each travel plan component, please contact Travel Insured International. P.O. Box 6503, Glastonbury, CT 06033; 855-752-8303; customercare@travelinsured.com; California license #0I13223. While Travel Insured International markets the travel insurance in these plans on behalf of USF, non-insurance components of the plans were added to the plans by Travel Insured International, and Travel Insured International does not receive compensation from USF for providing the non-insurance components of the plans.