



**FLOYD COUNTY BOARD OF EDUCATION**

**Tonya Horne-Williams, Superintendent**

**442 KY RT 550**

**Eastern, KY 41622**

**Telephone (606) 886-2354 Fax (606) 886-4550**

**www.floyd.kyschools.us**

**William Newsome, Jr., Board Chair - District 3**

**Linda C. Gearheart, Vice-Chair - District 1**

**Dr. Chandra Varia, Member- District 2**

**Keith Smallwood, Member - District 4**

**Steve Slone, Member - District 5**

**Consent Agenda Item (Action Item):** Approve Blue Grass Tours, Inc as the passenger carrier and tour guide for upcoming Gifted and Talented Trip to Washington, DC. For 6/14-17<sup>th</sup>, 2026.

**Applicable State or Regulations:**

Board Policy 9.36 states that out of state field trips require Superintendent/Board approval

**Fiscal/Budgetary Impact:**

The cost of this trip will be covered solely by parents/students.

**History/Background:**

The Gifted and Talented trip is scheduled for June 14<sup>th</sup>-17<sup>th</sup>, 2026, students and parents have been notified and a meeting took place on July 17<sup>th</sup>, in the Media Center to discuss the cost and level of interest. Blue Grass Tours, Inc. will be the means of transportation which is a 55-passenger carrier. This company has provided the certificate of liability insurance which has been attached. As the Gifted and Talented coordinator, I am open to any questions that you may have.

**Recommended Action:**

Approve the bus carrier for the Gifted and Talented trip to Washington D.C.

**Contact Person(s):**

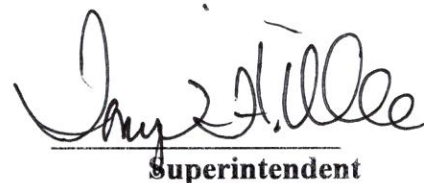
Carolyn M. Curry

Bobby Akers

Tessica Strong

  
Coordinator

  
Director

  
Superintendent

**Date:** July 14, 2025



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Dear Parents and Students,

We are excited to share a special opportunity for our Gifted and Talented students in grades 9–12. From June 14–17, 2026, students will have the chance to take part in a four-day study tour to Washington, D.C.

This educational trip is designed to give students meaningful, real-world learning experiences. They will visit important historical landmarks, museums, and cultural sites in and around our nation's capital. This is more than just a sightseeing trip—it's a way for students to expand their understanding of history, government, and culture while making lasting memories with their classmates.

We strongly encourage all eligible 9<sup>th</sup>-12<sup>th</sup> grade Gifted and Talented students to take advantage of this exciting opportunity. Experienced teachers and staff will supervise the trip, and student safety will be our top priority at all times.

To help families prepare, we've included a monthly payment plan with the first payment of \$125 due on August 1, 2025. You'll find the full payment schedule and a Compliance Agreement on the back of this letter. Both the parent/guardian and student must sign and return the agreement.

We'll be hosting an informational meeting on July 17, 2025, at 6:00 PM in the Media Center at the Floyd County Board of Education. Attendance is optional, but we kindly request that you notify us if your child plans to take advantage of this opportunity. If you are unable to attend the meeting, please email confirmation to [carolyn.curry@floyd.kyschools.us](mailto:carolyn.curry@floyd.kyschools.us) by July 23, 2025.

More details about the trip will be shared soon. If you have any questions, please don't hesitate to contact us.

Sincerely,

Carolyn Curry – Cell 606-791-2307 Gifted and Talented Coordinator 606-886-4524

Bobby Akers

Tessica Strong

## Compliance Agreement

### Student Agreement

I, \_\_\_\_\_, understand that all rules in the Floyd County Student Code of Conduct apply during this study tour. I agree to follow these rules. I understand that if I break a rule, I may lose the chance to participate in future Gifted and Talented activities. I also understand that my luggage will be checked before being loaded onto the bus. If I am removed from the trip for breaking rules, my parent/guardian must come pick me up.

Student Signature: \_\_\_\_\_

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

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### Parent/Guardian Agreement

I, \_\_\_\_\_, understand that all school rules apply during this study tour. I agree to support and encourage my child to follow the rules. I understand that if my child breaks a rule, they will lose the chance to take part in future Gifted and Talented opportunities. I also understand that:

- My child's luggage will be checked before being loaded onto the bus.
- I am responsible for picking up my child if they are removed from the trip no matter date/time/cost.
- All payments are final and non-refundable.

Parent/Guardian Signature: \_\_\_\_\_

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

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### Payment Schedule

*(Subject to change) NOTE the price could slightly increase or decrease based on number of kids who sign up.*

- August 1, 2025 – \$125
- September 1, 2025 – \$125
- October 1, 2025 – \$100
- November 1, 2025 – \$100
- December 1, 2025 – \$50
- January 1, 2026 – \$100
- February 1, 2026 – \$100
- March 1, 2026 – \$50



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/11/2025

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> TIB Transportation Insurance Brokers, LLC 425 W. Broadway Suite 300 Glendale CA 91204-1269	<b>CONTACT NAME:</b> Carrie Miller	
	<b>PHONE (A/C, No. Ext):</b> 818-246-2800	<b>FAX (A/C, No.):</b> 818-246-4690
	<b>E-MAIL ADDRESS:</b> cmmiller@acrisure.com	
<b>INSURED</b> Blue Grass Tours, Inc. 817 Enterprise Drive Lexington KY 40510-1032	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A:</b> Lancer Insurance Company	
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES** **CERTIFICATE NUMBER:** 861666213 **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	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <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 <input type="checkbox"/> OTHER:		GL159002#6	5/1/2025	5/1/2026	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 \$ \$
A	<input type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	BA156197#23	5/1/2025	5/1/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <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 but only to the extent that the certificate holder is held liable for the conduct of the named insured.

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>
Floyd County Board of Education 442 KY Route 550 Eastern KY 41622	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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