

**Field Trip Planning Form**

This form is to be used when students take any trip off campus for school purposes.

School: Conner Middle Grade(s): 7 Class/Activity Group/Team: 7th Grade (optional)  
 Teacher/Sponsor/Coach: Kate Crum Cell Phone Number: 8588161549  
 Person trained with current medication administration training CPR/FA/AED credential Kate Crum

Destination Venue, Location and State: Chicago, Illinois (see sample itinerary for venues)

Trip Location Contact Person: Lori Hesse Phone Number: (888) 227-8221

# Teachers: 2 # Students: 35 # Chaperones: TBD (17) Adult/Student Ratio: TBD (2/1)

<b>Date(s) &amp; Times</b> Departure Date: <u>4/24/2026</u> Time: <u>5:30 AM</u> AM/PM Return Date: <u>4/26/2026</u> Time: <u>8:00 PM</u> AM/PM		<b>Cost</b> Total Cost: \$ <u>1042.00</u> Funding Source: <u>self</u> <b>Fee to be assessed to students:</b> <u>\$0 - no additional fees</u> <i>Attach Student Activity Cost Form 09.15 AP.23</i>	<b>Transportation</b> <input type="checkbox"/> District Bus/Van <input checked="" type="checkbox"/> Charter Bus: Approved Bid – Company Name <input type="checkbox"/> Other: <i>Attach a copy of Charter Bus Contract.</i>
<b>Meals</b>	At school prior to departure <input type="checkbox"/> Student Packed <input type="checkbox"/> Location where packed lunches will be School Cafeteria Packed <input type="checkbox"/> Consumed: _____		
	Student Purchase Restaurant <input checked="" type="checkbox"/> (Name and location of each stop)	Name & Location: <u>meals are part of trip package</u> Name & Location: <u>varies -see itinerary</u>	
<b>Over Night</b>	Date: <u>4/24/26</u>	Lodging: <u>TBD - itinerary will be updated</u>	
	Date: <u>4/25/26</u>	Lodging: <u>TBD - itinerary will be updated</u>	

Trip Purpose and Core Content/learning targets: Optional 7th grade trip - History and Science standards

Special Student Circumstances: Review rosters for students who require handicapped accessibility, students not participating, other: n/a

If any medication is listed on the parent permission form, someone must be identified and trained to administer medications. Consult with the school nurse to see who is permitted to give routine and/or emergency medications in the state(s) where the trip is planned. This form may not be submitted to Central Office for Board consideration until you have listed who will be administering all medications and the nurse has ensured that they are trained and authorized.

Name of trained administrator(s) of routine and emergency medications: Kate Crum

**School Nurse Initials:** [Signature] for verification that medications administrator listed above received training.

Due Date: 4/3/2026 to turn in Roster and completed Parent Permission Slips for nurse's final review.

**The following items have been completed or are in process. (Teacher/Sponsor/Coach must initial below)**

N/A I have viewed the field trip video for teachers/sponsors/coaches found on the district website.

[Signature] I have attached an anticipated Trip Itinerary.

N/A I have evaluated the trip site for potential hazards/special requirements.

[Signature] I have an event-specific emergency action plan for the trip site and will distribute to all personnel attending the event in an official capacity.

N/A Funds have been secured for indigent students.

kc If needed, background checks for chaperone approval have been initiated.

[Signature] Plans have been made for students who currently have medication orders on file at the school, to receive routing medications (trained employee for KY trips and states where approved, nurse, or parent attending):

Teacher/Sponsor/Coach Signature: [Signature] Date: 8/12/25

**School-Related Student Trip Request Form****EVENT SPECIFIC EMERGENCY ACTION PLAN (EAP)  
FOR ATHLETIC AND NONATHLETIC EVENT HELD OFF-CAMPUS**Destination/Venue: Chicago, Illinois (see sample itinerary for venues)Venue Address: varies - see itineraryPerson or email contacted at venue to discuss EAP: Lori Hess: LoriH@WorldStrides.comPosition/Title of person contacted: account managerDate (s) of contact: 5/72/25, 7/30/25Is there an Automatic External Defibrillator (AED) on site ☐ yes ☒ no? Is it regularly maintained? ☒ yes ☐ no? If yes, where is it located? will carry school AED and first aid kitDoes venue have an emergency response team (ERT) ☒ yes ☐ no?Process to request AED and/or ERT if needed at the scene: self carry AED and first aid kitWill a portable AED be taken from school on this trip ☒ yes ☐ no? If yes, who will be responsible for oversight and location of AED? Kate CrumIs any other assigned emergency equipment available on field trip? ☒ yes ☐ noIf so, list location of equipment with Kate Crum

The school personnel or volunteer attending in an official capacity who is in charge of the student is responsible for the main components of the EAP.

The main components of this Cardiac Emergency Action Plan that need to be communicated include:

- Location of AEDs.
- If possible, how to gain access.
- Steps that must be taken quickly to initiate the chain of survival.
  - Recognition of a sudden cardiac arrest event (assume cardiac arrest in anyone who is collapsed and unresponsive and not breathing).
  - Call 911 using cell phone or other means of communication.
  - Begin Hands-Only CPR (push hard and fast in center of chest about 100 times/minute).
  - Retrieve and use the nearest AED.
  - Continuing supporting the victim until the local EMS arrives and takes over care; and
  - Direct EMS to the scene.

**APPROVAL SIGNATURES REQUIRED**

- CHECK ALL BOXES BELOW THAT APPLY TO THIS TRIP REQUEST AND SECURE ALL REQUIRED SIGNATURES

Principal: [Signature] Date: 8/12/25○ ☐ Required for all tripsSuperintendent/Designee: [Signature] Date: \_\_\_\_\_○ ☐ Overnight Trips

Board of Education: \_\_\_\_\_ Meeting Date: \_\_\_\_\_

○ Submit forms to Superintendent/Designee for review and submission to the Board for approval.

○ ☐ Travel outside the Tri-State area of KY, OH, IN○ ☐ Common Carrier contract including cost.

○ ☒ Common Carrier Transportation. Reason for using a Charter Bus/Plane: Out of state

○ All field trip forms requiring Board approval must be completed and submitted by Deadline for next Board meeting.





# WorldStrides

## Educational Travel & Experiences

### WorldAssistU by WorldStrides

For 24/7/365 assistance call: 800-999-4542

Conner Middle School  
Trip ID: 224519 HICG  
Group Number: 39202-31-L  
Kate Crum [0S+0A+0TC=0]

LKH

### Sightseeing Information (DRAFT)

Total Count: 0S + 0A + 0TC = 0  
PRT: 07/30/25

WorldStrides reserves the right to revise this itinerary due to unforeseen circumstances such as traffic, road closures, site closures, weather or any restrictions related to public health and safety matters. Your Course Leader will consult with the Program Leader and Bus Driver(s) on any changes.

In keeping with WorldStrides' commitment to safety and security, all of our itineraries are compliant with Department of Transportation rules and regulations and giving drivers at least 9 hours off each night and a maximum of 14 hours on duty, not to exceed 10 hours of driving during any 24 hour period. This includes time for drivers to follow any necessary health and safety cleaning protocols.

REAL ID requirements go into effect May 7, 2025. Travelers 18 and older will need a REAL ID or valid passport to board flights or enter certain federal buildings.








### (DRAFT)Friday, April 24, 2026

- Group is using JASSBY cards for some or all allotments on this tour
- 5:30A Coach REPORT Conner Middle School (ET)
- 5:30A Group GATHER at Conner Middle School  
Bags on Coach
- 6:00A Coach DEPART for Chicago (ET)
- 11:00A MEET Course Leaders at Rock and Roll McDonalds - 600 N. Clark St, Chicago IL, 60610 - Course Leaders will remain with group for duration of the program (CT)  
 \$15 Lunch Allotment - Group eat lunch at Portillos
- 1:00P \*\*\*\*\* Art Institute of Chicago - 111 S Michigan Ave Chicago, IL 60603 - (312) 443-3600 (Pending) - (40 ppl)
- 3:30P 360 Chicago Observatory, 875 N. Michigan Avenue, 94th Floor, Chicago, IL 60611  
888-875-8439 - (40 ppl)  
John Hancock Building
- 5:30P Giordanos Pizzeria - 223 W Jackson Boulevard, Chicago IL 60606 312-583-9400. Entrance to restaurant is now located on Franklin. - Conf#-Dinner confirmed for 4/24 at 5:30pm
- 7:30P Coach DROP group at hotel for check-in

### (DRAFT)Saturday, April 25, 2026

- 7:00A Hotel Breakfast
- 8:00A Coach DEPART
- 9:00A \*\*\*\*\* Wrigley Field Tour - 1060 West Addison Street, Chicago, IL 60613 - (773) 388-8270  
Bus Drivers drop group off at the corner of Clark Street and Addison Street underneath the Red Marquee. The Driver can then proceed on Clark to Irving park Road take a right then can idle on Irving park Road,  
Group check in with your guides at the Gallagher Way Gate. (Pending) - (40 ppl)  
 \$15 Lunch Allotment
- 1:00P Museum of Science and Industry with Omnimax - 5700 S. Lake Shore Drive Chicago, IL (enter through the Front Door Entrance) - (773) 684-1414 - (40 ppl)  
Buckingham Fountain (picture stop)  
Millennium Park (picture stop) "The Bean"  
Navy Pier
- 6:30P Medieval Times Chicago - 2001 N. Roselle Road, Schaumburg, IL - (847) 843-3900 - (40 ppl)
- 10:00P Coach DROP at hotel

(DRAFT) Sunday, April 26, 2026

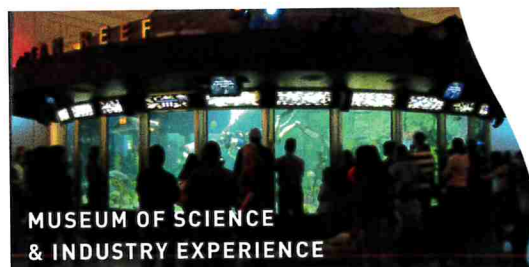
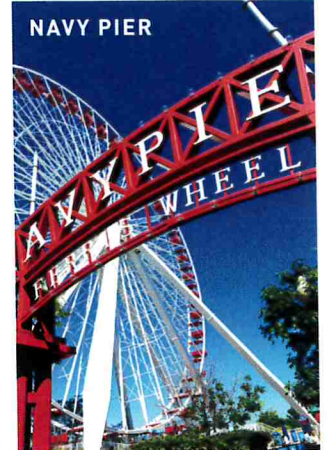
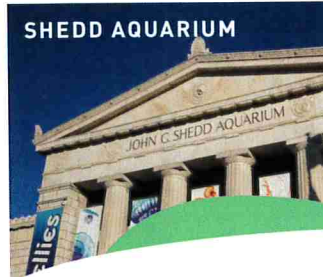
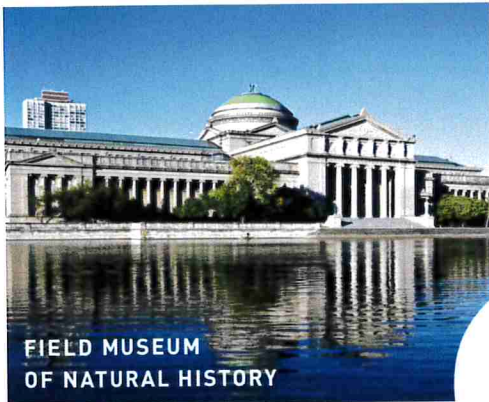
7:30A		Hotel Breakfast
		Bags on Coach
9:00A		Coach DEPART
10:00A		***** Lincoln Park Zoo - 2001 N Clark St, Chicago, IL - (312) 742-2000 (Pending) - (40 ppl)
12:00P		***** The Shedd Aquarium (Admission, 4-D Movie) - 1200 South Lake Shore Drive - Chicago, IL 60605 - (312) 692-3333 (Pending) - (40 ppl)
12:30P		***** Shedd Aquarium Meal Vouchers - 1200 S Lake Shore Drive, Chicago IL 60605 312-692- 3333 (Pending)
2:00P		Coach DEPART for Conner Middle School (CT)
2:30P		Course Leaders DISMISSED
		DINNER ON OWN
9:00P		Approximate ARRIVAL at Conner Middle School (ET)

Confidential and proprietary information of WorldStrides.

Itinerary View Copies: 1 Status: Meals Submitted



# Conner Middle School IS GOING TO **Chicago** AND YOU'RE ALL INVITED!



Here's all  
that we're  
going to do  
and see!

**SIGN UP TODAY!**

Space is still available for our trip. We want as many students as possible to have this once-in-a-lifetime opportunity to travel with their classmates!

Sign Up By: Monday, 06/30/2025



**SCAN**

to see more information on our trip including dates, the price and itinerary.



*Crown Charter*

---

225 Charles A. Liddle Drive, Suite 110  
Lawrenceburg, IN 47025  
Phone: 812-577-0219  
Fax: 812-577-0362  
Toll Free 866-276-0581  
Website: [www.crowncharter.net](http://www.crowncharter.net)  
Email: [Crown1@crowncharter.net](mailto:Crown1@crowncharter.net)

### Charter Confirmation

Confirmed: **07/30/25**  
Charter No. : **11471**

**Emily Senn**  
**WorldStrides**  
**218 W. Water Street**  
**Suite 400**  
**Charlottesville, VA 22902**

Phone: **434-982-8746**  
Fax: **434-982-8755**  
Order Date **07/30/25**

SalesRep: **Justin Moore**

Thank you for selecting **Crown Charter** for your upcoming trip. We are committed to providing you with the service possible. This Confirmation serves as your contract for your transportation needs shown below. We need your signed and dated copy of this confirmation by the due dates shown below. Please review the following to confirm our understanding of the services we will provide.

Group Name: **Conner MS**  
Group Leader: **Emily Senn**  
Destination: **Chicago IL**  
Leave Date: **Friday, April 24, 2026**  
Spot Time: **5:30 am**  
Leave Time: **6:00 am**  
Pickup Location: **Conner MS  
Hebron KY**

# Coaches: **1**  
Equipment: **55 pax**  
  
Return Date: **Sunday, April 26, 20**  
  
Retn\Drop Time: **9:00 pm**  
Destination Details: **Chicago IL**





# CERTIFICATE OF LIABILITY INSURANCE

Page 1 of 2

DATE (MM/DD/YYYY)  
09/04/2025

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> Willis Towers Watson Southeast, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	<b>CONTACT NAME:</b> WTW Certificate Center <b>PHONE (A/C No. Ext):</b> 1-877-945-7378 <b>FAX (A/C No.):</b> 1-888-467-2378 <b>E-MAIL ADDRESS:</b> certificates@wtwco.com																					
<b>INSURED</b> WorldStrides 701 E Water Street, Suite 200 Charlottesville, VA 229025062	<table><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A:</td><td>Arch Insurance Company</td><td>11150</td></tr><tr><td>INSURER B:</td><td>HDI Global Specialty SE</td><td>B0783</td></tr><tr><td>INSURER C:</td><td>Transportation Insurance Company</td><td>20494</td></tr><tr><td>INSURER D:</td><td>Texas Insurance Company</td><td>16543</td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Arch Insurance Company	11150	INSURER B:	HDI Global Specialty SE	B0783	INSURER C:	Transportation Insurance Company	20494	INSURER D:	Texas Insurance Company	16543	INSURER E:			INSURER F:		
INSURER(S) AFFORDING COVERAGE		NAIC #																				
INSURER A:	Arch Insurance Company	11150																				
INSURER B:	HDI Global Specialty SE	B0783																				
INSURER C:	Transportation Insurance Company	20494																				
INSURER D:	Texas Insurance Company	16543																				
INSURER E:																						
INSURER F:																						

**COVERAGES****CERTIFICATE NUMBER:** W40184238**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														
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:	Y		TAP0196147-03	09/30/2024	09/30/2025	<table><tr><td>EACH OCCURRENCE</td><td>\$ 10,000,000</td></tr><tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$ 1,000,000</td></tr><tr><td>MED EXP (Any one person)</td><td>\$ 10,000</td></tr><tr><td>PERSONAL &amp; ADV INJURY</td><td>\$ 10,000,000</td></tr><tr><td>GENERAL AGGREGATE</td><td>\$ 10,000,000</td></tr><tr><td>PRODUCTS - COMP/OP AGG</td><td>\$ 10,000,000</td></tr><tr><td></td><td>\$</td></tr></table>	EACH OCCURRENCE	\$ 10,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000	MED EXP (Any one person)	\$ 10,000	PERSONAL & ADV INJURY	\$ 10,000,000	GENERAL AGGREGATE	\$ 10,000,000	PRODUCTS - COMP/OP AGG	\$ 10,000,000		\$
EACH OCCURRENCE	\$ 10,000,000																				
DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000																				
MED EXP (Any one person)	\$ 10,000																				
PERSONAL & ADV INJURY	\$ 10,000,000																				
GENERAL AGGREGATE	\$ 10,000,000																				
PRODUCTS - COMP/OP AGG	\$ 10,000,000																				
	\$																				
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			TAP0196147-03	09/30/2024	09/30/2025	<table><tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$ 10,000,000</td></tr><tr><td>BODILY INJURY (Per person)</td><td>\$</td></tr><tr><td>BODILY INJURY (Per accident)</td><td>\$</td></tr><tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td></tr><tr><td></td><td>\$</td></tr></table>	COMBINED SINGLE LIMIT (Ea accident)	\$ 10,000,000	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$		\$				
COMBINED SINGLE LIMIT (Ea accident)	\$ 10,000,000																				
BODILY INJURY (Per person)	\$																				
BODILY INJURY (Per accident)	\$																				
PROPERTY DAMAGE (Per accident)	\$																				
	\$																				
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			18EX4142	09/30/2024	09/30/2025	<table><tr><td>EACH OCCURRENCE</td><td>\$ 5,000,000</td></tr><tr><td>AGGREGATE</td><td>\$ 5,000,000</td></tr><tr><td></td><td>\$</td></tr></table>	EACH OCCURRENCE	\$ 5,000,000	AGGREGATE	\$ 5,000,000		\$								
EACH OCCURRENCE	\$ 5,000,000																				
AGGREGATE	\$ 5,000,000																				
	\$																				
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> 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	N/A		7040225396	09/30/2024	09/30/2025	<table><tr><td><input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER</td><td></td></tr><tr><td>E.L. EACH ACCIDENT</td><td>\$ 1,000,000</td></tr><tr><td>E.L. DISEASE - EA EMPLOYEE</td><td>\$ 1,000,000</td></tr><tr><td>E.L. DISEASE - POLICY LIMIT</td><td>\$ 1,000,000</td></tr></table>	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER		E.L. EACH ACCIDENT	\$ 1,000,000	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000	E.L. DISEASE - POLICY LIMIT	\$ 1,000,000						
<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER																					
E.L. EACH ACCIDENT	\$ 1,000,000																				
E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000																				
E.L. DISEASE - POLICY LIMIT	\$ 1,000,000																				
A	Professional Liability  Abusive Acts			TAP0196147-03	09/30/2024	09/30/2025	<table><tr><td>Each Negligent Act or Negligent Omission</td><td>\$10,000,000</td></tr><tr><td>Each Occ/Agg</td><td>\$2,000,000</td></tr></table>	Each Negligent Act or Negligent Omission	\$10,000,000	Each Occ/Agg	\$2,000,000										
Each Negligent Act or Negligent Omission	\$10,000,000																				
Each Occ/Agg	\$2,000,000																				

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

As of the effective date noted above, certificate holder is included as an additional insured but only with respect to the operations of the Named Insured in connection with the travel and/or tour services provided, as required by written contract and per the terms and conditions of the policy.

SEE ATTACHED

**CERTIFICATE HOLDER**

Conner Middle School  
Attn: Kate Crum  
3300 Cougar Path  
Hebron, KY 41048

**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

© 1988-2016 ACORD CORPORATION. All rights reserved.

AGENCY CUSTOMER ID: \_\_\_\_\_  
LOC #: \_\_\_\_\_



## ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

AGENCY Willis Towers Watson Southeast, Inc.		NAMED INSURED WorldStrides 701 E Water Street, Suite 200 Charlottesville, VA 229025062	
POLICY NUMBER See Page 1		EFFECTIVE DATE: See Page 1	
CARRIER See Page 1	NAIC CODE See Page 1		

### ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Trip Dates: April 24-26, 2026

INSURER AFFORDING COVERAGE: Texas Insurance Company

NAIC#: 16543

POLICY NUMBER: BESGLXTVA011401\_170557\_01 EFF DATE: 09/30/2024 EXP DATE: 09/30/2025

TYPE OF INSURANCE:

LIMIT DESCRIPTION:

LIMIT AMOUNT:

Excess Liability

See Excess

Program Attached

INSURER AFFORDING COVERAGE: Transportation Insurance Company

NAIC#: 20494

POLICY NUMBER: 7040225401 EFF DATE: 09/30/2024 EXP DATE: 09/30/2025

TYPE OF INSURANCE:

LIMIT DESCRIPTION:

LIMIT AMOUNT:

Workers Compensation - CA

E.L. Each Incident

\$1,000,000

& Employers Liability

E.L. Disea Pol Limits

\$1,000,000

Per Statute

E.L.- Each employee

\$1,000,000



## *Excess Program Structure*

Effective Date	Carrier	Policy Number	Limit	Layer
9/30/24 to 9/30/25	HDI Global Specialty SE	18EX4142	\$5,000,000	\$5M Primary
9/30/24 to 9/30/25	Texas Insurance Company	BESGLXTVA011401_1 70557_01	\$5,000,000	\$5M x \$5M
9/30/24 to 9/30/25	Westchester Surplus Lines Insurance Company	G72597734 003	\$10,000,000	\$10M x \$10M
9/30/24 to 9/30/25	Everest National Insurance Company	XC3EX00425-241	\$5,000,000	\$5M x \$20M
9/30/24 to 9/30/25	Navigators Insurance Company	GA24EXRZ0CGBUIV	\$5,000,000	\$5M x \$25M
9/30/24 to 9/30/25	HDI Global Specialty SE	HDHX003701361	\$5,000,000	\$5M x \$30M
9/30/24 to 9/30/25	Allianz Global Corporate & Specialty SE	RMHX004900128	\$5,000,000	\$5M x \$35M

Total Limits	\$40,000,000
--------------	--------------

Underlying schedule of insuring agreements included under Excess tower (subject to policy limits, deductibles, terms, conditions, and applicable statutes and regulations):

- General Liability
- Employee Benefits Liability
- Automobile Liability
- Employer's Liability
- Foreign General Liability
- Foreign Contingent Automobile Liability
- Foreign Employer's Liability

## *Named Insured Matrix*

This intends to outline the main named insureds and DBAs currently affiliated with Lakeland Tours, LLC DBA WorldStrides.

- 
- Lakeland Tours, LLC dba WorldStrides
  - Christian Discoveries
  - Capstone Programs
  - Accent Travel Group
  - Travel MBA
  - New Century Tours
  - American High School Theatre Festival
  - Worldpass Travel Group
  - USA Student Travel
  - Music America
  - GET TRAVEL
  - Adventures America
  - Lakeland Holdings, LLC
  - Lakeland Finance, LLC
  - Lakeland TOPCO Holdings, LLC
  - Heritage Education and Festivals, LLC
  - Americas Travel Centre
  - Bowl Games of America
  - Skys The Limit
  - Classic Festivals
  - Field Studies Center of New York
  - Field Studies International
  - Backstage Theatre Tickets
  - WorldStrides International, LLC
  - National Educational Travel Council, LLC
  - NETC
  - International Discovery Programs
  - Casterbridge Tours, Ltd
  - Lakeland Seller Finance, LLC
  - WorldStrides Holdings, LLC
  - WH Blocker, Inc.
  - WS Purchaser, Inc.
  - WS Holdings Acquisition, Inc.
  - WS Holdings, Inc.
  - WorldStrides Travel Information Consulting (Shanghai) Co., Ltd.
  - WorldStrides PTY LTD
  - Snowman Property Management PTY LTD
  - Tinogra PTY LTD
  - Trekset Travel
  - Group Travel
  - Get Sports
  - Excel International Sports



- Excel Group
- Excel Sports
- Oxbridge Academic Resources LLC
- Oxbridge Academic Programs
- CBL International Management, Ltd
- CBL International Academic Education, Ltd
- Global Education Group Holdings, Ltd.
- CBL International Oxbridge Programmes, Ltd.
- International Studies Abroad, LLC and subsidiaries
- E.L.E. Asesores Lingüísticos, S.L
- Explorica, LLC and subsidiaries
- Explorica Travel, LLC
- Explorica S. de R.L. de C.V.
- Explorica Merida Holdings, LLC
- The Education Abroad Network (TEAN)
- Leadership Platform Acquisition, LLC dba Envision EMI LLC
- WorldStrides Camp (Shanghai) Education Technology Co., Ltd.
- WorldStrides Global Camps
- Worldstrides Pte. Ltd.
- Brightspark Travel, LLC
- Travel Turf, LLC dba World Class Vacations
- WorldStrides Canada, Inc. and all registered trade names (to be provided)
- Les Tours Jumpstreet Tours Inc.
- G.E.T Educational Tours Pty Ltd
- WorldStrides Custom Programs