

Raymond School District Policy – EEAF-R\*

STUDENT OVERNIGHT TRAVEL

School: IHams

Organization: 8th Grade Class

Faculty Advisor: Tracy Norris

Sponsor (if other): \_\_\_\_\_

Destination: Washington DC

Dates: Departure: 5/1/18 Return: 5/4/18

Any Days of School Missed?: yes

How Many?: 4

Insurance Coverage  
By Travel Group

Insurance Agency: Steadfast Insurance Co.  
Attach Copy

Certificate of Insurance: EOH5330767-13  
Number of Insurance Certificate

Amount: \$ 1,000,000

Cost Per Student: \$ 690 Total Number of Students: approx 100

Cost to School: \$ — Total Number of Chaperons: 1 per 10 students  
(if any)

Transportation Provided by: Premier Coach Company

Fully Insured: - Name of Insurance Co. Capacity Coverage Co. of NJ

Educational Purpose of Trip: to see and understand first hand

about some of the curriculum they learn in 8th Grade

Social  
Studies.

Detailed Itinerary: (Use attached sheet if necessary)

Attached



ZURICH

# Certificate of Insurance Travel Agents and Tour Operators Professional Liability Insurance

UNDERWRITTEN BY  
Steadfast Insurance Company

This is to certify that the insurance policies specified below have been issued by Steadfast Insurance Company to the insured named herein and that, subject to their provisions, exclusions and conditions, such policies afford the coverages indicated insofar as such coverages apply to the occupation or business of the Named Insured as stated.

Named Insured: Student Tours, Inc.

Address: 60 West Avenue  
Oak Bluffs, MA 02557

Location of Operations: Worldwide

Type of Work Covered: Travel Agency and Tour Operations

Policy Number : <b>EOL5330767-12</b>	
Policy Period: From: <b>03/28/2017</b> To: <b>03/28/2018</b>	
12:01 A.M.; standard time at the address of the named insured as stated herein.	
Coverages:	Limits of Liability
A. Bodily Injury and Property Damage (except automobile)	Each Occurrence \$1,000,000
B. Bodily Injury and Property Damage Automobile (except owned automobile)	Each Occurrence \$1,000,000
C. Professional Liability	Each Negligent Act or Negligent Omission \$1,000,000
D. Personal Injury	Each Offense \$1,000,000
General Aggregate Limit	<b>\$1,000,000</b>
Fire Legal Liability (if applicable)	Any One Fire \$50,000

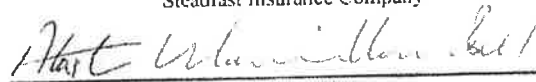
Effective Date: March 28, 2017

This Certificate Issued To:

Gove Middle School  
1 Stephen Batchelder Parkway  
Raymond, NH 03077

Steadfast Insurance Company

Countersignature:  
(if required by law)

  
Authorized Representative

Print Date: April 6, 2017

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.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
1/25/2017

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).

<b>PRODUCER</b> Capacity Coverage Company of NJ Inc One International Blvd 3rd Floor Mahwah NJ 07495 <b>INSURED</b> Premier Coach Company Inc. DBA Vermont Translines 946 Route 78 Milton VT 05468	<b>CONTACT NAME:</b> Donna Furnish <b>PHONE (A/C, No, Ext):</b> (201) 661-2442 <b>E-MAIL ADDRESS:</b> dfurnish@capcoverage.com <b>FAX (A/C, No):</b> (201) 661-7789
	<b>INSURER(S) AFFORDING COVERAGE</b> NAIC # INSURER A: Protective Insurance Company 12416 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

**COVERAGES** CERTIFICATE NUMBER: 17-18 Auto, GL, WC, XS 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"/> 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"/> PROJECT <input type="checkbox"/> LOC OTHER		TG000092	2/1/2017	2/1/2019	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 5,000,000 MED EXP (Any one person) \$ 100,000 PERSONAL & ADV INJURY \$ 5,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMPIOP AGG \$ 5,000,000 PRODUCTS - COMPIOP AGG \$ Excluded
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		TG000092	2/1/2017	2/1/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTIONS		TX1337	2/1/2017	2/1/2018	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
A	<input checked="" type="checkbox"/> 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 N/A	WB00871015	2/1/2017	2/1/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> UTH-ER 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)  
CERTIFICATE HOLDER IS INCLUDED AS ADDITIONAL INSURED WITH RESPECTS TO THE TRANSPORTATION SERVICES PROVIDED BY THE NAMED INSURED. ADDITIONAL INSURED STATUS DOES NOT APPLY TO WORKERS COMPENSATION OR EMPLOYERS LIABILITY COVERAGE.

<b>CERTIFICATE HOLDER</b>  	<b>CANCELLATION</b> 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 Carl Gerson/AEDONE

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