

Raymond School District Policy – EEAF-R*

STUDENT OVERNIGHT TRAVEL

School: Raymond High School

Organization: RHS Music Dept

Faculty Advisor: R. LaCasse

Sponsor (if other): _____

Destination: Philadelphia, PA AND surrounding Attractions

Dates: Departure: 4/11 - ~~4/12/18~~ Return: 4/15/18

Any Days of School Missed?: Yes

How Many?: 3

Insurance Coverage
By Travel Group

Insurance Agency: Acord Attached
Attach Copy

Certificate of Insurance: Attached
Number of Insurance Certificate

Amount: Attached

Cost Per Student: \$ 700 Total Number of Students: est. 85

Cost to School: \$ NA Total Number of Chaperons: 9
(if any)

Transportation Provided by: New England Coach

Fully Insured: - Name of Insurance Co. SAME

Educational Purpose of Trip: Performance and Master
Class at Westchester University

Detailed Itinerary: (Use attached sheet if necessary)

Attached - subject to change

New England Coach



17 Freetown Rd.
Suite 3
Raymond, NH 03077
January 2, 2018

Randy Lacasse
Music Teacher
Raymond High School
43 Harriman Hill Rd.
Raymond, NH 03077
603-895-4299

CONTRACT FOR SERVICES

Dates: April 11-15, 2018
Tour Name: Raymond High School Music


New England Coach will provide motorcoach transportation, 4 nights' accommodations at the Courtyard by Marriott, Malvern, PA., all touring, 11 meals (4 breakfasts, 3 lunches, 4 dinners and such activities as stated below. Both motorcoach drivers gratuities are included.

Itinerary to include but not limited to: Amish Farm and House tour, Family Style Meal with a local Amish family, Local Step on Guide Service, American Treasure Tour, One Liberty Observatory, Eastern States Penitentiary, Independence Hall, Liberty Bell, National Constitution Center, Reading Terminal and a Master Class.

Cost per student is \$700
This tour price includes 9 nonpaying teacher/chaperones.

Payment is due in full on or before February 26, 2018

Please sign and return a copy of this confirmation at your earliest convenience. Rooming list is due by February 26, 2018.

Authorized signature: 

Date: 1/11/18

New England Coach:

Date: January 2, 2018

New England Coach



www.newenglandcoach.com

INVOICE 0518

Date:1/10/18

Total Due: \$59,500

PAYMENT DUE BY:02/26/18

Raymond High School

Attn: Randy Lacasse

r.lacasse@sau33.com

New England Coach

17 Freetown Rd

Raymond, NH 03077

QUANTITY	DETAILS	UNIT PRICE	LINE TOTAL
85	Students	700.00	59,500.00
9	Non paying chaperone's		
			-
			Net Total
			\$59,500.00
			TOTAL
			\$59,500.00



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/25/2017

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).

PRODUCER Eastern States Insurance Agency, Inc. 50 Prospect Street Waltham, MA 02453	CONTACT NAME:		PHONE (A/C, No, Ext): 781-642-9000		FAX (A/C, No): 781-647-3670	
	E-MAIL ADDRESS: certificaterequest@esia.com					
INSURER(S) AFFORDING COVERAGE					NAIC #	
INSURER A : National Interstate Ins. Co.					32620	
INSURER B : Guard Insurance Company					31470	
INSURER C :						
INSURER D :						
INSURER E :						
INSURER F :						
INSURED	New England Coach, Inc. 17 Freetown Road Raymond, NH 03077					

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	
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 type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			GLS 1136667 04	06/01/2017	06/01/2018	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 200,000
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 1,000,000
								\$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			CAS 1136667 04	06/01/2017	06/01/2018	COMBINED SINGLE LIMIT (Ea accident)	\$ 100,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			DDX 1136667 07	06/01/2017	06/01/2018	EACH OCCURRENCE	\$ 4,900,000
							AGGREGATE	\$
								\$
B	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	NEWC862441	06/01/2017	06/01/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	
							E.L. EACH ACCIDENT	\$ 500,000
							E.L. DISEASE - EA EMPLOYEE	\$ 500,000
							E.L. DISEASE - POLICY LIMIT	\$ 500,000

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

CERTIFICATE HOLDER

CANCELLATION

RAYMONH Raymond School District 45 Harriman Hill Road Raymond, NH 03077	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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