

# OVERNIGHT FIELD TRIP REQUEST FORM

This form must be completed AND approved at both the Education Committee Meeting AND the Regular School Board Meeting PRIOR TO the date of the trip. Contact the Assistant Superintendent's Office to verify meeting dates.

### INSTRUCTIONS:

1. Originator - Complete by typing directly on form. Print form. Forward to Building Principal for approval.
2. Building Principal - Approve and forward to the Assistant Superintendent's Office for approval and inclusion on the Education Committee and School Board Meeting agendas.
3. Once Request has been approved at the School Board Meeting, a copy will be returned to the Originator.

Requested by: Kim Schmidt  
Group: 2015 Holiday Park 6th Grade Students School: Holiday Park  
Destination: \_\_\_\_\_

Purpose: Washington DC. To learn more about our countries capital & history of our nation.

Adult Supervisors/Sponsors: TBD TBD

Person(s) Responsible for Activity: Kim Schmidt  
Amy Mc Masters/Ann Bednar

Departure Date: Friday April 26th Time: 7:00 AM  
Return Date: Sunday April 28th Time: 9:30 PM

Number of Students Participating: 61  
Number of Students NOT Participating: 13  
Number of Days Absent from School: 1

Have any of the participating students been on other approved trips throughout the year?  
NO


Cost of Trip (Per Person): \$490/student \$550/adult  
Student's Actual Cost: \$490

How will money be raised to pay for the trip:  
fundraising or payment

Please give a full explanation of the type of insurance coverage the student will have while participating in this activity. If there is no provision for insurance, all students participating must have their parent/guardian sign an insurance waiver form.  
please see attached insurance certificate from Premier Tour & Travel

Method of Travel & Name of Commercial Agency:  
Travel via Bus with Premier Tour & Travel Agency

Housing (Reservation, Address, Dates):  
Comfort Inn Shady Grove 16216 S. Frederick Road Gaithersburg MD 20877

 5-2-14 Date approved by Education Committee: \_\_\_\_\_  
Principal's Signature Date Date approved by School Board: \_\_\_\_\_



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/17/2014

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 Gilbert's Risk Solutions 30 E. State St. , P.O. Box 688 Sharon, PA 16146 Gilbert's Insurance Agency Inc	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED Brookside Management LLC 200 Synder Road Hermitage, PA 16148	INSURER A: <b>Travelers Insurance</b>	15318
	INSURER B: <b>Zurich/Assurance Company</b>	19305
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

## 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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY			680-4343X270-14-42	01/01/2014	01/01/2015	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO		<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS		<input type="checkbox"/> NON-OWNED AUTOS				BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (PER ACCIDENT)	\$
								\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB			CUP-5950X608-14-42	01/01/2014	01/01/2015	EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/> EXCESS LIAB		<input type="checkbox"/> CLAIMS-MADE				AGGREGATE	\$ 1,000,000
	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 5000							\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			ITUB-4345X41-1-14	01/01/2014	01/01/2015	<input type="checkbox"/> WC STATUTORY LIMITS	<input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input type="checkbox"/> N	N/A				E.L. EACH ACCIDENT	\$ 100,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$ 100,000
							E.L. DISEASE - POLICY LIMIT	\$ 500,000
B	Professional Liab			EOL5987954	01/01/2014	01/01/2015	Limit	2,000,000
							Retention	500

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

## CERTIFICATE HOLDER

## CANCELLATION

HOLID-2  Holiday Park Elementary Kim Schmidt 4795 Havana Dr. Pittsburgh, PA 15239	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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