

Board Office Use: Legislative File Info.	
File ID Number	13-0637
Introduction Date	4/24/13
Enactment Number	13-0668
Enactment Date	4/24/13 <i>ek</i>



**OAKLAND UNIFIED
SCHOOL DISTRICT**

Community Schools. Thriving Students

Memo

To Board of Education
From Anthony Smith, Superintendent
Board Meeting Date 4/24/13
Subject Approval of Request for Student Travel

Action Requested	<input checked="" type="checkbox"/> Approval of request for student travel of <u>Skyline</u> to <u>Washington D.C.</u> for the period of <u>4/17/2013</u> through <u>4/21/2013</u> . Grade(s): <u>10th&12th</u> # of Students: <u>2</u> # of Adults: <u>2</u> <input checked="" type="checkbox"/> Ratification of Educational Organization Contract with _____
Educational Purpose of Trip	The mission of the tournament is to conduct a student-friendly event that promotes the values and norms of the high school coaching community. The National Debate Coaches Association wants to host an event that encourages regional debate. Our strong belief is that a qualifying tournament that values all tournament can help promote regional debate immediately. Promoting regional debate is a core mission of the National Debate Coaches Association and we believe it is essential for the continued health of our activity.
Itinerary and activities	Students Chris Marquez and Leonard Irving-Thomas both from Skyline will be debating at the Nationals Association of Urban Debate Leagues Nationals Champions, on April 17-21, 2013 in Washington D.C.
Teachers and Staff Attending Trip	Steve Clemmons- Teacher-Bay Area Urban Debate League Dmitri Seals- Executive Director, Bay Area Urban Debate League
Site Administrator Affirms	<input checked="" type="checkbox"/> Parental permission forms will be on file for all students participating and school has emergency communication protocol <input checked="" type="checkbox"/> At least one OUSD employee accompanying the students is certificated <input checked="" type="checkbox"/> Non-OUSD chaperones, if any, will meet criminal background check requirements <input checked="" type="checkbox"/> There will be sufficient and appropriate chaperones for this field trip <input checked="" type="checkbox"/> School will address financial or accessibility issues that might prevent students from participating
Recommendation	<input checked="" type="checkbox"/> Approval of request for student travel of <u>Skyline</u> to <u>Washington D.C.</u> for the period of <u>4/17/2013</u> through <u>4/21/2013</u> . <input checked="" type="checkbox"/> Ratification of Educational Organization Contract with _____
Fiscal Impact	Amount of District funds to be used for trip costs will be \$ <u>N/A</u> Funding source for the trip will be: <input type="checkbox"/> General funds <input type="checkbox"/> Restricted funds <input checked="" type="checkbox"/> No District funds will be used

RESOLUTION
OF THE
BOARD OF EDUCATION
OF THE
OAKLAND UNIFIED SCHOOL DISTRICT

Resolution NO 1213-0131
AUTHORIZATION FOR APPROVAL OF STUDENT TRAVEL

WHEREAS, the Board of Education believes that field trips and other travel opportunities for students are a valuable tool in supporting classroom instruction and promoting students awareness of places and events;

WHEREAS, Board Policy 6143 requires the Board of Education of the Oakland Unified School District to pool all trips involving out-of-state and out-of-country travel; and

WHEREAS, pursuant to Board Policy 6143, the Superintendent request the Board of Education to authorize student travel for the period of April 17, 2013 through April 21, 2013 to National Debate Coaches Association National Championship by Skyline High School,

NOW, THEREFORE, BE IT RESOLVED, the Board of Education of the Oakland Unified School District does hereby approve the following request for student travel: Skyline-Leadership, Curriculum, and Instruction- Bay Area Urban Debate League

School: Skyline High School

Destination: National Debate Coaches Association National Championship, Washington, DC: Key Bridge Marriot, 1401 Lee Highway Arlington, VA.

Departure Date: 4/17/2013 Return: 4/21/2013

Passed by the following vote:

AYES: Jody London, Roseann Torres, James Harris, Vice
President Jumoke Hinton Hodge, President David
Kakishiba

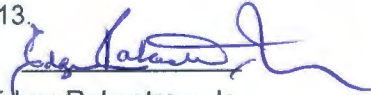
NOES: None

ABSTENTIONS: None

ABSENCES: Gary Yee, Christopher Dobbins

I hereby certify that the foregoing is a full, true and correct copy of resolution adopted by the Governing Board of the Oakland Unified School District at a Regular Meeting held March 24, 2013.

File ID Number: 13-0637
Introduction Date: 4/24/13
Enactment Number: 13-0668
Enactment Date: 4/29/13
By: o.k.


Edgar Rakestraw, Jr.
Secretary, Governing Board



Basic Directions

1. Requests must be submitted to Network Executive Officer no later than **120 days** prior to departure
2. Board approval is required for all out of state trips.
3. Use of Restricted Funds requires additional approval by State & Federal Compliance
4. OUSD Fingerprint and TB clearance requirements per OUSD AR 1240 has been obtained for all non-District employee chaperones. (Arrange through <https://www.beamentor.org/Linkpages/mentorasp/SpecialProjects/OUSD/> or email volunteers@ousd.k12.ca.us. Continuing volunteer chaperones must be fingerprint cleared at least once every 3 years and obtain TB clearance once every 4 years.)
5. Generally 1:10 Adult to Student ratio is required as provided in OUSD Board Policy 6153
6. Check the Pre-Approved Vendor List for contract and insurance requirements

Required Documents for Request Approval	<input checked="" type="checkbox"/> Copy of program/vendor information describing vendor and scheduled activities <input checked="" type="checkbox"/> All facility, program or vendor agreements/contracts, including OUSD Educational Organization Contract <input checked="" type="checkbox"/> Certificate of insurance from all private vendors: Facility (attach copy unless publicly owned and operated or commercial lodging e.g. Holiday Inn) Program (attach copy unless publicly owned and operated) <input checked="" type="checkbox"/> Board Approval Memo
Required Documents for Trip Approval	<input type="checkbox"/> "Checklist Prior to Trip Departure" <input type="checkbox"/> List of students and adults attending trip <input type="checkbox"/> "Declaration of Driver" and required attachments, completed by each driver of private or rental vehicle

TRIP INFORMATION TO BE COMPLETED BY TEACHER:

School or Center: _____ Skyline _____ Site Number: _____ 306 _____

Destination:	Washington D.C.	
Address:	Key Bridge Marriot, 1401 Lee Highway, Arlington, VA	Phone: (703) 735-7394

Date of Departure: 4/17/2013 Time of Departure: 10:25 a.m Place of Departure: SFO

Date of Return: 4/21/2013 Time of Return: 10:45 p.m Place of Return: SFO

Class(es) or Group Attending: Chris Marquez and Leonard Irving-Thomas

Grade(s): 10th&12th # of Students: 2 # of Adults: 2

Teacher Supervising Trip: Scheer & Clemmons Emergency Contact # during trip: (510) 735-7394

Supervising teacher's email address: swscheers@gmail.com

Describe itinerary and activities: <input type="checkbox"/> Trip will include swim or water activities	Students Chris Marquez and Leonard Irving-Thomas both from Skyline will be debating at the Nationals Association of Urban Debate Leagues Nationals Champions, on April 17-21, 2013 in Washington D.C.
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Names of Teachers and staff attending trip:	Teachers: Steve Clemmons- Teacher-Bay Area Urban Debate League Dmitri Seals- Executive Director, Bay Area Urban Debate League Staff:
Describe mode of transportation for each leg of the trip:	SFO To: Washington D.C. Airport Americans and Virgin America
Describe how this trip aligns with grade level standards, supports the teaching and learning and/or parent ed/training component of site plan, including related activities prior to trip and student follow-up activities that will occur after the field trip/excursion:	The mission of the tournament is to conduct a student-friendly event that promotes the vales and norms of the high school coaching community. The National Debate Coaches Association wants to host an event that encourages regional debate. Our strong belief is that a qualifying tournament that values all tournament can help promote regional debate immediately. Promoting regional debate is a core mission of the NDCA and we believe it is essential for the continued health of our activity.

TRIP COSTS

Funding source for the trip will be: General Funds Restricted funds No District funds will be used

TRANSPORTATION

Note: Site must order AC Transit and BART tickets.

If buses will be used, the approved bus company list is located on the Intranet with the Field Trip information.

of buses ordered: _____ Size of bus ordered: _____ Wheelchair accessible needed? _____

Bus Company: _____ Cost of transportation: \$ _____ Restricted funds? _____

Charter Bus Account: Org. Key _____ Object: **5826** Charter Bus PO #: _____

ADMISSION COSTS

Cost per student: \$ _____ Cost per adult: \$ _____ Total cost: \$ _____ Restricted funds? _____

Admission Account: Org. Key _____ Object **5829** Admissions PO #: _____

SUBSTITUTES Are Subs Needed? Yes: No: (Note: School site is responsible for ordering substitutes)

CERTIFICATES OF INSURANCE

Facility/Program Insurance: Attach copies of Proof of Insurance **from** all private vendors (except publicly owned and operated).

District Insurance: Has vendor requested that OUSD provide a certificate of the District's insurance? Yes: No:

If yes, attach the written requirements provided by the Facility. (Once the Certificate of Insurance is prepared, it will be faxed to the contact person at the facility and the school site contact. The original certificate will then be sent to the school site contact and will be given to the facility if required.)

STATE & FEDERAL COMPLIANCE

If restricted funds are used for this field trip/excursion, State & Federal Compliance approval is required.

1. Attach a copy of the site plan, if modified.
2. Documentation of the follow up activities is to be maintained at the site for State and Federal compliance review.



FIELD TRIP/EXCURSION INFORMATION
DESTINATION OUTSIDE OF CALIFORNIA
(to be kept by Parent/Guardian)

TO BE COMPLETED BY TEACHER

School or Center: _____ Skyline _____

Field Trip Location and Address: _____ Washington D.C. _____ Key Bridge Marriot, 1401 Lee Highway, Arlington, VA _____

Date of Departure: 4/17/2013 Time of Departure: 10:25 a.m Place of Departure: SFO

Date of Return: 4/21/2013 Time of Return: 10:45 p.m Place of Return: SFO

Class or Group Attending: _____ Chris Marquez and Leonard Irving-Thomas _____

Name(s) of classroom teacher(s): _____ Steve Clemmons- Teacher-Bay Area Urban Debate League _____
Dmitri Seals- Executive Director. Bay Area Urban Debate League _____

Teacher Supervising Trip: Scheer & Clemmons Emergency Contact # during trip: (510) 735-7394

<p>The field trip will involve the following: (Describe activities and itinerary):</p> <p><input type="checkbox"/> Swim permission required below.)</p>	<p>Students Chris Marquez and Leonard Irving-Thomas both from Skyline will be debating at the Nationals Association of Urban Debate Leagues Nationals Champions, on April 17-21, 2013 in Washington D.C.</p>
<p>Mode(s) of transportation:</p>	<p>SFO To: Washington D.C. Airport Americans and Virgin America</p>
<p>Student needs to bring:</p>	



**OUT OF STATE
FIELD TRIP/EXCURSION REQUEST**

Site: _____

Teacher Supervising Trip: _____

Destination: _____

Trip Departure Date: _____

APPROVAL OF REQUEST	Signature	Check One		Date
		Approved	Denied	
Site Administrator <input checked="" type="checkbox"/> Trip aligns with grade level standards <input checked="" type="checkbox"/> Trip purpose, supervision plan, transportation, safety parameters and funding are appropriate <input checked="" type="checkbox"/> Reviewed agreements/contracts with any facility, program or vendor (attach copies) <input checked="" type="checkbox"/> Organization(s) involved in the trip have expertise in operating student trips		✓		3/20/13
Network Executive Officer <input checked="" type="checkbox"/> Trip purpose, transportation, and funding are appropriate <input checked="" type="checkbox"/> Organization(s) involved in the trip have expertise in operating student trips				4/3/13
State/Federal Compliance (if restricted funds) <input type="checkbox"/> Compliant use of resources and in alignment with school site plan (SPSA)				
Risk Management <input checked="" type="checkbox"/> Business contracts, insurance, safety and policy compliance are sufficient <input checked="" type="checkbox"/> Notify Site of conditional approval of Request pending receipt of the completed Checklist Prior to Trip Departure (and attachments)		✓		4/4/2013

APPROVAL OF TRIP	Signature	Check One		Date
		Approved	Denied	
Site Administrator <input checked="" type="checkbox"/> Forward the completed : (1) Checklist Prior to Trip Departure; (2) list of students and adults attending trip; (3) "Declaration of Driver" and required attachments, completed by each driver of private or rental vehicle		✓		3/20/13
Risk Management <input checked="" type="checkbox"/> Confirm receipt of completed Checklist, list of students/adults, and Declarations of Driver <input type="checkbox"/> Notify Site of Trip Approval once approved by Superintendent		✓		4/4/2013
Superintendent <input type="checkbox"/> Approve/disapprove trip <input type="checkbox"/> Returns Request Form to Risk Management		✓		



OUT OF STATE FIELD TRIP/EXCURSION REQUEST

Site: 306
Teacher Supervising Trip: Scheer / Clemens
Destination: Washington DC / Nashville
Trip Departure Date:

CHECKLIST TO BE COMPLETED BY SITE ADMINISTRATOR PRIOR TO TRIP DEPARTURE (initial each item certifying completion)

- VT OUSD Student Field Trip/Excursion Permission Slip has been signed by parent(s)/guardian(s) of all student participants.
VT Adult Participant Field Trip/Excursion Chaperone Agreement signed by all non-District employee chaperones.
VT OUSD Fingerprint and TB clearance requirements per OUSD AR 1240 have been obtained for all non-District employee chaperones.
VT No student has been prevented from making a trip due to lack of sufficient funds.
VT No District funds will be used to pay for pupil expenses on out of state trips unless waiver of Education Code 35330(b)(3) is granted by OUSD Board of Education and the State Board of Education.
? VT Meeting held for staff, noncertificated adults, parent(s)/guardian(s) and students in advance of trip to discuss trip and safety related procedures, itinerary and questions as required by OUSD AR 6153. Meeting date:
? m/fk Health Conditions/Medication: Trip participant health information has been gathered and reviewed and any needed revisions to supervision plan made, including making sure that chaperones understand relevant information (e.g., food allergies).
VT Supervision is by certificated personnel and assisted by other school employees, parent(s)/guardian(s), or other authorized chaperones who are at least 21 years old.
VT Adult to Student Ratio is at least 1:10 as required by OUSD BP 6153 (or higher if high risk activities).
VT Sleeping arrangements and night supervision are safe and appropriate.
VT Safety requirements have been met (e.g.; first aid kits, emergency contact and health info, instructions for chaperones, cell phones). At least one adult has current First Aid/CPR training.
VT Confirm that: (1) if destination is out of Oakland, arrangements have been made for use of an additional vehicle in event of illness or emergency and (2) students received instruction in safe conduct on bus or other transport.
VT OUSD Declaration of Driver form completed and signed by driver and registered owners of any private vehicles used on trip and copy of proof of insurance and California driver's license are on file and secured at school site.
1/2 VT Water Activities: OUSD Procedures for Fields Trips including Swim or Water Activities have been met.
Confirm all student participants on higher risk activities (e.g. swimming, snow trips, horseback riding, sailing, rafting, etc) are covered by medical or accident insurance as required by AR 6153. Do not exclude students without insurance; however, contact Risk Management for instructions.
VT Site and trip leader has a list of students and adults attending trip.

TRIP APPROVAL IS CONDITIONED ON COMPLETION OF THIS CHECKLIST



Field trips are important as they extend classroom learning experiences and give students opportunities to relate education to the world outside school. However, field trips are voluntary and students are not required to attend. Alternate learning activities are provided for those who do not go.

TO BE COMPLETED BY PARENT/GUARDIAN

I give permission for my daughter/son/ward Leonard Irving-Thomas
(Name of Student - please print)

to participate in a field trip to: Washington, D.C. Date(s): 4/17/13 - 4/21/13

Emergency Contact Number(s) for Parent/Guardian: 1. 510-501-8394 2. 510-325-5173 3. 510 568 5688

Alternate Emergency Contact Name: ADAM SCOTT 5685688 Phone Number(s): 9383339

Student's Critical Medical Needs/Medications/Allergies/Conditions: N/A

Health Insurance Plan Name¹: HEALTHNET OF CALIFORNIA Subscriber/Policy No. RO 2 839225

Swim Permission - If swimming is a part of the field trip, do you give permission for your daughter/son/ward to participate in swimming activities? Yes No

My child's swimming ability is (check one): Beginner Intermediate Advanced

Authorization to treat minor: In the event that I, or other parent/guardian, cannot be contacted, I hereby give permission to the School staff to secure proper treatment for my daughter/son/ward.

Notice of Waiver of All Claims: I hereby knowingly waive all of my and my daughter's/son's/ward's claims against any school district, charter school, and/or the State of California for injury, accident, illness or death occurring during or by reason of the out-of state field trip or excursion. (Education Code Section 35330)

Date: March 22 2013 Parent or Guardian Signature: [Signature]
Print Name: JAN IRVING

FOR HIGH SCHOOLS ONLY: With the permission of the parent/guardian and the supervising teacher, a high school student may meet at and/or leave from the destination on his/her own. Please check below if you grant permission to your high school student to arrive at or leave the destination on his/her own. Under this option, OUSD and the School are not liable for any incidents that may occur.

My high school student will arrive at the destination on his/her own.

My high school student will leave the destination on his/her own.

¹ Oakland Unified School District does not provide insurance for this field trip/excursion, although optional insurance is available for purchase at <https://studentinsuranceusa.com/> (click on the link to K-12 Plans).



Field trips are important as they extend classroom learning experiences and give students opportunities to relate education to the world outside school. However, field trips are voluntary and students are not required to attend. Alternate learning activities are provided for those who do not go.

TO BE COMPLETED BY PARENT/GUARDIAN

I give permission for my daughter/son/ward Christopher Marquez Skyline High School
(Name of Student - please print)

to participate in a field trip to: DAVID Date(s): Apr 11-20

Emergency Contact Number(s) for Parent/Guardian: 1. 508 30-8557 2. 510 978-9887 3. 510 978-8395

Alternate Emergency Contact Name: Moises Marquez Phone Number(s): 510 866 8151

Student's Critical Medical Needs/Medications/Allergies/Conditions: ASTHMA

Health Insurance Plan Name¹: KAISER Subscriber/Policy No. _____

Swim Permission - If swimming is a part of the field trip, do you give permission for your daughter/son/ward to participate in swimming activities? Yes No _____

My child's swimming ability is (check one): Beginner _____ Intermediate Advanced _____

Authorization to treat minor: In the event that I, or other parent/guardian, cannot be contacted, I hereby give permission to the School staff to secure proper treatment for my daughter/son/ward.

Notice of Waiver of All Claims: I hereby knowingly waive all of my and my daughter's/son's/ward's claims against any school district, charter school, and/or the State of California for injury, accident, illness or death occurring during or by reason of the out-of state field trip or excursion. (Education Code Section 35330)

Date: 3/20/13 Parent or Guardian Signature: Judith Marquez
Print Name: Judith Marquez

FOR HIGH SCHOOLS ONLY: With the permission of the parent/guardian and the supervising teacher, a high school student may meet at and/or leave from the destination on his/her own. Please check below if you grant permission to your high school student to arrive at or leave the destination on his/her own. Under this option, OUSD and the School are not liable for any incidents that may occur.
_____ My high school student will arrive at the destination on his/her own.
_____ My high school student will leave the destination on his/her own.

¹ Oakland Unified School District does not provide insurance for this field trip/excursion, although optional insurance is available for purchase at <https://studentinsuranceusa.com/> (click on the link to K-12 Plans).



BAY AREA URBAN DEBATE LEAGUE

287 17th St • Oakland, CA 94612
www.baudl.org • 510.517.0069 • info@audl.org

**2013 NAUDL National Championship
Bay Area Urban Debate League- OUSD Participant List**

Students

**Christopher Marquez (Skyline High School)
Leonard Irving-Thomas (Skyline High School)**

Adults

**Steven Clemmons (Teacher, Skyline High School)
Elizabeth Siarny (Teacher, Fremont- Media Academy)
Dmitri Seals (Executive Director, Bay Area Urban Debate League)**



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/8/2013

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 Lambent Risk Management Services, Inc One North LaSalle Street 35th Floor Chicago IL 60602	CONTACT NAME: Steve Park	
	PHONE (A/C, No, Ext): (312) 220-9200 FAX (A/C, No): (312) 220-0117	
INSURED Bay Area Urban Debate Commission 285 17th Street Oakland CA 94612	E-MAIL ADDRESS: steve_park@lambent-rms.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A Mount Vernon Fire Insurance Co.	26522
	INSURER B Federal Insurance Co.	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGESCERTIFICATE NUMBER: **CL133804099**

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			NPP2550922C	2/1/2013	2/1/2014	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<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 \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ 1,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/>	<input type="checkbox"/>				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/>	<input type="checkbox"/>				PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/>	<input type="checkbox"/>				AGGREGATE \$
							\$
	DED						\$
	RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						OTHER
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
B	DIRECTORS AND OFFICERS			82215338	1/1/2013	1/1/2014	LIMIT \$1,000,000

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

CERTIFICATE HOLDER**CANCELLATION**

Bay Area Urban Debate Commission

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

S Evans-Wofford/STEVE

Shirley Evans Wofford