

Board Office Use: Legislative File Info.	
File ID Number	19-0024
Introduction Date	1/23/19
Enactment Number	19-0154
Enactment Date	1/23/19 os



Memo

To Board of Education

From Kyla Johnson-Trammell, Superintendent
Andrea Bustamante, Executive Director, Community Schools & Student Services Department
Sonjha Phillips, Commissioner, Oakland Athletic League

Board Meeting Date January 23, 2019

Subject Student Travel to Chicago, Illinois
Contractor: Oakland Athletic League

Action Requested and Recommendation Approval of Board Resolution No. 1819-0132 authorizing student travel by school site via the Oakland Athletic League to Chicago, Illinois, for the period of January 31, 2019 through February 2, 2019.

Itinerary and activities Please see attachment itinerary.

Educational Purpose of Trip The field trip is reciprocating a cultural and athletic experience that began in 2015 with student-athletes from Chicago visiting Oakland. This year Oakland student-athletes will be visiting Chicago. The main educational purpose of the trip is to provide academic and athletic experiences outside the student-athletes everyday activities. The cultural goals will be traveling to the Midwest during winter, visiting attractions around the third largest city, and exchanging ideas with other student-athletes in a different region of the country. The athletic goals will be learning to use teamwork not just on the playing field but throughout a weekend of activities, developing a solid work ethic that emphasizes preparation and effort, and incorporating goal-setting learned through athletics into their approach to life. The student athletes will visit multiple schools in Chicago. The itinerary will complement learning activities that occur during a normal school day.

Teachers Attending Trip Scot Alexander, Leroy Hurt, Karega Hart, and Chris Lee.

Site Administrator Affirms

- Parental permission forms will be on file for all students participating and school has emergency communication protocol.
- There will be sufficient and appropriate chaperones for this field trip (including at least one OUSD certificated employee and non-OUSD chaperones, if any, will meet criminal background check requirements)
- School will address financial or accessibility issues that might prevent students from participating.

Recommendation Approval of Board Resolution authorizing student travel described above.

Fiscal Impact Amount of District funds to be used for trip costs will be \$ 0.00.
Funding source for the trip will be: General Purpose Restricted Funds
 No District funds will be used. Funds from gate fees and Oakland Legends Grant will be used.

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

Resolution No. 1819-0132

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 6153 requires the Board of Education of the Oakland Unified School District to approve all trips involving out-of-state and out of country travel; and


WHEREAS, pursuant to Board Policy 6153, the Superintendent requests the Board of Education to authorize student travel for the period of 1/31/19 through 2/3/19.

to Chicago
by Oakland Athletic League

NOW, THEREFORE, BE IT RESOLVED, the Board of Education of the Oakland Unified School District does hereby approve the following request for student travel:

Departure Date: <u>1/31/19</u>	Return Date: <u>2/3/19</u>
Passed by the following vote: Shanthi Gonzales, James Harris, Gary Yee, Jumoke	
AYES: Hinton Hodge, Roseann Torres, Vice President	
Jody London, President Aimee Eng	
NAYS: None	
ABSTAINED: None	
ABSENT: None	

I hereby certify that the foregoing is a full, true and correct copy of a Resolution adopted by the Governing Board of the Oakland Unified School District at a Regular Meeting held on January 23, 2019.

By: 
Kyla Johnson-Trammell, Superintendent
Secretary, Governing Board



OUT-OF-STATE FIELD TRIP/EXCURSION REQUEST

12/17/18 K Powell
RECEIVED

Basic Directions

This packet is available on the Intranet (School Operations Library) as a fillable-saveable pdf file. If typed, similar fields will populate throughout the packet making it quicker and easier to complete.

1. Requests must be submitted to Network Superintendent no later than **120 days** prior to departure
2. Board approval is required for all out of state trips.
3. Return Health Services Notification Form to the School Nurse or Health Services at the time you are requesting approval for a field trip
4. Use of Restricted Funds requires additional approval by Office of Accountability Partners
5. Obtain fingerprint clearance and complete TB risk assessment (requirements per OUSD AR 1240) for all non-District employee chaperones. (Arrange through ousd.org/volunteers or email volunteers@ousd.org. Continuing volunteer chaperones must be fingerprint cleared at least once every 3 years.)
6. Generally 1:10 Adult to Student ratio is required as provided in OUSD Board Policy 6153
7. Check the Pre-Approved Vendor List for contract and insurance requirements
8. Out-of-state trips have a bifurcated approval system (1) to approve the request and (2) to approve the trip since not all information for the trip approval may available by the deadline for the request. When possible, submit the required documents for the trip approval along with the initial trip request to make the full approval process faster.

Required Documents for Request Approval	<input type="checkbox"/> Copy of program/vendor information describing vendor and scheduled activities <input type="checkbox"/> All facility, program or vendor agreements/contracts, including OUSD Educational Organization Contract <input type="checkbox"/> Certificate of insurance from all private vendors: Program (attach copy unless publicly owned and operated) Facility (attach copy unless publicly owned and operated or commercial lodging e.g. Holiday Inn) <input type="checkbox"/> Board Approval Memo and Board Resolution
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: Oakland Athletic League Site Number: 933

Destination: Chicago

Address: [REDACTED]

Phone or Contact Info: [REDACTED]

Departure - Date: 1/31/19 Time: 2:20pm Place of Departure: [REDACTED]

Return - Date: 2/3/19 Time: 3:20pm Place of Return: [REDACTED]

Class(es)/Group Attending: 66

Grade(s): 10-12 # of Students: 49 # of Adults: 17

Teacher Supervising Trip: Scot Alexander, Leroy Hurt, Karega Hart, Chris Lee

Emergency Contact # During Trip: [REDACTED]

Supervising Teacher's Email Address: alexander.581@hotmail.com, leroyh@overaa.com, karega.hart@ousd.org,



Site: Oakland Athletic League

Teacher Supervising Trip: Scot Alexander, Leroy Hurt, Karega Hart, Chris

Destination: Chicago

Date of Departure: 1/31/19

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	 Sonja Phillips	✓		12/14/18
Network Superintendent <input type="checkbox"/> Trip purpose, transportation, and funding are appropriate <input type="checkbox"/> Organization(s) involved in the trip have expertise in operating student trips	 Andre Bonifante	✓		12/17/18
Office of Accountability Partners (if restricted funds) <input type="checkbox"/> Compliant use of resources and in alignment with school site plan (SPSA)				
Risk Management <input type="checkbox"/> Business contracts, insurance, safety and policy compliance are sufficient <input type="checkbox"/> Notify Site of conditional approval of Request pending receipt of the completed Checklist Prior to Trip Departure (and attachments)	 Scott Alexander	✓		12/20/18

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	 Sonja Phillips	✓		12/14/18
Risk Management <input 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	 Scott Alexander	✓		12/20/18
Superintendent <i>Desiree</i> <input checked="" type="checkbox"/> Approve/disapprove trip <input type="checkbox"/> Returns Request Form to Risk Management	 Desiree	✓		1/9/19




Site: Oakland Athletic League

Teacher Supervising Trip: Scot Alexander, Leroy Hurt, Karega Hart, Chris

Destination: Chicago

Date of Departure: 1/31/19

<p>Describe itinerary and activities:</p> <p>(<input type="checkbox"/> Trip will include swim or water activities)</p>	<p>Please see attachment</p>
<p>Names of teachers and staff attending trip:</p>	<p>Teachers: <u>Scot Alexander, Leroy Hurt, Karega Hart, Chris Lee,</u></p> <p>Staff: <u>Sonjha Phillips, Rosemary Whisenton,</u></p>
<p>Describe mode of transportation for each leg of the trip:</p>	
<p>Describe educational purpose of trip, including how it 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:</p>	<p>The field trip is reciprocating a cultural and athletic experience that began in 2015 with student-athletes from Chicago visiting Oakland. This year Oakland student-athletes will be visiting Chicago. The main educational purpose of the trip is to provide academic and athletic experiences outside the student-athletes everyday activities. The cultural goals will be traveling to the Midwest during winter, visiting attractions around the third largest city, and exchanging ideas with other student-athletes in a different region of the country. The athletic goals will be learning to use teamwork not just on the playing field but throughout a weekend of activities, developing a solid work ethic that emphasizes preparation and effort, and incorporating goal-setting learned through athletics into their approach to life. The student-athletes will visit multiple schools in Chicago. The itinerary will complement learning activities that occur during a normal school day.</p>

TRIP COSTS

District funds may be used to pay transportation costs for out of state trips or direct educational program costs. Transportation costs include airfare, bus fare, car fare, etc. related to transportation to/from the out-of-state destination and the transportation costs for the school sponsored activities during the trip. Direct educational program costs include admission fees for visits which are part of the program (e.g. museum).

District funds may NOT be used to pay for non-travel pupil expenses for out of state trips. Non-travel pupil expenses include meals, sundries, lodging, etc.

If you want to use District funds to pay for non-travel pupil expenses on an out of state trip, you must first obtain approval for a waiver of Education Code 35330 from the OUSD Board of Education and the State Board of Education.

Amount of District funds to be used for trip costs will be \$ 0

Funding source for the trip will be: General Funds Restricted funds No District funds will be used
Resource #: 933



OAKLAND UNIFIED SCHOOL DISTRICT
Community Schools, Thriving Students

Site: Oakland Athletic League
Teacher Supervising Trip: Scot Alexander, Leroy Hurt, Karega Hart, Chris
Destination: Chicago
Date of Departure: 1/31/19

PROGRAM/ADMISSION COSTS

Total Cost of Program/Admission: \$ 0 Source: General Funds Restricted No District Funds
Cost per student: \$ _____ Cost per adult: \$ _____

Org. Key	Object #	Resource #	Amount	Req #	PO #
	5829				
	5829				

TRANSPORTATION/CHARTER BUSES

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

Bus Company: Phelps Transportation / Charters

of buses ordered: 2 Size of bus ordered: 40 person Wheelchair accessible needed? NO

Cost of transportation: \$ _____ Source: General Funds Restricted Funds No District Funds

Org. Key	Object #	Resource #	Amount	Req #	PO #
	5826				
	5826				

HEALTH CONDITIONS/MEDICATION

Will there be any students participating in the field trip with the following conditions? Yes: No:

- Severe Allergy Student has an Epi-pen at school
- Asthma Student has an inhaler at school
- Diabetes Student has medication at school
- Seizures Student has medication at school
- Sickle Cell Anemia Student has medication at school
- Other condition(s): _____ Student has medication at school

Will any students need medications during the trip? Yes: No:

If the answer is yes, please fax the attached Health Services Notification Form to 879-4605.

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.)

OFFICE OF ACCOUNTABILITY PARTNERS

If restricted funds are used for this field trip/excursion, Office of Accountability Partners approval is required to ensure compliant use of resources and alignment with the Single Plan for Student Achievement (SPSA). List the relevant SPSA Tracking Numbers to indicate alignment.

SPSA Tracking #: _____

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



Site: Oakland Athletic League

Teacher Supervising Trip: Scot Alexander, Leroy Hurt, Karega Hart, Chris [initials]

Destination: Chicago

Date of Departure: 1/31/19

CHECKLIST TO BE COMPLETED BY SITE ADMINISTRATOR PRIOR TO TRIP DEPARTURE

(initial each item certifying completion)

SP "OUSD Student Out of State Field Trip/Excursion Permission Slip" has been signed by parent(s)/guardian(s) of all student participants.

SP "Adult Participant Field Trip/Excursion Chaperone Agreement" signed by all non-District employee chaperones.

SP OUSD Fingerprint and TB risk assessment per OUSD AR 1240 have been obtained for all non-District employee chaperones.

SP No student has been prevented from making a trip due to lack of sufficient funds.

SP 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. Pupil expenses include meals, sundries, lodging, etc. (District funds may be used to pay transportation costs or direct educational program costs.)

SP 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: 1/16/19

SP Health Conditions/Medication: School nurse or Health Services has been consulted at least two weeks prior to any field trip. 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). A plan has been developed by a school nurse to collect, secure, and dispense prescription medications from their original containers and consistent with physician's instructions. (See OUSD AR 5141.21)

SP 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. Site Administrator and Teacher/lead trip staff are satisfied all chaperones are willing and able to perform required duties, including understanding and implementing instructions, understanding health information for students in their group and responding effectively in the event of an emergency.

SP Adult to Student Ratio is at least 1:10 as required by OUSD BP 6153 (or higher if high risk activities).

SP Sleeping arrangements and night supervision are safe and appropriate.

SP 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.

SP Confirm that: (1) arrangements have been made for use of a vehicle in event of illness or emergency and (2) students received instruction in safe conduct on bus or other transport.

SP 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. The same forms may be used for multiple trips or for entire school year as long as insurance proof on file is updated. This requirement does not apply to licensed bus companies on the District's approved bus list or for public transportation entities, airlines or AMTRAK.

Swim/Water Activities: OUSD "Procedures for Fields Trips including Swim or Water Activities" have been met.

SP Site and trip leader has a list of students and adults attending trip.

TRIP APPROVAL IS CONDITIONED ON COMPLETION OF THIS CHECKLIST



OUT OF STATE FIELD TRIP

HEALTH SERVICES NOTIFICATION FORM

TRIP INFORMATION:

School or Center: Oakland Athletic League Site Number: 933

Destination: Chicago

Departure - Date: 1/31/19 Time: 2:20pm [REDACTED]

Return - Date: 2/3/19 Time: 3:20pm [REDACTED]

Class(es)/Group Attending: 66

Grade(s): 10-12 # of Students: 49 # of Adults: 17

Teacher Supervising Trip: Scot Alexander, Leroy Hurt, Karega Hart, Chris Lee

Supervising Teacher's Email Address: alexander.581@hotmail.com,leroyh@overaa.com,karega.hart@ousd.org,

HEALTH CONDITIONS/MEDICATION:

Will there be any students participating in the field trip with the following conditions? Yes: No:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Severe Allergy | <input type="checkbox"/> Student has an Epi-pen at school |
| <input checked="" type="checkbox"/> Asthma | <input checked="" type="checkbox"/> Student has an Inhaler at school |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Student has medication at school |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Student has medication at school |
| <input type="checkbox"/> Sickle Cell Anemia | <input type="checkbox"/> Student has medication at school |
| <input type="checkbox"/> Other condition(s): _____ | <input checked="" type="checkbox"/> Student has medication at school |

Will any students need medications during the trip? Yes: No:

If the answer to any of these questions is yes, please fax this form to 879-4605.

All students with asthma, diabetes, and severe allergies should have emergency medication available to school staff in the event of an asthma attack, low blood sugar, or allergic reaction along with a Severe Allergy/Asthma Action plan signed by student's parent/guardian and doctor. See your School Nurse/Health Services for more information.

If any question please contact - Sonjha Phillips with OAL





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

TO BE COMPLETED BY TEACHER

School or Center: Oakland Athletic League

Destination: <u>Chicago</u>
Address: <u>[REDACTED]</u>

Departure - Date: 1/31/19 Time: 2:20pm Place of Departure: [REDACTED]

Return - Date: 2/3/19 Time: 3:20pm Place of Return: [REDACTED]

Class/Group Attending: 66

Name(s) of Classroom Teacher(s): Scot Alexander, Leroy Hurt, Karega Hart, Chris Lee,

Teacher Supervising Trip: Scot Alexander, Leroy Hurt, Karega Hart, Chris Lee

Emergency Contact # During Trip: [REDACTED]

<p>The field trip will involve the following: (Describe activities and itinerary):</p> <p>(<input type="checkbox"/>Swim/water activities permission required)</p>	<p>Please see attachment</p>
<p>Mode(s) of transportation:</p>	<p>[REDACTED]</p>
<p>Student needs to bring:</p>	<p>Birth Certificate Clothing Medication- if applicable</p>

Insurance Notice to Parents: OUSD provides limited accident insurance coverage for eligible student injuries occurring during field trips/school sponsored activities within the U.S. To make an insurance claim, obtain a claim form from the school principal. For information on accident insurance, contact OUSD Risk Manager Rebecca Cingolani at Rebecca.Cingolani@ousd.org.

The staff of the Ronald "Chops" Billinger Memorial Classic wants to welcome the parents of the Oakland athletes to Chicago for the annual Ronald "Chops" Memorial Classic happening February 1st – February 2nd of 2019.

AIRPORT

[REDACTED]

HOTEL

[REDACTED]

TRANSPORTATION

[REDACTED]

VENUES

[REDACTED]

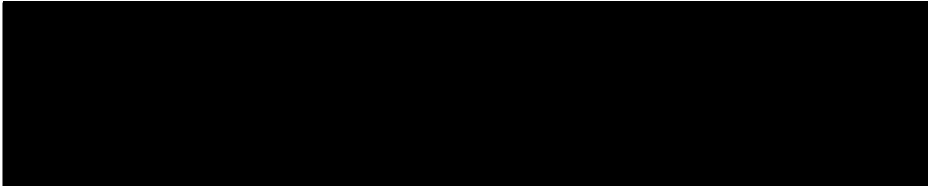
ITINERARY

THURSDAY

[REDACTED]

FRIDAY

[REDACTED]



End of Day

SATURDAY



End of Day

SUNDAY



Educational Goals

The field trip is reciprocating a cultural and athletic experience that began in 2015 with student-athletes from Chicago visiting Oakland. This year Oakland student-athletes will be visiting Chicago. The main educational purpose of the trip is to provide academic and athletic experiences outside the student-athletes everyday activities.

The cultural goals will be traveling to the Midwest during winter, visiting attractions around the third largest city, and exchanging ideas with other student-athletes in a different region of the country. The athletic goals will be learning to use teamwork not just on the playing field but throughout a weekend of activities, developing a solid work ethic that emphasizes preparation and effort, and incorporating goal-setting learned through athletics into their approach to life.

Our field trip will have structure and align itself with some curricula and content of a traditional day. The student-athletes will visit multiple other schools in Chicago. The itinerary will complement learning activities that occur during a normal school day. The trip will provide an

environment that will encourage the student-athletes to engage in active participation both in an academic and athletic setting.

CERTIFICATE OF LIABILITY INSURANCE				DATE (MM/DD/YY) 06/22/2018	
Endorsement					
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT 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 SHRIVER INSURANCE 340 W BUTTERFIELD RD 2B ELMSURT, IL 60128-0000			CONTACT NAME: PHONE (A/C, No., Ext): EMAIL ADDRESS: FAX (A/C, No.)		
INSURED PHELPS PURCHASING GROUP, LTD. DBA PHELPS TRANSPORTATION & CHARTERS 1016 W. JACKSON BOULEVARD CHICAGO, IL 60607-0000			Stonegate Insurance Company – NAIC 14012 7400 N Caldwell Ave Niles, IL 60714 (630) 222-8870		
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 TERMS, EXCLUSION AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.					
TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS	
GENERAL LIABILITY				EACH OCCURRENCE COMBINED SINGLE LIMIT (EACH ACCIDENT)	\$5,000,000
AUTOMOBILE LIABILITY	CA11006799	06/05/2018	06/30/2019 CONTINUOUS UNTIL CANCEL	BODILY INJURY (PER PERSON)	
<input type="checkbox"/> SCHEDULE AUTOS				BODILY INJURY (PER ACCIDENT)	
				PROPERTY DAMAGE (PER ACCIDENT)	
GARAGE LIABILITY				AUTO ONLY- EACH ACCIDENT	
SEE POLICY					
GARAGE KEEPERS LEGAL LIABILITY				DEDUCTIBLE	
<input type="checkbox"/> STORAGE				LIMIT	
ON HOOK* COVERAGE				DEDUCTIBLE	
				LIMIT	
UNINSURED/ UNDERINSURED MOTORIST	CA11006799	06/05/2018	06/30/2019 CONTINUOUS UNTIL CANCEL	BODILY INJURY (PER PERSON)	\$25,000
				BODILY INJURY (PER ACCIDENT)	\$50,000
SCHEDULE OF VEHICLES					
06/05/2018	2016	CADILLAC ESCALADE	1GY54HKJXGR255563		
06/23/2018	2015	MERCEDES 2500	WD3PF1CC9FP150126		
06/23/2018	2003	FREIGHTLINER	4UZAAZAL93CL08720		
06/23/2018	2015	FORD F650	3FRNF6FCXBV383883		
SPECIAL PROVISIONS					
CERTIFICATE HOLDER			CANCELLATION		
Secretary of State Public Transportation Division			SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT.		

5401 N. Elston Ave.
Chicago, IL 60630

AUTHORIZED SIGNATURE

Judy DeLeon



Stonegate Insurance Company

7400 N Caldwell Ave, Niles, IL 60714
 Phone: 630-222-8870 Fax: 801-761-2082

**Endorsement Declaration
 Public Transportation Policy**

Policy Number	Effective Date – Expiration Date	Endorsement Effective Date
CA11006799	06/05/2018 12:01 AM - 06/30/2019 12:01 AM Standard Time	06/23/2018

Total Full Term Premium	Premium Change	BI# Method/Pay Plan
\$952.00	\$322.00	Direct BI#/Paid In Full

Named Insured and Address	Contact Name and Address - (630)222-8870
PHELPS PURCHASING GROUP, LTD. DBA PHELPS TRANSPORTATION & CHARTERS 1016 W. JACKSON BOULEVARD CHICAGO, IL 60607-0000	SHRIVER INSURANCE 340 W BUTTERFIELD RD 2B ELMHURST, IL 60126-0000 Producer Code: 2442

Transaction Reason	Business Class/Occupation
ADD 2015 MERCEDES FULL COVERAGE \$1000 DED ADD DRIVER RANDALL MOORE	

Schedule of Drivers					
No.	Operators	Driver's License Number	Driver Type	State Licensed	Birth Date
1	RANDALL B. PHELPS	P412-7307-1180	Rated	IL	08/25/1971
2	RANDAL MOORE	M600-7276-3225	Rated	IL	08/08/1963

Schedule of Vehicles							
Auto	Year	Make – Model	VIN Number	Sym	Class	Terr	Loss Payee(s) Physical Damage Only
1	2016	CADILLAC ESCALADE	1G54HR0XGR255563		PS	43	MARC MOTORS, INC
2	2015	MERCEDES 2500	WD3PF1CC9FP150126		PT	43	SIGNATURE FINANCIAL LLC
3	2003	FREIGHTLINER	4UZAAZAL93CL0872		PS	43	PHELPS TRANSPORTATION
4	2015	FORD F650	3FRNF6FCXBV393883		PS	43	MARC MOTORS, INC

COVERAGE IS ONLY PROVIDED WHERE A SPECIFIC PREMIUM CHARGE IS SHOWN.

Coverage	Limits of Liability	Veh 1	Veh 2	Veh 3	Veh 4
Combined Single Liability	\$5,000,000 Each Accident	\$387.00	\$91.00	\$57.00	\$91.00
Medical Payments					
Uninsured Motorist BI	\$25,000/\$50,000 Each Person/Accident	\$3.00	\$1.00	\$1.00	\$1.00
Uninsured Motorist Property	N/A	Rejected	Rejected	Rejected	Rejected
Comprehensive	\$1,000/\$1,000	\$48.00	\$6.00	\$4.00	\$6.00
Collision	\$1,000/\$1,000	\$192.00	\$23.00	\$18.00	\$23.00
	Premium Per Auto	\$630.00	\$121.00	\$80.00	\$121.00

Applicable Forms		
Form #	Date	Description
SGILEXCREJ	8/2014	Excluded Driver - Coverage Rejection
SG WCH	8/2014	EXCLUSION - WHEELCHAIR LIFTS OR RAMP
SIC CAP 00 01 10-1-2017	10/2017	Commercial Auto Policy - Illinois
SG 86	8/2014	Non-Reported Operators Deductible Endorsement
SGCOI-IL	10/2008	Certificate of Insurance-IL
INSP-CA	8/2014	Inspection Form Business Auto