

Board Office Use: Legislative File Info.	
File ID Number	16-0771
Introduction Date	5-11-16
Enactment Number	16-0659
Enactment Date	5/11/16 SA



OAKLAND UNIFIED
SCHOOL DISTRICT

... every student every day.

Memo

To Board of Education
From Anthony Smith, Superintendent
Board Meeting Date _____
Subject Approval of Request for Student Travel

Action Requested	<input type="checkbox"/> Approval of request for student travel of <u>Bret Harte Middle School</u> to <u>Williamsburg, VA and Washington D.C.</u> for the period of <u>5/28/16</u> through <u>6/1/16</u> . Grade(s): <u>8th</u> # of Students: <u>14</u> # of Adults: <u>2</u> <input type="checkbox"/> Ratification of Educational Organization Contract with _____.	
Educational Purpose of Trip	Visiting Washington D.C. will provide 8th grade students with hands on learning of American History and align with state standards for 8th grade history requirement. Students will record observations and analysis of primary source in a Discovery Journal meeting Common Core State Standards for English Language Arts & Literacy in History/Social Studies.	
Itinerary and activities	"SEE ATTACHED ITINERARY"	
Teachers and Staff Attending Trip	Keith D. Brown (Teacher), Juliette Smith (Instructional Assistant)	
Site Administrator Affirms	<input type="checkbox"/> Parental permission forms will be on file for all students participating and school has emergency communication protocol <input type="checkbox"/> At least one OUSD employee accompanying the students is certificated <input type="checkbox"/> Non-OUSD chaperones, if any, will meet criminal background check requirements <input type="checkbox"/> There will be sufficient and appropriate chaperones for this field trip <input type="checkbox"/> School will address financial or accessibility issues that might prevent students from participating	
Recommendation	<input type="checkbox"/> Approval of request for student travel of <u>Bret Harte Middle School</u> to <u>Williamsburg, VA and Washington D.C.</u> for the period of <u>5/28/16</u> through <u>6/1/16</u> . <input type="checkbox"/> Ratification of Educational Organization Contract with _____.	
Fiscal Impact	Amount of District funds to be used for trip costs will be \$ _____. 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	

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

Resolution No. 1516-0203

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 approve all trips involving out-of-state and out of country travel; and

WHEREAS, pursuant to Board Policy 6143, the Superintendent requests the Board of Education to authorize student travel for the period of 5/28/16 through 6/1/16 to Williamsburg VA and Washington D.C. by Airline (Southwest) and Charter Coach Bus.

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

School: Bret Harle Middle School

Destination: Williamsburg VA and Washington DC

Departure Date: 5/28/16

Return Date: 6/1/16

Passed by the following vote:

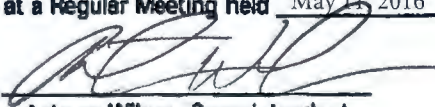
AYES: Jumoke Hinton Hodge, Roseann Torres, Aimee Eng, Jody London, Shanthi Gonzales, Vice President Nina Senn, President James Harris

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 May 11, 2016.

By: 
Antwan Wilson, Superintendent
Secretary, Governing Board



OAKLAND UNIFIED
SCHOOL DISTRICT

OUT OF STATE
FIELD TRIP/EXCURSION REQUEST

16-0771

RECEIVED
4/6/16

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

- ☐ Copy of program/vendor information describing vendor and scheduled activities
- ☐ All facility, program or vendor agreements/contracts, including OUSD Educational Organization Contract
- ☐ 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)
- ☐ Board Approval Memo

Required
Documents
for Trip
Approval

- ☐ "Checklist Prior to Trip Departure"
- ☐ List of students and adults attending trip
- ☐ "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: Bret Harte Middle School Site Number: 206

Destination: Williamsburg, VA and Washington D.C.

Address: Worldstrides Tours 218 West Water Street, Suite 400 Charlottesville, VA Phone: 1-800-999-7676

Date of Departure: 5/28/16 Time of Departure: 6:30 am Place of Departure: San Francisco Airport

Date of Return: 6/1/16 Time of Return: 8:47 Place of Return: San Francisco Airport

Class(es) or Group Attending: 8th Grade History Students

Grade(s): 8th # of Students: 14 # of Adults: 2

Teacher Supervising Trip: Keith D. Brown Emergency Contact # during trip: 510 866-8280

Supervising teacher's email address: keith.brown@OUSD.k12.us.ca

Describe itinerary and
activities:

(☒) Trip will include swim
or water activities)

"SEE ATTACHED ITINERARY"



OAKLAND UNIFIED
SCHOOL DISTRICT


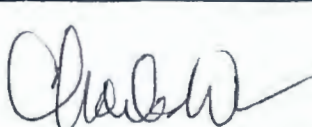
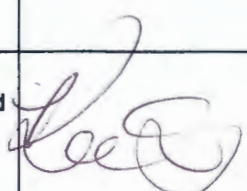
OUT OF STATE FIELD TRIP/EXCURSION REQUEST


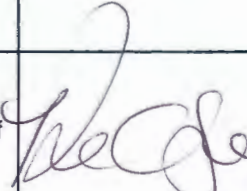
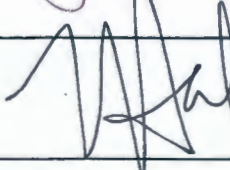
Site: Bret Harte Middle School

Teacher Supervising Trip: Keith D. Brown

Destination: Williamsburg, VA and Washington D.C.

Trip Departure Date: 5/28/16

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 type="checkbox"/> Organization(s) involved in the trip have expertise in operating student trips		✓		3/24/16
Network Executive Officer <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		✓		3/24/16
State/Federal Compliance (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)		✓		4/6/16

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		✓		3/24/16
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		✓		4/6/16
Superintendent <input type="checkbox"/> Approve/disapprove trip <input type="checkbox"/> Returns Request Form to Risk Management				4/6/16



**OAKLAND UNIFIED
SCHOOL DISTRICT**

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

Names of Teachers and staff attending trip:	Teachers: Keith D. Brown (Teacher), Juliette Smith (Instructional Assistant) Staff:
Describe mode of transportation for each leg of the trip:	Parents will provide transportation for Student to and from San Francisco Airport. Students will meet Teacher at Airlines ticket counter. See Itinerary for additional information.
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:	Visiting Washington D.C. will provide 8th grade students with hands on learning of American History and align with state standards for 8th grade history requirement. Students will record observations and analysis of primary source in a Discovery Journal meeting Common Core State Standards for English Language Arts & Literacy in History/Social Studies.

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.



OAKLAND UNIFIED
SCHOOL DISTRICT

OUT OF STATE
FIELD TRIP/EXCURSION REQUEST

Site: Bret Harte Middle School
Teacher Supervising Trip: Keith D. Brown
Destination: Williamsburg, VA and Washington D.C.
Trip Departure Date: 5/28/16

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

- ☒ "OUSD Student Field Trip/Excursion Permission Slip" has been signed by parent(s)/guardian(s) of all student participants.
- ☒ "Adult Participant Field Trip/Excursion Chaperone Agreement" signed by all non-District employee chaperones.
- ☒ OUSD Fingerprint and TB clearance requirements per OUSD AR 1240 have been obtained for all non-District employee chaperones.
- ☒ No student has been prevented from making a trip due to lack of sufficient funds.
- ☒ 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.)
- ☒ 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: multiple
- ☒ 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). A plan has been developed to collect, secure, and dispense prescription medications from their original containers and consistent with physician's instructions. (See OUSD AR 5141.21)
- ☒ 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.
- ☒ Adult to Student Ratio is at least 1:10 as required by OUSD BP 6153 (or higher if high risk activities).
- ☒ Sleeping arrangements and night supervision are safe and appropriate.
- ☒ 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.
- ☒ 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.
- ☒ 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.
- ☒ ☒ 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.
- ☒ Site and trip leader has a list of students and adults attending trip.

TRIP APPROVAL IS CONDITIONED ON COMPLETION OF THIS CHECKLIST



OAKLAND UNIFIED
SCHOOL DISTRICT

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

TO BE COMPLETED BY TEACHER

School or Center: Bret Harte Middle School

Field Trip Location and Address: Williamsburg, VA and Washington D.C. Worldstrides Tours 218 West Water Street, Suite 400 Charlottesville, VA 22904

Date of Departure: 5/28/16 Time of Departure: 6:30 am Place of Departure: San Francisco Airport

Date of Return: 6/1/16 Time of Return: 8:47 Place of Return: San Francisco Airport

Class or Group Attending: 8th Grade History Students

Name(s) of classroom teacher(s): Keith D. Brown (Teacher), Juliette Smith (Instructional Assistant)

Teacher Supervising Trip: Keith D. Brown Emergency Contact # during trip: 510 866-8280

The field trip will involve the following: (Describe activities and itinerary): (<input type="checkbox"/> Swim permission required below.)	"SEE ATTACHED ITINERARY"	
Mode(s) of transportation:	Parents will provide transportation for Student to and from San Francisco Airport. Students will meet Teacher at Airlines ticket counter. See Itinerary for additional information.	
Student needs to bring:	Change of Uniform clothes for five days, comfortable walking shoes and spending money for souvenirs	



OAKLAND UNIFIED
SCHOOL DISTRICT

STUDENT FIELD TRIP/EXCURSION PERMISSION SLIP
DESTINATION OUTSIDE OF CALIFORNIA (return completed form to School)

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 _____
(Name of Student – please print)

to participate in a field trip to: _____ Williamsburg, VA and Washington D.C. Date(s): 5/28/16 - 6/1/16

Emergency Contact Number(s) for Parent/Guardian: 1. _____ 2. _____ 3. _____

Alternate Emergency Contact Name: _____ Phone Number(s): _____

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

Health Insurance Plan Name¹: _____ 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: _____ Parent or Guardian Signature: _____

Print Name: _____

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).



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/18/2016

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 Marsh USA Inc. Three James Center 1051 East Cary Street, Suite 900 Richmond, VA 23219	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS:	FAX (A/C, No):
337687--Basic-15-16	INSURER(S) AFFORDING COVERAGE	
INSURED Lakeland Tours, LLC dba WorldStrides 218 West Water Street Suite 400 Charlottesville, VA 22902	INSURER A: Steadfast Insurance Company	NAIC # 26387
	INSURER B: American Guarantee & Liability Ins Co	26247
	INSURER C: North River Insurance Co	21105
	INSURER D: Federal Insurance Company	20281
	INSURER E: Zurich American Insurance Company	16535
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER:

CLE-005059372-01

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	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Hired Autos <input checked="" type="checkbox"/> Non-Owned Autos GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		EOL5329376-11	09/30/2015	09/30/2016	EACH OCCURRENCE \$ 10,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 10,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 10,000,000 GENERAL AGGREGATE \$ 10,000,000 PRODUCTS - COMPROP AGG \$ 10,000,000
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		PRA 9319586-04	09/30/2015	09/30/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR		582-1042338 (1st layer - 25m)	09/30/2015	09/30/2016	EACH OCCURRENCE \$ 40,000,000
D	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$0		9363-59-15 (2nd layer -15m xs 25m)	09/30/2015	09/30/2016	AGGREGATE \$ 40,000,000
E	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 <input checked="" type="checkbox"/> N <input type="checkbox"/> A	WC 0137135-01 (AOS) WC 0137136-01 (DE, NC)	09/30/2015 09/30/2015	09/30/2016 09/30/2016	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Errors & Omissions		EOL5329376-11	09/30/2015	09/30/2016	Each Claim \$ 10,000,000 Aggregate \$ 10,000,000

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

Trlp Date: 5/28/16-6/01/16 Program Leader: Keith Brown Fax/Email: keith.brown@ausd.k12.ca.us

Bret Harle Middle School is/are included as Additional Insured per the attached endorsement.

CERTIFICATE HOLDER

CANCELLATION

Bret Harle Middle School Attn: Keith Brown 3700 Coofidge Ave Oakland, CA 94602	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 of Marsh USA Inc. Kathy L. Dawson <i>Kathy L. Dawson</i>
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AGENCY CUSTOMER ID: 337687

LOC #: Richmond



ADDITIONAL REMARKS SCHEDULE

Page 2 of 3

AGENCY Marsh USA Inc.		NAMED INSURED Lakeland Tours, LLC dba WorldStrides 218 West Water Street Suite 400 Charlottesville, VA 22902
POLICY NUMBER		
CARRIER	NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
 FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Named Insureds

Lakeland Tours, LLC
 WorldStrides, Inc.
 Christian Discoveries
 Capstone Programs
 Accent Travel Group
 Travel MBA
 New Century Tours
 American High School Theatre Festival
 Worldpass Travel Group
 USA Student Travel
 Music America
 GET TRAVEL
 Adventures America
 Lakeland Holdings, LLC
 Lakeland Finance, LLC
 Heritage Education and Festivals, LLC (AKA Worldstrides Heritage Performance; Worldstrides OnStage)
 Americas Travel Centre
 Bowl Games of America
 Skys The Limit
 Classic Festivals
 Field Studies Center of New York
 Field Studies International
 Backstage Theatre Tickets
 WorldStrides International, LLC
 Fawkes Travel, Inc.
 National Educational Travel Council, LLC
 NETC
 International Discovery Programs
 Casterbridge Tours, Ltd
 Lakeland Seller Finance, LLC
 WorldStrides Holdings, LLC
 WH Blocker, Inc.
 WS Purchaser, Inc.
 WS Holdings, Inc.
 WorldStrides Travel Information Consulting (Shanghai) Co., Ltd
 WorldStrides PTY LTD
 Snowman Property Management PTY LTD
 Timogra PTY LTD
 Trekset Travel
 Group Travel
 Excel International Sports
 Excel Group
 Excel Sport
 Rhapsody Tours Limited
 Rhapsody Travel Limited
 Oxbridge Academic Resources LLC

Additional Insured – Automatic Status for Common Trip Sponsors, Venues and Clients



Policy No.	Eff. Date of Pol.	Exp. Date of Pol.	Eff. Date of End.
EOL5329376-11	09/30/2015	09/30/2016	09/30/2015

Named Insured and Address:

Lakeland Tours, LLC
218 W. Water Street
Charlottesville, VA 22902

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the:

Travel Agents and Tour Operators Professional Liability Policy

A. Section III. PERSONS INSURED is amended to include as an Insured:

F. Any Common Trip Sponsor, Venue and Client the Named Insured is required to add as an additional Insured on this policy under a Standard Tour or Trip Contract.

B. The insurance provided to the additional Insured Common Trip Sponsor, Venue and Client applies only to Bodily Injury, Property Damage, Personal Injury, or negligent acts or negligent omissions covered under Section I. A. Coverages and the defense of Suits seeking Damages on account of such Bodily Injury, Property Damage, Personal Injury or any negligent act or negligent omission under Section I. B. Defense with respect to the Travel Agency Operations of the Named Insured.

However, regardless of the provisions of paragraphs A. above:

1. The Company will not extend any insurance coverage to any additional Insured Common Trip Sponsor, Venue and Client:

- a. That is not provided to the Named Insured in this policy; or**
- b. That is broader coverage than the Named Insured is required to provide to the additional Insured Common Trip Sponsor, Venue and Client in the Standard Tour or Trip Contract.**

2. The Company will not provide Limits of Insurance to any additional Insured Common Trip Sponsor, Venue and Client that exceeds the lower of:

- a. The Limits of Insurance provided to the Named Insured in this policy; or**
- b. The Limits of Insurance the Named Insured is required to provide in the Standard Tour or Trip Contract.**

C. The Insurance provided to the additional Insured Common Trip Sponsor, Venue and Client does not apply to Bodily Injury, Property Damage, Personal Injury, or any negligent act or negligent omission that results solely from the negligence of the additional Insured.

D. The additional Insured must see to it that: