

JT15-16

APPLICATION FOR FIELD TRIP APPROVALSubmit to Purchasing/Contracts Office at least 4 weeks before the field trip

(ALL QUESTIONS MUST BE COMPLETED OR FORM WILL BE RETURNED)

SCHOOL: Ranch Middle School DATE REQUEST SUBMITTED: 3/17/17PERSON/CLASS/GROUP OR ORGANIZATION MAKING THE TRIP REQUEST: James A. Coulson / EF TOURSDATE OF FIELD TRIP: June 14th 2017 DATE OF RETURN: June 28th 2017TIME OF DEPARTURE: June 14th PERIODS (Circle): 1 2 3 4 5 6 7 All Day TIME OF RETURN: June 28thDESTINATION (include address): Greece, Italy, and Spain -DISTANCE FROM SCHOOL SITE (one way): 3,000 milesTOTAL NUMBER OF PARTICIPANTS: 12 NUMBER OF STUDENTS: 10 NUMBER OF ADULTS: 2IF OVERNIGHT FIELD TRIP, STATE ACCOMMODATION: Hotels in Country -MODE OF TRANSPORTATION (check one): Chartered Bus ☐ Private Vehicles ☐ Public Bus ☐ District Bus ☐ Walking ☐IF USING A CHARTERED BUS, IDENTIFY COMPANY: PLANE, TRAINS, BOATSBUS INSURANCE VERIFIED BY ACCOUNT TECH III ☐ (initial)

IF PRIVATE VEHICLES USED, IDENTIFY DRIVERS: _____

All drivers must complete OP-81 with required documents (see pg 2 of field trip procedure for requirements).It is the responsibility of the site administrator to make sure car insurance is current; otherwise, driver will not be allowed to drive.Check box and initial after verification: ☐ (Principal's initial) ☐ (Purchasing/Contracts initial)PURPOSE OF TRIP (Explain how trip relates to curriculum): Our purpose is to make students GLOBE LEARNERS. (History, cultures, traditions etc)COST ANALYSIS: Transportation Cost: \$4,856.00 Other Fees: Tips, lunches \$75.00 per day Total Cost: \$ _____HOW WILL THIS BE PAID? individually -

CHARGE TO ACCOUNT:

FD	RES	Y	OBJ	SOBJ	GOAL	FUNC	CCTR	SCH	MGMT
									0000

REQUISITION # _____ (attached) or other explanation of how fees will be paid: _____ (i.e. ASB, PTA, students)

REQUESTOR'S SIGNATURE: James A. CoulsonPRINCIPAL'S SIGNATURE: [Signature] ☒ Approved () Not ApprovedOnly use this section if needed:

★ If a contract is required for this field trip, forward the contract with this form to the Purchasing/Contracts Office at least four (4) weeks before the trip. Date sent to Purchasing/Contracts _____

Assistant Superintendent, Business Services signature (or designee): _____

★ If this is an overnight field trip, 50 miles away from the school, or a trip to San Francisco, School Board approval is required. To be included in the Board's agenda, complete paperwork must be verified by Purchasing/Contracts Office.

() Board Approved () Board Denied Superintendent Signature (or designee) _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/20/2017

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 MARSH USA, INC. 99 HIGH STREET BOSTON, MA 02110 Attn: Boston.CertRequest@marsh.com 212-948-4377	CONTACT NAME: PHONE (A/C No. Ext): FAX (A/C No.): E-MAIL ADDRESS:														
INSURED EF Travel, Inc. dba EF Education, Inc. and all Subsidiaries and Affiliates Two Education Street Cambridge, MA 02141	<table border="1"><thead><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A : AXA Insurance Company</td><td>33022</td></tr><tr><td>INSURER B : N/A</td><td>N/A</td></tr><tr><td>INSURER C : N/A</td><td>N/A</td></tr><tr><td>INSURER D :</td><td></td></tr><tr><td>INSURER E :</td><td></td></tr><tr><td>INSURER F :</td><td></td></tr></tbody></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : AXA Insurance Company	33022	INSURER B : N/A	N/A	INSURER C : N/A	N/A	INSURER D :		INSURER E :		INSURER F :	
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INSURER D :															
INSURER E :															
INSURER F :															

COVERAGES **CERTIFICATE NUMBER:** NYC-008745944-01 **REVISION NUMBER:** 6

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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:		PCS001344(16)	10/01/2016	10/01/2017	<table border="1"><tr><td>EACH OCCURRENCE</td><td>\$ 5,000,000</td></tr><tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$ 100,000</td></tr><tr><td>MED EXP (Any one person)</td><td>\$ 10,000</td></tr><tr><td>PERSONAL & ADV INJURY</td><td>\$ 5,000,000</td></tr><tr><td>GENERAL AGGREGATE</td><td>\$ 5,000,000</td></tr><tr><td>PRODUCTS - COMP/OP AGG</td><td>\$ 5,000,000</td></tr><tr><td></td><td>\$</td></tr></table>	EACH OCCURRENCE	\$ 5,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000	MED EXP (Any one person)	\$ 10,000	PERSONAL & ADV INJURY	\$ 5,000,000	GENERAL AGGREGATE	\$ 5,000,000	PRODUCTS - COMP/OP AGG	\$ 5,000,000		\$
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	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					<table border="1"><tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$</td></tr><tr><td>BODILY INJURY (Per person)</td><td>\$</td></tr><tr><td>BODILY INJURY (Per accident)</td><td>\$</td></tr><tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td></tr><tr><td></td><td>\$</td></tr></table>	COMBINED SINGLE LIMIT (Ea accident)	\$	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$		\$				
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AGGREGATE	\$																			
	\$																			
	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 type="checkbox"/> N/A					<table border="1"><tr><td>PER STATUTE</td><td>OTH-ER</td></tr><tr><td>E.L. EACH ACCIDENT</td><td>\$</td></tr><tr><td>E.L. DISEASE - EA EMPLOYEE</td><td>\$</td></tr><tr><td>E.L. DISEASE - POLICY LIMIT</td><td>\$</td></tr></table>	PER STATUTE	OTH-ER	E.L. EACH ACCIDENT	\$	E.L. DISEASE - EA EMPLOYEE	\$	E.L. DISEASE - POLICY LIMIT	\$						
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E.L. DISEASE - POLICY LIMIT	\$																			

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Mesa Unified School District #4 is included as additional insured where required by written contract with respect to General Liability.

CERTIFICATE HOLDER Rancho Milpitas Middle School Attention: James Coulson 1915 Yellowstone Avenue Milpitas, CA 95035	CANCELLATION 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. Elizabeth Stapleton <i>Elizabeth Stapleton</i>
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JT/5-3

MILPITAS UNIFIED SCHOOL DISTRICT

OP-40

APPLICATION FOR FIELD TRIP APPROVAL

Submit to Purchasing/Contracts Office at least 4 weeks before the field trip

(ALL QUESTIONS MUST BE COMPLETED OR FORM WILL BE RETURNED)

SCHOOL: Pomerooy DATE REQUEST SUBMITTED: 4-28-17
PERSON/CLASS/GROUP OR ORGANIZATION MAKING THE TRIP REQUEST: 6th Grade (Deanna Sainten)
DATE OF FIELD TRIP: Oct. 23-27, 2017 DATE OF RETURN: 10-27-17
TIME OF DEPARTURE: 9¹⁵ am ^{10/23/17} PERIODS (Circle): 1 2 3 4 5 6 7 All Day TIME OF RETURN: 1³⁰ pm ^{10/27/17}
DESTINATION (include address): Semperviren's Outdoor School (Boulder Creek, CA)
DISTANCE FROM SCHOOL SITE (one way): ~42 miles
TOTAL NUMBER OF PARTICIPANTS: ~135 NUMBER OF STUDENTS: 115 NUMBER OF ADULTS: 4 teachers 16 counselors
IF OVERNIGHT FIELD TRIP, STATE ACCOMMODATION: Student cabins
MODE OF TRANSPORTATION (check one): Chartered Bus ☒ Private Vehicles ☐ Public Bus ☐ District Bus ☐ Walking ☐
IF USING A CHARTERED BUS, IDENTIFY COMPANY: East Side Union High School
BUS INSURANCE VERIFIED BY ACCOUNT TECH III ☒ JT (initial) Ins. Exp 07/01/17
IF PRIVATE VEHICLES USED, IDENTIFY DRIVERS: N/A

All drivers must complete OP-81 with required documents (see pg 2 of field trip procedure for requirements).

It is the responsibility of the site administrator to make sure car insurance is current; otherwise, driver will not be allowed to drive.

Check box and initial after verification: ☐ (Principal's initial) ☐ (Purchasing/Contracts initial)

PURPOSE OF TRIP (Explain how trip relates to curriculum): An enhancement and support for our science curriculum. Outdoor School also builds leadership, collaboration, and environmental awareness.

COST ANALYSIS: Transportation Cost: \$ BUS = 1,593.72 Other Fees: \$ 327/student Total Cost: \$ 39,555.72
+ Luggage Truck = \$357 = \$1,950.72 \$37,605 → Deposit due 9/28/17

HOW WILL THIS BE PAID?

CHARGE TO ACCOUNT:

FD	RES	Y	OBJ	SOBJ	GOAL	FUNC	CCTR	SCH	MGMT
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REQUISITION # 193049 (attached) or other explanation of how fees will be paid: 193050 (i.e. ASB, PTA, students)

REQUESTOR'S SIGNATURE: Deanna Sainten

PRINCIPAL'S SIGNATURE: [Signature] Approved () Not approved

Only use this section if needed:

★ If a contract is required for this field trip, forward the contract with this form to the Purchasing/Contracts Office at least four (4) weeks before the trip. Date sent to Purchasing/Contracts _____
Assistant Superintendent, Business Services signature (or designee): _____
★ If this is an overnight field trip, 50 miles away from the school, or a trip to San Francisco, School Board approval is required. To be included in the Board's agenda, complete paperwork must be verified by Purchasing/Contracts Office.
() Board Approved () Board Denied Superintendent Signature (or designee) _____

DISTRIBUTION AFTER APPROVAL: WHITE: Purchasing/Contracts YELLOW: School Site PINK: Teacher

REVISED MAR 2012 bill

Conditional Approval - Bus Insurance.