



# THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

7720 WEST OAKLAND PARK BOULEVARD, SUITE 323, SUNRISE, FLORIDA 33351 • TEL 754-321-0505 • FAX 754-754-0936

SUPPLY MANAGEMENT & LOGISTICS  
WILLIAM B. HARRIS, JR., C.P. M., DIRECTOR  
www.browardschools.com

## SCHOOL BOARD

March 18-2013

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Vice Chair

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NORA RUPERT

ROBERT W. RUNCIE  
Superintendent of Schools

Casino Limo Corp d/b/a  
Corporate Coaches  
Attn: Mike Castro  
4500 South State Road 7  
Fort Lauderdale, FL 33314

Letter of Agreement and Request for Certificate of Insurance  
SBBC Bid Reference Number: 53-102V  
Bid Title: Bid 13C-9A-Field Trips Charter Bus Service In & Out of County-Palm Beach County Schools  
Contract Term: March 18, 2013 through February 28, 2014

Dear Mr Castro:

The School Board of Broward County, Florida has accepted and awarded your Bid 53-102V, for Field Trips Charter Bus Service In & Out of County, at the March 18, 2013 School Board Meeting in accordance with the specifications, terms and conditions, all pertinent laws of the State of Florida, and instructions as determined by the Attorney for the School Board. The School Board of Broward County, Florida reserves the right to terminate this contract at any time and for any reason upon giving thirty (30) days prior written notice.

Your Certificate of Insurance form and Indemnification Clause where applicable must be on file in the office of **Risk Management Department within fifteen (15) days of this notification.**

It is important that you notify your insurance agent for general liability insurance that the insurance requirements attached to the above Bid requires that **The School Board of Broward County, Florida, be included as an additionally named insured under the General Liability Policy.** This information must be specifically stated on the Certificate of Insurance submitted by your insurance agent in order for the Certificate to be acceptable. **The above Bid number and date must appear on the certificate submitted.**

No work can commence on the item(s) accepted on this Bid until this Certificate of Insurance form is received and approved, and a written purchase order is released.

The completed Certificate of Insurance must be mailed to: RISK MANAGEMENT DEPARTMENT, The School Board of Broward County, Florida, 600 S.E. 3<sup>rd</sup> Avenue, 11<sup>th</sup> Floor, Ft. Lauderdale, FL 33301. Any questions about your insurance certificate should be directed to Mr. Aston Henry or Suet Cheung at 754-321-1912, Fax: 754-321-1919 or email address: [aston.henry@browardschools.com](mailto:aston.henry@browardschools.com) or [suet.cheung@browardschools.com](mailto:suet.cheung@browardschools.com).

A condition of your contract with the School Board requires that you and all of your employees, subcontractors or agents who will be entering onto School Board property as a result of this award, wear while on School Board property, a photo identification badge issued by the School Board. This Bid requires the Awardee or its employees, who enter on School Board property, be properly badged and fingerprinted. The application process and form can be found at this link: <http://www.broward.k12.fl.us/supply/vendors/index.htm>

Sincerely,

Charles V. High, C.P.M., A.P.P  
Purchasing Agent IV

CH/ss

Cc: Aston Henry, Jr. Risk Management Department  
attachments



# THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

600 Southeast Third Avenue, Eleventh Floor, Ft. Lauderdale, FL 33301 Telephone: 754-321-1900

ASTON A. HENRY, JR., SUPERVISOR  
RISK MANAGEMENT DEPARTMENT

[www.browardschools.com](http://www.browardschools.com)

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*Superintendent of Schools*

4/1/2013

Casino Limo Corp D/B/A Corporate Coaches  
Attn: Mike Castro  
4500 South State Road 7  
Fort Lauderdale, FL 33314 USA

**Subject: CERTIFICATE OF INSURANCE - APPROVAL**

Contract Title: See Blanket Certificate Summary  
Contract No.: - 53-102V Field Trips Charter Bus Service

Dear Mike Castro,

The Risk Management Department is pleased to inform you we are in receipt of your Certificate of Insurance, and the certificate meets the insurance specifications set forth in our agreement.

Please be advised, your organization is responsible for maintaining such coverage during the term of this agreement.

If you have access, you may send your future renewal certificate through Certificatesnow by referencing the routing number aaje5-v6jt-xw. You may also send Certificate(s) of Insurance to the registered fax number 1-866-897-0424, or upload your Certificate(s) of Insurance directly at the below link:

<https://www.trackcertsnow.com/tcn/faxUpload/faxUpload.jsp>.

If you have any questions or require additional information, please contact Suet Cheung at 1-754-321-1900 or [Suet.Cheung@browardschools.com](mailto:Suet.Cheung@browardschools.com).

Sincerely,

Aston A. Henry, Jr., Supervisor  
Risk Management Department



# CERTIFICATE OF LIABILITY INSURANCE

OP ID: J4

DATE (MM/DD/YYYY)

03/21/13

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).

<b>PRODUCER</b> TIB Transportation Ins. Brkrs 425 West Broadway, Suite 400 Glendale, CA 91204 Greg Black	818-246-2800 818-246-4690	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: <b>CORPO-3</b>	FAX (A/C, No):
	<b>INSURED</b> <b>Casino Limo Corp.</b> <b>dba: Corporate Coaches, Inc</b> <b>P.O. Box 17825</b> <b>Plantation, FL 33318-7825</b>		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: National Interstate Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
		<b>NAIC #</b> 32620	


**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	X		DPP609695003	08/01/12	08/01/13	EACH OCCURRENCE \$ <b>5,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>50,000</b> MED EXP (Any one person) \$ <b>5,000</b> PERSONAL & ADV INJURY \$ <b>5,000,000</b> GENERAL AGGREGATE \$ <b>5,000,000</b> PRODUCTS - COMP/OP AGG \$ <b>5,000,000</b>
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	X		DPP609695003	08/01/12	08/01/13	COMBINED SINGLE LIMIT (Ea accident) \$ <b>5,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
A	<b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE RETENTION \$ <b>0</b>			DEX609695002	08/01/12	08/01/13	EACH OCCURRENCE \$ <b>5,000,000</b> AGGREGATE \$ \$ \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	DWC609695002	08/01/12	08/01/13	<input checked="" type="checkbox"/> WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ <b>1,000,000</b> E.L. DISEASE - EA EMPLOYEE \$ <b>1,000,000</b> E.L. DISEASE - POLICY LIMIT \$ <b>1,000,000</b>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 The certificate holder is added as additional insured pursuant to the terms and conditions of the policies referenced above.

Field Trips Charter Bus Service In & Out of County-Palm Beach County Schools. #13C-9A

<b>CERTIFICATE HOLDER</b> SBBC BID REFERENCE NUMBER 53-102V SCHO-00 The School Board of Broward County, Florida Risk Management Department 600 S.E. 3rd Ave. 11th Floor Ft. Lauderdale, FL 33301	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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