

THE SCHOOL DISTRICT  
OF PALM BEACH COUNTY, FLORIDA

SHARON SWAN  
DIRECTOR

MICHAEL J. BURKE  
CHIEF OPERATING OFFICER

Purchasing Department  
3300 Forest Hill Boulevard, Suite A-323  
West Palm Beach, FL 33406-5813  
Phone: (561) 434-8214 Fax: (561) 963-3823  
[www.palmbeachschools.org/purchasing](http://www.palmbeachschools.org/purchasing)

March 7, 2013

Casino Limio Corp D/B/A Corporate Coaches  
4500 South State Road 7  
Ft. Lauderdale, FL 33314

Attn: Mike Castro, Vice President  
[corporatecoaches@aol.com](mailto:corporatecoaches@aol.com)

Subject: Letter of Agreement  
Bid Number: 13C-9A  
Title: Term Contract for Field Trips Charter Bus Service in and Out of County  
Contract Term: March 1, 2013 through February 28, 2014

Dear Mr. Castro:

This is to advise you that the School District of Palm Beach County, Florida, has accepted your offer to provide charter bus services. This acceptance is subject to compliance with bid specifications, terms and conditions, all pertinent laws of the State of Florida and instructions as determined by the General Counsel for the School District.

Awarded vendors shall procure and maintain, for the life of the contract, General Liability, Automobile Liability and Workers' Compensation Insurance. **THE SCHOOL DISTRICT OF PALM BEACH COUNTY SHALL BE NAMED AS AN ADDITIONAL INSURED ON THE CERTIFICATE FOR GENERAL LIABILITY AND AUTOMOBILE LIABILITY INSURANCE.**

Purchase orders may be issued to cover services as the need arises and will be your notification to proceed with fulfilling the School Districts request. Services provided without proper authorization may result in nonpayment. Please fill out the Vendor Record & W9 forms attached and return them by email or fax no later than March 13, 2013. This will enable the District to issue a purchase order when services are required.

If you have any questions, please do not hesitate to call my office at 561-434-8310. Thank you for your bid and we are looking forward to doing business with you and your company.

Sincerely,

Sharon Swan, C.P.M., Director  
Purchasing Department

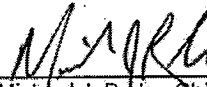
CC: bid file  
Morris Simpson, Purchasing Agent

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PALM BEACH COUNTY SCHOOLS - RATED "A" BY THE FLORIDA DEPARTMENT OF EDUCATION - 2005 - 2012  
"HOME OF FLORIDA'S FIRST LEED GOLD CERTIFIED SCHOOL"

[WWW.PALMBEACHSCHOOLS.ORG](http://WWW.PALMBEACHSCHOOLS.ORG)

The School District of Palm Beach County is an Equal Education Opportunity Provider and Employer

 Date: 3/4/13  
Michael J. Burke, Chief Operating Officer  
Award per School Board Policy 6.14

**INVITATION TO BID NO. 13C-9A – TERM CONTRACT FOR FIELD TRIPS CHARTER BUS SERVICE  
IN AND OUT OF COUNTY – REVISED 2/21/13**

DATE: February 15, 2013  
DATE SOLICITED: November 16, 2012

DATE OPENED: December 18, 2012  
DATE POSTED: February 15, 2013

CONTRACT PERIOD: March 1, 2013 through February 28, 2014  
DEPARTMENT: Various FUND: Various FUNCTION: Various ACCOUNT: Various  
FUNDING SOURCE: Various  
REQUESTING DEPARTMENT: Various Departments

**FINANCIAL IMPACT**

The annual financial impact to the various budgets including internal funds is not to exceed \$500,000.  
The source of funds are various budgets and internal funds.

Items to be purchased include charter bus service.

**AWARD RECOMMENDATION / TABULATION**

**VENDOR**

**MINORITY  
STATUS**

<u>All About Charters, Inc</u>	---
<u>American Motor Coaches, Inc</u>	---
<u>Annett Bus Lines</u>	---
<u>Busamove LLC</u>	---
<u>Bus One LLC</u>	---
<u>Corporate Coaches</u>	---
<u>C-Squared Transportation</u>	---
<u>Endeavor Bus Lines</u>	---
<u>Express Transportation</u>	---
<u>Gold Star Transportation</u>	---
<u>Hector Tours, Inc</u>	---
<u>Horizon Coach Lines</u>	---
<u>King's College Tours</u>	2
<u>Miami Coach &amp; Tours</u>	---
<u>Need A Bus</u>	---
<u>Simply The Best Charters</u>	---
<u>Superior Charter Bus, Inc</u>	---
<u>Transtour Motorcoach, Inc</u>	---



# CERTIFICATE OF LIABILITY INSURANCE

OP ID: J4

DATE (MM/DD/YYYY)

07/24/12

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	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):
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<b>INSURED</b> Corporate Coaches, Inc. & Casino Limo Corp. P.O. Box 17825 Plantation, FL 33318-7825	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td><b>INSURER A : National Interstate Company</b></td> <td style="text-align: center;"><b>32620</b></td> </tr> <tr> <td><b>INSURER B :</b></td> <td></td> </tr> <tr> <td><b>INSURER C :</b></td> <td></td> </tr> <tr> <td><b>INSURER D :</b></td> <td></td> </tr> <tr> <td><b>INSURER E :</b></td> <td></td> </tr> <tr> <td><b>INSURER F :</b></td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	<b>INSURER A : National Interstate Company</b>	<b>32620</b>	<b>INSURER B :</b>		<b>INSURER C :</b>		<b>INSURER D :</b>		<b>INSURER E :</b>		<b>INSURER F :</b>	
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<b>INSURER E :</b>															
<b>INSURER F :</b>															

**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	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> 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	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> 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	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <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	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	N/A	DWC609695002	08/01/12	08/01/13	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> 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)

**CERTIFICATE HOLDER IS ADDED AS ADDITIONAL INSURED BUT ONLY TO THE EXTENT THAT THE CERTIFICATE HOLDER IS HELD LIABLE FOR THE CONDUCT OF THE NAMED INSURED.**

**CERTIFICATE HOLDER**

**PALMB09**

Palm Beach County School Board  
 Risk Management Department  
 Room A 103  
 3370 Forest Hill Blvd.  
 West Palm Beach, FL 33406

**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