



# PEORIA UNIFIED SCHOOL DISTRICT #11

Anna Romero, Senior Buyer  
Procurement and Distribution Services

6330 W. Thunderbird Road  
Glendale, AZ 85306  
Phone: 623.412.5321  
Fax: 623.486.6287  
aromero@peoriaud.k12.az.us  
www.peoriaud.k12.az.us

## CONTRACT EXTENSION RESPONSE FORM

January 11, 2017

American Explorer Motor Coach  
1701 E. Elwood Street  
Phoenix, AZ 85040  
Attn: Alan Billingsley

### Re: RFP #56-1502-01-28 Charter Bus Services

In accordance with its terms, Peoria Unified School District is considering extending the above contract for a period of one (1) year, beginning March 10, 2017. This will be the 2th year of a potential 5-year contract.

Please indicate your intent below and email to [aromero@peoriaud.k12.az.us](mailto:aromero@peoriaud.k12.az.us) or fax to 623-486-6287 **no later than January 24, 2017**. If we do not receive a response by this date, we will conclude that you are interested in extending the current contract as is.

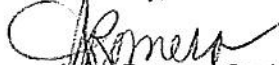
- I wish to extend our contract with a decrease in our contract pricing. Attached is our new pricing and a copy of our current Certificate of Insurance.
- I wish to extend our contract with no price changes. Attached is a copy of our current Certificate of Insurance.
- I wish to extend our contract with a price increase within the parameters of the original submittal. Attached is my fully documented pricing request and a copy of our current Certificate of Insurance.
- I do not wish to extend our contract for the following reasons: \_\_\_\_\_

Current pricing is in effect until March 9, 2017 and all new price requests are subject to approval. Due to budget constraints in our District, price increases may not be approved and the District reserves the right to rebid the contract.

Alan Billingsley / Manager  
Printed Name and Title  
  
Authorized Signature

alan@projectexploration.com  
Email  
1/12/17  
Date

Sincerely,

  
Anna Romero, Senior Buyer  
Procurement and Distribution Services



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
11/14/2016

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 License # 0757776  
Rancho Bernardo, CA - HUB International Kline Insurance Services  
16766 Bernardo Center Drive  
Suite 115  
San Diego, CA 92128

CONTACT NAME:  
PHONE (A/C, No, Ext): (858) 675-6444 FAX (A/C, No): (858) 675-6450  
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A : RLI Insurance Company		13056
INSURER B :		
INSURER C :		
INSURER D :		
INSURER E :		
INSURER F :		

INSURED  
  
American Explorer Motorcoach, LLC  
1701 E. Elwood Street  
Phoenix, AZ 85040

**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 INSD	SUBR 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:			LGB0015232	11/15/2016	11/15/2017	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			LFB0017952	11/15/2016	11/15/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER	CANCELLATION
Peoria Unified District #11 PO Box 89 Peoria, AZ 85380	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 