

ASSIGNMENT CONTRACT

CONTRACT NO.: RFP #56-1502-01-28
COMMODITY OR SERVICE: CHARTER BUS SERVICES
PERIOD OF CONTRACT: March 9, 2017, Expires March 10, 2018

This Agreement is entered into between the Peoria Unified School District No. 11 and Silverado Stages.

Whereas the District issued a Request for Proposal #56-1502-01-28 Charter Bus Services dated January 7, 2016 and

Whereas the School District awarded a contract pursuant to that process to Divine Transportation, dba (Michelangelo Leasing, Inc.), and

Whereas Silverado Stages wishes to continue to provide services requested in the RFP.

NOW, THEREFORE, in consideration of the mutual agreements hereinafter set for Silverado Stages and the District d hereby agree as follows:

1. Silverado Stages agrees to supply services in accordance with the terms, conditions, and specifications of the RFP, including appendices and amendments, and Divine Transportation Response.
2. The terms of this agreement shall follow the order of precedence:
 - The specific terms and conditions state herein.
 - Original Request for Proposal #56-1502-01-28 Charter Bus Services, including appendices/amendments
 - Official Purchase order (when applicable).
3. This Agreement may be amended only by written agreement of the parties

FOR: PEORIA UNIFIED SCHOOL DISTRICT

FOR: SILVERADO STAGES

2239 N. Black Canyon Highway
Phoenix, AZ 85009

Lari Staples
Lari Staples
Director of Procurement
TITLE
7/12/17
DATE

John Buskott
BY: JOHN BUSKOTT
TITLE: CEO
DATE: 7/12/17



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
7/12/2017

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 Capacity Coverage Company of NJ Inc One International Blvd 3rd Floor Mahwah NJ 07495		CONTACT NAME: Donna Furnish PHONE (A/C, No, Ext): (201) 661-2442 FAX (A/C, No): (201) 661-7789 E-MAIL ADDRESS: DFurnish@capcoverage.com	
INSURED Silverado Stages, Inc. 2239 N Black Canyon Hwy Phoenix AZ 85009		INSURER(S) AFFORDING COVERAGE INSURER A: United States Fire Insurance Co. NAIC # 21113 INSURER B: Protective Insurance Company 12416 INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES CERTIFICATE NUMBER: 17-18 AL, GL, & WC **NEW NEW 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 GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			5068503918	1/9/2017	1/9/2018	EACH OCCURRENCE \$ 5,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 250,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 5,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ 5,000,000
A	<input checked="" type="checkbox"/> 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			5068503918	1/9/2017	1/9/2018	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 DED RETENTION \$ <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE						EACH OCCURRENCE \$ AGGREGATE \$ Uninsured/Underinsured \$ 35,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			States: AZ, CA, NV WD001485	4/7/2017	4/7/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Certificate holder is included as additional insured with respect to the transportation services provided by the named insured. Additional insured status does not apply to Workers Compensation or Employers Liability coverage.

CERTIFICATE HOLDER Peoria Unified school District #1 Purchasing Department 6330 W. Thunderbird Road Glendale, AZ 85306	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 Carl Gerson/AEDONF
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