

NCVAXM

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/18/2024

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 have ADDITIONAL INSURED provisions or be endorsed.

th	SUBROGATION IS WAIVED, subjecting certificate does not confer rights to				ıch enc	lorsement(s).		require an end	orsemen	ι. A	Statement on
PRODUCER American Highways Ins. Agency 3250 Interstate Drive						CONTACT NAME: PHONE (200) 025 2442 FAX (220) 650 2012					
						(A/C, No, Ext): (800) 935-2442 (A/C, No): (330) 659-8912					
KIC	nfield, OH 44286	E-MAIL ADDRESS: ahia.highwayservice@natl.com									
		INSURER(S) AFFORDING COVERAGE INSURER A : National Interstate Insurance Company					NAIC #				
INSI	JRED	INSURER B:					32020				
		INSURER C:									
AC-Coach Operations, Inc. dba Anderson Coach & Travel One Anderson Plaza Greenville, PA 16125						INSURER D :					
						INSURER E :					
			INSURER F:								
СО	VERAGES CER	TIFI	TIFICATE NUMBER:			REVISION NUMBER:					'
IN C	HIS IS TO CERTIFY THAT THE POLICI NDICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQU PER POLI	IREMI TAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFORI LIMITS SHOWN MAY HAVE	N OF A	NY CONTRAC	CT OR OTHER ES DESCRIB	R DOCUMENT WIT ED HEREIN IS SU	TH RESPE JBJECT T	CT T	O WHICH THIS
LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)		LIMIT	S	5,000,000
Α	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR			VDD4400400 04		0/4/0004	0/4/0005	EACH OCCURRENCE DAMAGE TO RENTE	CE ED	\$	250,000
	CLAIMS-MADE X OCCUR			XPP1102490-21		2/1/2024	2/1/2025	DAMAGE TO RENTI PREMISES (Ea occu		\$	5,000
								MED EXP (Any one		\$	5,000,000
	OFAUL ACCORDANTS LUMIT APPLIES DEP.							PERSONAL & ADV I		\$	5,000,000
	X POLICY PRO- POLICY LOC							PRODUCTS - COMF		\$	5,000,000
	OTHER:							PRODUCTS - COMP	-/OF AGG	\$	
Α	AUTOMOBILE LIABILITY					2/1/2024	2/1/2025	COMBINED SINGLE (Ea accident)	LIMIT	\$	5,000,000
	X ANY AUTO OWNED AUTOS ONLY SCHEDULED AUTOS			XPP1102490-21				BODILY INJURY (Pe	er person)	\$	
								BODILY INJURY (Pe	er accident)	\$	
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							PROPERTY DAMAG (Per accident)	SE .	\$	
										\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENC	CE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTION \$							PER	OTH-	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							STATUTE	ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. EACH ACCIDEN		\$	
	If ves, describe under							E.L. DISEASE - EA E			
	DÉSÉRIPTION OF OPERATIONS below							E.L. DISEASE - POL	ICY LIMIT	\$	
Phy: \$20, \$5,0 \$10, \$2,5	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC sical Damage Deductibles: 000 per charter bus (> 29 PAX) - Compr 00 per van, limo, school, transit - Comp 000 per van, limo, school, transit - Colli 00 per pp/service for Comprehensive/C rmational Purposes Only	ehen rehe sion	sive, nsive	Collision	le, may b	e attached if more	e space is requir	ed)			
CERTIFICATE HOLDER						CANCELLATION					
Proof of Insurance						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									