



Proposal for OVERNIGHT or EXTENDED Student Trips

Group: DECA

Proposer Position: Advisor

Destination: DECA State Career Development Conference City Detroit State MI

Proposed Departure Date: 3/13/25 Return Date: 3/15/25

Date by which response is needed: Feb. Board Meeting Proposal Date: 1/27/25

A. Purpose of Trip

1. **What is the major place to be visited or event to be attended?** Taking DECA students that qualified at districts to compete at the State Leadership Conference.
2. **How is this trip related to the educational program of the District?** Students demonstrate skills in business through reading, writing & speaking with purpose.
3. **In what ways will the students benefit?** Expand their knowledge of business, develop their presentation/speaking skills.

B. Students and Staff

1. **How many students will be going?** 48
2. **What staff member will be in charge?** Jennifer Natzel
3. **What previous experience has the staff member had in conducting overnight/extended field trips?** Took students to this competition last year as well as previous experience in another district taking Business Professionals of America students on overnight trips.
4. **What other staff members will be going?** Jason Coats
5. **How many chaperones, in addition to staff members, will be going?** 6
6. **Chaperone names and affiliations with the students?** Working to recruit additional chaperones.
7. **How many school days will be missed?** 2
8. **How will teachers be notified in advance that students will be out of school?** Email

C. Itinerary

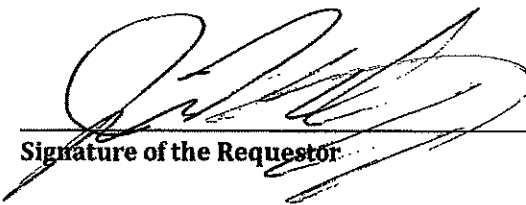
- 1. **Where will the group be housed and fed? (list phone numbers for housing)** We will be assigned to a hotel near the Huntington Place.
- 2. **What will be the mode of transportation? What liability insurance does the carrier have?** Blue Lakes Charter company based in Detroit, proof of insurance from Blue Lakes submitted with this overnight request.
- 3. **What arrangements have been made for dealing with emergency situations?** Parents will provide emergency contact information on permission slip. Advisor cell phone numbers made available as well.
- 4. **If tour guides are involved, what liability insurance do they carry?** N/A

D. Finances

- 1. **What is the estimated total cost AND cost per student?** Approx. \$17,000, \$365 per student
- 2. **What is the source of funds?** Student payment & fundraising
- 3. **How will the funds be collected and safeguarded?** DECA activity account, payments made from there in advance
- 4. **How will any shortfall be made up or excess funds used?** CTE funds through RESA or student fundraising
- 5. **What provision has been made for students who are financially unable to pay any necessary costs?** We have a small amount of funds from last year, money we received from KRESA. Students also had the opportunity to fundraise money towards their trip to the state conference.

E. Communications

- 1. **How will you communicate to parents prior to, during and after the trip?** Permission slip, remind app notifications



 Signature of the Requestor

1/28/25

 Date

_____ Trip approved _____ Trip not approved



1/31/20 _____
 Principal Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/29/2024

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. 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 Acrisure LLC P.O. Box 510187 New Berlin WI 53151		CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: <u>certs@acrisure.com</u> FAX (A/C, No):																						
INSURED Blue Lakes Charters & Tours Inc. 12154 N. Saginaw Rd. Clio MI 48420		<table border="1"> <thead> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A:</td> <td>Lancer Insurance Company</td> <td>26077</td> </tr> <tr> <td>INSURER B:</td> <td>Secura Insurance Company</td> <td>22543</td> </tr> <tr> <td>INSURER C:</td> <td>Accident Fund National Insurance Co.</td> <td>12305</td> </tr> <tr> <td>INSURER D:</td> <td>ACE</td> <td>10030</td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Lancer Insurance Company	26077	INSURER B:	Secura Insurance Company	22543	INSURER C:	Accident Fund National Insurance Co.	12305	INSURER D:	ACE	10030	INSURER E:			INSURER F:		
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COVERAGES **CERTIFICATE NUMBER:** 24-25 Master **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 CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			GL159193#13	09/01/2024	09/01/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ Excluded \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			BA164930#13	09/01/2024	09/01/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED RETENTION \$			20-CU-003372915-2	09/01/2024	09/01/2025	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
C	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	AF WCP 100092019	04/10/2024	04/10/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D	Pollution Liability			STP-422633	07/07/2023	07/07/2025	Limit \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 104, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER *For Informational Purposes Only*	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