

NCVAXM



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/31/2025

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

tl	nis certificate does not confer rights t	o the	cert	ificate holder in lieu of su			•					
	DDUCER				CONTA NAME:	CT						
American Highways Ins. Agency 3250 Interstate Drive						PHONE (A/C, No, Ext): (800) 935-2442 FAX (A/C, No): (330) 6						
	hfield, OH 44286				E-MAIL ADDRE	_{:ss:} ahia.high	nwayservic	e@natl.com				
		INSURER(S) AFFORDING COVERAGE					NAIC#					
		INSURER A : National Interstate Insurance Company					32620					
INSU	JRED	INSURER B:										
AC-Coach Operations, Inc. dba Anderson Coach & Travel One Anderson Plaza Greenville, PA 16125						INSURER C:						
						INSURER D :						
						INSURER E :						
		INSURER F:										
COVERAGES CERTIFICATE NUMBER:						REVISION NUMBER:						
1N C E	HIS IS TO CERTIFY THAT THE POLICII NDICATED. NOTWITHSTANDING ANY FERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	REQUI PER POLI	IREMI TAIN, CIES.	ENT, TERM OR CONDITIO THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF A	ANY CONTRAC Y THE POLICI REDUCED BY I	CT OR OTHER ES DESCRIB PAID CLAIMS.	R DOCUMENT WIT	TH RESPE UBJECT T	O ALL	WHICH THIS	
INSR LTR		ADDL SUBR INSD WVD		POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			5,000,000	
~	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR			XPP1102490-22	2/1/2025	2/4/2025	2/4/2020	EACH OCCURRENCE DAMAGE TO RENTED		\$	250,000	
	CLAIMS-MADE A OCCUR			XPP1102490-22		2/1/2025	2/1/2026	DAMAGE TO RENTED PREMISES (Ea occurrence)		\$	10,000	
								MED EXP (Any one	,	\$	5,000,000	
								PERSONAL & ADV		\$	5,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO- LOC							GENERAL AGGREC		\$	5,000,000	
								PRODUCTS - COMI	P/OP AGG	\$		
A	OTHER: AUTOMOBILE LIABILITY							COMBINED SINGLE (Ea accident)	ELIMIT	\$	5,000,000	
	X ANY AUTO			XPP1102490-22		2/1/2025	2/1/2026			\$		
	OWNED AUTOS ONLY SCHEDULED AUTOS			X111102430-22		2/1/2023	2/1/2020	BODILY INJURY (P	•			
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY							BODILY INJURY (Per PROPERTY DAMAGE) (Per accident)		\$		
	AUTOS ONLY 21 AUTOS ONLY							(Fer accident)		\$		
	UMBRELLA LIAB OCCUR							EACH OCCURREN	CE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	OL .	\$		
	DED RETENTION\$	1						710011207112		\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER	Ţ		
								E.L. EACH ACCIDE		\$		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N / A (Mandatory in NH)							E.L. DISEASE - EA		\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIM		\$		
Phy \$20, \$5,0 \$10, \$2,5	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC sical Damage Deductibles: ,000 per charter bus (> 29 PAX) - Compr ,000 per van, limo, school, transit - Comp ,000 per van, limo, school, transit - Colli ,000 per pp/service for Comprehensive/C rmational Purposes Only	ehen rehei sion	sive, nsive	Collision	lle, may t	e attached if mor	e space is requir	ed)				
CF	RTIFICATE HOLDER				CAN	CELLATION						
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.						

ACORD 25 (2016/03)

AUTHORIZED REPRESENTATIVE