



P.O. Box 5112 Elgin IL. 60121-5512

Phone: 847-741-8687 FAX: 847-931-7429

Date: 04/08/2017

Date of Charter: Thurs. May 11, 2017

Charter: (1) 56 Pass. Coach

Customer: Wheaton Park District Address: 1777 S. Blanchard St. City: Wheaton, IL. Zip: 60189

Contact: Laura Bessey Phone: 630-690-4880 Fax: Cell: email: lbessey@wheatonparks.org

COACH CHARTER CONTRACT

Buses are not dispatched without signed contract.

Dates are held for 10 days from date on contract if contract not returned dates will be released.

Pick Up Location: Wheaton Park District
1777 S. Blanchard St. Wheaton, IL.

Report Time: 9:45 AM Depart: 10:00 AM

Destination: Marcellos Father & Sons Rest.
645 W. North Ave. Chicago, IL.

Arrive Time: ASAP Depart: 12:30 ??

Destination: Stage 773 Show 1:30 PM
1225 W. Belmont Chicago, IL

Arrive Time: 1:00 PM Depart: After Show

Return: Same as Pick up

Return Time: 5:00 PM (Approx.)

Luggage: Yes ☐ Passengers: Not to exceed 56

No ☒

Transportation Cost: \$790.00 (7 hours)

City Tax: 9:00

Parking Fee:

Tolls:

Cleaning Fee:

TOTAL: \$799.00

Special Instructions: No glass, kegs, soft
sided or styro foam coolers allowed on bus.
NO DAIRY PRODUCTS. NO PEANUTS
Drivers Gratuity Appreciated

Customer Signature: _____

Date: 4/10/17

Please sign and return to confirm: If sending check make payable to Let Me Arrange It! Transportation.

One hour overtime applies after 15 minutes after return time. Let Me Arrange It! must be notified of any change in itinerary 24 hours in advance

Thank You for your Business

Sales Representative: _____

Date: _____

Payment due prior to departure. Overtime & tolls will be invoiced. Charter is subject to cancellation if payment is not received. Your cost is based on the services detailed above and is subject to change in accordance with your actual itinerary. This company reserves the right to lease equipment from other companies in order to fulfill this agreement. This company shall not be liable for items left on the coach or loss of time due to mechanical failure, traffic conditions or inclement weather. A signed contract will confirm your reservation and acknowledge your acceptance of this agreement.

Customer financially responsible for any/all damage done to motor coach by occupants on coach

If all terms of this contract are agreeable please sign and return copy of signed contract to Let Me Arrange It Transportation, PO Box 5112, Elgin, IL. 60121-5112 make check payable to: Let Me Arrange It Transportation. CUSTOMER RESPONSIBLE FOR ALL PARKING & TOLL CHARGES.

SMOKING IS PROHIBITED AT ALL TIMES ON THE COACH

Driver is relieved from duty on all rest, tour and meal stops in excess of 15 minutes where they can safely park and leave the bus.

If cancelled less than 72 hours prior to departure date, cancellation fee of \$200.00 per motor coach will be incurred.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/05/2017

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 SHRIVER-CAPACITY INSURANCE AGENCY, LLC ONE OAKBROOK TERRACE SUITE 209 OAKBROOK TERRACE IL 60181 PHONE: (630) 833-0480 FAX: (630) 833-0876	CONTACT NAME MICHAEL MCDANIELS PHONE (A/C, No, Ext): 630-833-0480 FAX (A/C, No): 630-833-0876 E-MAIL ADDRESS: MICHAEL@SHRIVERINSURANCE.COM
	INSURER(S) AFFORDING COVERAGE INSURER A: LANCER INSURANCE COMPANY INSURER B: STAR NET INSURER C: INSURER D: INSURER E: INSURER F:
INSURED LET ME ARRANGE IT! INC. PO BOX 5112 ELGIN, IL. 60121	NAIC #

COVERAGES**CERTIFICATE NUMBER:** 102790**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 SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			GL157961#4	4/23/16	4/23/17	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ INCL
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			BA166189#4	4/23/16	4/23/17	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
B	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	BNUWC0118015	4/23/16	4/23/17	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <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
A	PHYSICAL DAMAGE			BA166189#4	4/23/16	4/23/17	5000 DED

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

CERTIFICATEHOLDER IS ADDED AS ADDITIONAL INSURED, BUT ONLY TO THE EXTENT THAT THE CERTIFICATEHOLDER IS LIABLE FOR THE CONDUCT OF THE NAMED INSURED.

CERTIFICATE HOLDER**CANCELLATION**

WHEATON PARK DISTRICT ATTN LAURA BESSEY 1777 BLANCHARD WHEATON, IL 60189	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 
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