

# Odyssey Transportation LLC.

16W273 83rd Street  
Suite B2  
Burr Ridge, IL 60527

630-286-9900

855-237-1331

(Fax: 630-590-9187)  
www.otsbuscharter.com  
info@otsbuscharter.com

## Confirmation

Wheaton Park District  
Laura Bessey

### Charter # 14704

Date Printed: Tuesday, May 30, 2017

PO #:

Group Name:

Phone: 630.510.5032 Fax:

Salesperson: Keith Bringle

Email:

Cust Email: lbessey@wheatonparks.org

		Departure Time	Date	# Vehicles	Description	Total Capacity
Pickup	Wheaton Park District Community Center 1777 S Blanchard St Wheaton, IL	10:00am	06/28/17	1	51 Pass Mini Coach	52
Via	Bob Chinn's 393 S. Milwaukee Ave Wheeling, IL		06/28/17			52
Dropoff	Marriott Lincolnshire Resort 10 Marriott Drive Lincolnshire, IL		06/28/17			52
Pickup	Marriott Lincolnshire Resort 10 Marriott Drive Lincolnshire, IL	3:45pm	06/28/17			52
Dropoff	Wheaton Park District Community Center 1777 S Blanchard St Wheaton, IL	5:00pm	06/28/17			52

Your Charter Includes:	# Units	Cost/Unit	Total	Note
Already Quoted	1.00	799.00	799.00	7 hrs 10am-5pm 51 passenger
<b>Deposit of \$</b>		<b>150.00 is due: May 30, 17</b>		
<b>Remainder of \$</b>		<b>649.00 is due: Jun 14, 17</b>		
<b>Total Cost: \$</b>		<b>799.00</b>		

CREDIT CARD # \_\_\_\_\_ EXP \_\_\_\_\_ SEC CODE \_\_\_\_\_

NAME ON CARD \_\_\_\_\_

BILLING ADDRESS, CITY, STATE & ZIP \_\_\_\_\_

X \_\_\_\_\_ Date \_\_\_\_\_

5% FEE FOR ALL CREDIT CARD CHARGES

PLEASE SIGN AND EMAIL BACK TO info@otsbuscharter.com OR FAX TO 630-590-9187

Federal Tax ID # 45-4714853

THANK YOU FOR USING ODYSSEY TRANSPORTATION LLC.

**FAILURE TO SIGN & RETURN THIS FORM WILL RESULT IN THE CHARTER BEING CANCELLED**

Detailed itineraries are due in our office fourteen (14) days prior to the charter. The driver must comply with the charter orders and any deviations are not permitted without office approval. The carrier reserves the right to charge for all additional services not contracted for prior to the charter.

It is the responsibility of the client to make sure that we have received written confirmation for their order prior the charter date. Any change taking place to an order will result in a revised confirmation. It is the responsibility of the client to be sure they receive a revised confirmation reflecting the changes. It is the responsibility of the client to make sure they receive confirmation in writing from Odyssey Transportation LLC verifying their canceled order.

Drivers will make every effort to have the coach cleaned and the washroom serviced. Trips which include the use of food and/or beverages on a vehicle must be approved prior to departure and may be subject to a \$375.00 damage/unusual cleaning deposit. Glassware is not allowed under any circumstance. It is the client's responsibility to obtain a release form from our office and return it signed prior to the charter date. Refunds are processed through management after the trip's completion. Any/all damage to the vehicle, caused by the charter party, will be charged by the carrier to the charter party. We ask that all passengers remain seated at all times. **TOTAL NUMBER OF PASSENGERS CANNOT EXCEED THE CAPACITY OF THE VEHICLE.** Odyssey Transportation LLC staff and/or the charter bus driver have the right to terminate a charter at anytime if they feel the equipment is being damaged in anyway due to excessive drinking, rowdiness, etc.

Odyssey Transportation, its' drivers or vendors are not responsible or liable for any item or bags that are stored or left on the equipment during or after the charter.

Cancellation Policy is as follows and will be strictly adhered to, regardless of the reason for cancellation:

- a) More than fourteen (14) days to departure - Full Refund
- b) Eight (8) to thirteen (13) days prior to departure - 35% cancellation fee per vehicle
- c) Three (3) to seven (7) days prior to departure - 50% cancellation fee per vehicle
- d) More than 24 hours to two (2) days prior to departure - 75% cancellation fee per vehicle
- e) Vehicles that are canceled within 24 hours of the pickup time - 100% cancellation fee per vehicle

Refunds will be issued in check form within thirty (30) days of the charter date. Refunded payments can be credited to any outstanding balance for the same program. Orders that meet a certain criteria will have the cancellation fees and schedules set by management. These orders most likely involve multiple vehicles or require our services for several consecutive days. Those orders that require these customized terms will be noted in the comments section of the contract, all others should follow the policy outlined above.

Cancellation of a certain type of equipment within the cancellation period, and replacement of that equipment with a different type of equipment, may result in a cancellation charge for the initially ordered equipment. In the case of chartered specialty equipment, such as Executive Coaches, (due to the uniqueness of this type of equipment), in the event of equipment failure, every attempt will be made to replace this equipment that is similar in nature.

Wait time: One-way transfers must be completed in a limited amount of time before they are reclassified as a charter.

**PLEASE SIGN AND RETURN**

Customer Signature: Date: \_\_\_\_\_





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
5/24/2017

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).

<b>PRODUCER</b> TIB Transportation Insurance Brokers 425 West Broadway, Suite 400 Glendale CA 91204		<b>CONTACT NAME:</b> Leah Miller <b>PHONE (A/C, No, Ext):</b> 818-246-2800 <b>FAX (A/C, No):</b> 818-246-4690 <b>E-MAIL ADDRESS:</b> Inmiller@tibinsurance.com	
		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> Penn Manufacturers Association	
		<b>INSURER B:</b>	
		<b>INSURER C:</b>	
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	

**INSURED** ODYSS-0  
Odyssey Transportation, LLC  
401 Host Dr. #101  
Lake Geneva WI 53147

**COVERAGES** **CERTIFICATE NUMBER:** 57793792 **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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <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 <input type="checkbox"/> OTHER:			3016010832451	12/10/2016	12/10/2017	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 \$1,000,000 \$
A	<input type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y		1516010832451	12/10/2016	12/10/2017	COMBINED SINGLE LIMIT (Ea accident) \$5,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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 respects to their interest in the operations of the named insured.

<b>CERTIFICATE HOLDER</b>  Wheaton Park District 1777 S. Blanchard Circle Wheaton IL 60189	<b>CANCELLATION</b>  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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