

NCVDMS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/10/2021

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	is certificate does not confer rights t							require an end	or semen	L. A 3	atement on	
	DUCER				CONTA NAME:	СТ						
American Highways Ins. Agency 3250 Interstate Drive Richfield, OH 44286						PHONE (A/C, No, Ext): (800) 935-2442 FAX (A/C, No): (330) 659-8912						
						E-MAIL ADDRESS: service@highwaysinsurance.com						
						INSURER(S) AFFORDING COVERAGE NAIC #						
						INSURER A : National Interstate Insurance Company					32620	
INSURED						INSURER B:						
Vandalia Bus Lines, Inc. 312 W. Morris PO Box 400 Caseyville, IL 62232					INSURER C:							
					INSURER D:							
					INSURER E :							
					INSURER F:							
СО	VERAGES CER	E NUMBER:	REVISION NUMBER:									
IN C	HIS IS TO CERTIFY THAT THE POLICI IDICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	REQU PER	IREMI TAIN,	ENT, TERM OR CONDITION THE INSURANCE AFFORM	N OF A	NY CONTRA	CT OR OTHER	R DOCUMENT WI'	TH RESPE	CT TO	WHICH THIS	
INSR LTR			SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		s		
	COMMERCIAL GENERAL LIABILITY						,,	EACH OCCURREN		\$		
	CLAIMS-MADE OCCUR							DAMAGE TO RENT PREMISES (Ea occ	ED	\$		
								MED EXP (Any one	· /	\$		
								PERSONAL & ADV	INJURY	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGRE	GATE	\$		
	POLICY PRO- DECT LOC							PRODUCTS - COM	P/OP AGG	\$		
Α	AUTOMOBILE LIABILITY					2/1/2021	2/1/2022	COMBINED SINGLI (Ea accident)	E LIMIT	\$	5,000,000	
	X ANY AUTO	X		XPP1114990-18				BODILY INJURY (P	er person)	\$		
	OWNED SCHEDULED AUTOS ONLY	^						BODILY INJURY (P	•			
	X HIRED X NON-OWNED AUTOS ONLY							PROPERTY DAMA (Per accident)		\$		
	AUTOS CINET							(i di ddeidein)		\$		
	UMBRELLA LIAB OCCUR							EACH OCCURREN	CE	\$		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$		
	DED RETENTION \$									\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER STATUTE	OTH- ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDE	NT	\$		
	OFFICER/MEMBER EXCLUDED?	N/A	1					E.L. DISEASE - EA	EMPLOYEE	\$		
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - PO	LICY LIMIT	\$		
Phy \$20, \$5,0 \$2,5	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC sical Damage Deductibles: 0000 per charter bus (> 29 PAX) - Compi 00 per van, limo, school, transit - Comp 00 per pp/service for Comprehensive/C	ehen orehe ollisi	sive, nsive on	Collision /\$10,000 per van, limo, sch	nool, tra	ınsit - Collisio	on					
CERTIFICATE HOLDER						CANCELLATION						
Parkway School District 455 N. Woods Mill Road Chesterfield, MO 63017						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						