

THE SCHOOL DISTRICT OF MONROE COUNTY, FLORIDA

CONTRACT SUMMARY ROUTING SHEET

SECTION ONE:

Contract with: V-Cole Enterprises Inc dba Super Holiday Tours
Contract value: \$49,999.00 Effective Date: October 1 2019
Budget Coding: Inter Acct Band & Choir 2080000 Expiration Date: October 1, 2020Inter

Contract Purpose/Description: Travel Planning Services to include transportation, lodging, meals, attractions, security and performance venues for the band program

End of year Field Trip / No cost to the District.

Contract Originator: Joe Dallas 50306
(Name) (Ext)

Reviewed by Dept Dir/Supv/ School Principal: Harry Russell

Executive Director of Originating Dept.: _____

SECTION TWO:

	<u>Date In</u>	<u>Reviewer Signature</u>	<u>Date Out</u>
1. <u>LEGAL:</u> <u>Comments:</u>	_____	_____	_____
2. <u>HR:</u> <u>Comments:</u>	_____	_____	_____
3. <u>RISK:</u> <u>Comments:</u>	_____	_____	_____
4. <u>FINANCE:</u> <u>Comments:</u>	_____	_____	_____
5. <u>INTERNAL SERVICES:</u> <u>Comments:</u>	_____	_____	_____



116 Gatlin Avenue
Orlando, FL 32806-6908
(407) 851-0060 or (800) 327-2116
jlaguna@superholiday.com
www.Facebook.com/SuperHolidayTours

SUGARLOAF MIDDLE SCHOOL
Especially Created for Joe Dallas
2020 FOUR DAYS/THREE NIGHTS CHICAGO PROPOSAL
Submitted: August 23, 2019

SUPER HOLIDAY TOURS will provide the following goods and services to and for each and every member of the **SUGARLOAF MIDDLE SCHOOL'S** traveling party:

- ★ Three nights lodging; **EMBASSY SUITES - Chicago Deerfield** (April 23 - 26, 2020)
- ★ Breakfast will be available at the hotel each morning
- ★ Dinner at **GINO'S EAST** (Chicago Styled Pizza)
- ★ Admission for a **BROADWAY STYLED Dinner and show at DRURY LANE THEATRE**
- ★ **Meal Voucher provided for Six Flags Theme Park**
- ★ Admission to **Six Flags Great America**
- ★ Admission to the **360 Chicago Observation Deck** including "TILT"
- ★ Admission to **ADLER PLANETARIUM** includes Show
- ★ Admission to the **MUSEUM OF SCIENCE & INDUSTRY + 1 Special Exhibit**
- ★ Visit the **NAVY PIER** includes **Snack voucher** and **1 Pier Ride of choice**
- ★ Free time at **Magnificent Mile**
- ★ All taxes included

SUPER HOLIDAY TOURS will provide the following additional goods and services to and for the **SUGARLOAF MIDDLE SCHOOL'S**:

- ★ **Exclusive services of a SUPER HOLIDAY TOUR REPRESENTATIVE**
- ★ **Local Chicago Transportation and Transportation to/from Sugarloaf**
- ★ **Super Holiday Tour Lanyards or Backpacks**
- ★ **Private Night watch Between The Hours of 11PM - 6AM**
- ★ **Two Directors Single Package FREE** (based on a minimum of 40 paying)
- ★ **Liability Insurance Coverage**

YOUR PER PERSON PACKAGE PRICES (Based on 40 paying passengers)

QUINT OCCUPANCY: \$978.00
TRIPLE OCCUPANCY: \$1,028.00
SINGLE OCCUPANCY: \$1,338.00

QUAD OCCUPANCY: \$998.00
DOUBLE OCCUPANCY: \$1,108.00

Mission Statement

We are committed to providing our clients a positive travel experience by dedicating ourselves to the highest quality of service.
We will achieve this by listening to our clients' needs and through our attention to detail.



www.superholiday.com

Appendix B: Standard Form Contract
THE SCHOOL DISTRICT OF MONROE COUNTY, FLORIDA

Contract for Goods & Services

This Contract entered into on the date last written below, by and between: V-Cole Enterprises, Inc. dba Spirit Holiday Tours (the "Contractor") and The School Board of Monroe County, Florida ("School Board" or "MCSB"), as contracting agent for the School District of Monroe County, Florida ("School District"). In consideration of the mutual covenants and benefits hereinafter set forth, the parties herein covenant and agree as follows:

1. TERM

The term of this Contract shall be from: (insert dates – contract may be for a school year)

October 1, 2019 to October 1, 2020.

This Contract may be renewed for a period that may not exceed three (3) years or the term set forth above, whichever period is longer. The compensation for the renewal term shall be determined prior to renewal of this contract and is subject to approval by the MCSB. Further, renewal of this contract is contingent upon a determination by the MCSB that the services have been satisfactorily performed, that the services are needed and upon availability of funds.

2. CONTRACTOR'S SERVICES

Contractor agrees to provide the following goods/services:

Travel Planning Services to include transportation,
lodging, meals, attractions, security and performance
venues for the band program

If documentation of the specific goods/services is attached, said documentation is labeled as Exhibit "A" to this Contract and is incorporated herein by reference. In the event of a conflict between the terms of this Contract and any exhibit, the terms of this Contract shall control, unless otherwise agreed in writing as an amendment pursuant to the terms for such as provided herein.

3. COMPENSATION

School Board shall pay Contractor the sum of \$49,999 (NTE-Not to exceed price) to provide said goods/services pursuant to this Contract. No payment shall be due until an invoice for the goods/services has been submitted for payment and the School Board verifies that all services

have been fully and satisfactorily completed. The School Board will make diligent efforts to verify and pay invoices within one (1) payment cycle after receipt. If alternate payment TERMS are required they must be outlined below.

4. INSURANCE

Contractor agrees to secure and maintain at all times during the term of this Contract, at Contractor's expense, insurance coverage, as laid out below, covering Contractor for all acts or omissions which may give rise to liability for services under this Contract. All Contractor staff are to be insured in minimum amounts acceptable to the Monroe County School Board and with a reputable and financially viable insurance carrier, naming The School Board of Monroe County, Florida as an additional insured. Such insurance shall not be cancelled except upon thirty (30) days written notice to the MCSB. Contractor shall provide MCSB with a certificate evidencing such insurance coverage within five (5) days after obtaining such coverage. Contractor agrees to notify MCSB immediately of any material change in any insurance policy required to be maintained by Contractor.

Contractor is required to obtain the following coverage, with documentation of having obtained such coverage being attached hereto as *Exhibit "B"*:

- ✓ **General Liability Insurance**
Amount: 4,000,000.00
- ✓ **Professional Liability Insurance**
Amount: 4,000,000.00
- ✓ **Vehicle Liability Insurance**
Amount: 5,000,000.00
- ✓ **Workers Compensation Insurance**
Amount: 500,000.00

5. COMPLIANCE WITH LAWS AND POLICIES

Contractor agrees to comply with all current Monroe County School Board Policies and all applicable local, state and federal laws, including laws pertaining to the confidentiality of student records and public records requests. Contractor agrees that MCSB has the right to unilaterally and immediately cancel this Contract upon refusal by Contractor to allow public access to all documents, papers, letters, or other material made or received by the Contractor in conjunction with the contract, unless the records are exempt from s.24(a) of Art. I of the State Constitution and s.119.07(1). Should cancellation be necessary under this clause, MSCB is required only to provide written notice to Contractor, effective upon receipt of notice, which shall be documented.

6. INDEPENDENT CONTRACTOR STATUS

The Contractor is, for all purposes arising under this Contract, an independent contractor. The Contractor and its officers, agents or employees shall not, under any circumstances, hold themselves out to anyone as being officers, agents or employees of the School/Department. No officer, agent or employee of the Contractor or School/Department shall be deemed an officer, agent or employee of the other party. Neither the Contractor nor School/Department, nor any officer, agent or employee thereof, shall be entitled to any benefits to which employees of the other party are entitled, including, but not limited to, overtime, retirement benefits, workers compensation benefits, injury leave, or other leave benefits.

7. BACKGROUND CHECKS/FINGERPRINTING

In accordance with the legislative mandate set out in sections 1012.32, 1012.465 and 435.04, Florida Statutes as well as with the requirements of HB 1877, The Jessica Lunsford Act, Contractor agrees that all of its employees and sub-contractors, including employees of sub-contractors, who provide or may provide services under this Contract have completed all background screening requirements through a Monroe County School Board designee pursuant to the above-referenced statutes. It is recognized and agreed that the provisions and exceptions relating to the dictates of The Jessica Lunsford Act, and codified at sections 1012.321, 1012.465, 1012.467 and 1012.468 of the Florida Statutes, shall apply to the requirements of this paragraph where so applicable.

Contractor agrees to bear any and all costs associated with acquiring the required background screenings. Contractor agrees to require all affected employees and sub-contractors to sign a statement, as a condition of employment with Contractor in relation to performance under this Contract, that the employee and/or sub-contractor will abide by the terms and notify Contractor/Employer of any arrest or conviction of any offense enumerated in section 435.04, Florida Statutes within forty-eight (48) hours of their occurrence. Contractor agrees to provide MCSB with a list of all employees and/or sub-contractors who have completed background screenings as required by the above-referenced statutes and that meet the statutory requirements contained therein. Contractor agrees that it has an ongoing duty to maintain and update these lists as new employees and/or sub-contractors are hired and in the event that any previously screened employee fails to meet the statutory standards. Contractor further agrees to notify MCSB immediately upon becoming aware that one of its employees or its sub-contractor's employees, who was previously certified as completing the background check, and meeting the statutory standards, is subsequently arrested or convicted of any disqualifying offense. Failure by Contractor to notify MCSB of such arrest or conviction within forty-eight (48) hours of being put on notice by the employee/sub-contractor and within 5 days of its occurrence shall constitute grounds for immediate termination of this contract by MCSB. The parties further agree that failure by Contractor to perform any of the duties described in their paragraph shall constitute a material breach of the contract entitling MCSB to terminate this Contract immediately with no further responsibility to make payment or perform any other duties under this Contract.

8. TERMINATION

A. WITHOUT CAUSE

This Contract may be terminated for any reason by either party upon thirty (30) days written notice to the other party at the addresses set forth below. If said Contract should be

terminated as provided in this paragraph of the Contract, the MCSB will be relieved of all obligations under said contract and the MCSB will only be required to pay that amount of the contract actually performed to the date of termination with no payment due for unperformed work or lost profits.

B. TERMINATION FOR BREACH

Either party may terminate this Contract upon breach by the other party of any material provision of this Contract, provided such breach continues for fifteen (15) days after receipt by the breaching party of written notice of such breach from the non-breaching party.

C. IMMEDIATE TERMINATION BY MCSB

School Board may terminate this Contract immediately upon written notice to Contractor (such termination to be effective upon Contractor's/Individual's receipt of such notice) upon occurrence of any of the following events:

- i. the denial, suspension, revocation, termination, restricting, relinquishment or lapse of any license or certification required to be held by the Contractor, or of any Company/Individual staff's professional license or certification in the State of Florida;
- ii. conduct by Contractor or any Company/Individual staff which affects the quality of services provided to the School Board or the performance of duties required hereunder and which would, in the School Board's sole judgment, be prejudicial to the best interests and welfare of the School Board and/or its students;
- iii. breach by Contractor or any Company/Individual staff of the confidentiality provisions of this Contract or the Family Educational Rights and Privacy Act (FERPA);
- iv. failure by Contractor to maintain the insurance required by the terms of this Contract.

9. ASSIGNMENT

Neither Contractor nor the Monroe County School Board may assign or transfer any interest in this Contract without the prior written consent of both parties. Should an assignment occur upon mutual written consent, this Contract shall inure to the benefit of and be binding upon the parties hereto and their respective heirs, representatives, successors and assigns.

10. AMENDMENT

This Contract may be amended only with the mutual consent of the parties. All amendments must be in writing and must be approved by the Monroe County School Board.

11. INDEMNIFICATION, GOVERNING LAW & VENUE

Contractor shall indemnify and hold harmless the Monroe County School Board from and against any and all claims, liabilities, damages, and expenses, including, without limitation, reasonable attorneys' fees, incurred by the MCSB in defending or compromising actions brought against it arising out of or related to the acts or omissions of Contractor, its agents, employees or officers in the provision of services or performance of duties by Contractor pursuant to this Contract.

This Contract shall be construed in accordance with the laws of the State of Florida. Any dispute arising hereunder is subject to the laws of Florida, venue in Monroe County, Florida. The prevailing party shall be entitled to reasonable attorney's fees and costs incurred as a result of any action or proceeding under this Contract.

12. REPRESENTATIONS, WARRANTIES & DEBARMENT

Contractor represents and warrants to the School Board, upon execution and throughout the term of this Contract that:

- A) Contractor is not bound by any Contract or arrangement which would preclude it from entering into, or from fully performing the services required under the Contract;
- B) None of the Contractor's agents, employees or officers has ever had his or her professional license or certification in the State of Florida, or of any other jurisdiction, denied, suspended, revoked, terminated and/or voluntarily relinquished under threat of disciplinary action, or restricted in any way;
- C) Contractor has not been convicted of a public entity crime as provided in F.S. §287.133, to wit: A person or affiliate who has been placed on the convicted vendor list following a conviction for public entity crime may not submit a bid, proposal, or rely on a contract to provide any goods or services to a public entity, may not submit a bid, proposal, or reply on a contract with a public entity for the construction or repair of a public building or public work, may not submit bids on leases of real property to public entity, may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with any public entity, and may not transact business with any public entity in excess of the threshold amount provided in Section 287.017, for CATEGORY TWO for a period of 36 months from the date of being placed on the convicted vendor list; and
- D) Contractor and Contractor's agents, employees and officers have, and shall maintain throughout the term of this Contract, all appropriate federal and state licenses and certifications which are required in order for Contractor to perform the functions, assigned to him or her in connection with the provisions of the Contract.
- E) The Vendor certifies that, neither the firm nor any person associated therewith in the capacity of owner, partner, director, officer, principal, investigator, project director, manager, auditor, and/or position involving the administration of federal funds:

- (i) Is not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions, as defined in 29 CFR Part 93, Section 98.510, by any federal department or agency;
- (ii) Has not within a three-year period preceding this certification been convicted of or had a civil judgment rendered against it for: commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a federal, state, or local government transaction or public contract; violation of federal or state antitrust statutes; or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- (iii) Has not within a three-year period preceding this certification had one or more federal, state, or local government public transactions terminated for cause or default.

13. CONFIDENTIALITY

Contractor recognizes and acknowledges that by virtue of entering into this Contract and providing services hereunder, Contractor, its agents, employees and officers may have access to certain confidential information, including confidential student information and personal health information. Contractor agrees that neither it nor any Contractor agent, employee or officer will at any time, either during or subsequent to the term of this Contract, disclose to any third party, except where permitted or required by law or where such disclosure is expressly approved by the Monroe County School Board in writing, any confidential student information, personal health information or other confidential/personally identifiable information. Contractor, its agents, employees and officers shall comply with all Federal and State laws and regulations and all Monroe County School Board policies regarding the confidentiality of such information.

14. BILLING

Bills for fees or compensation under this contract shall be submitted in detail sufficient for a proper pre-audit and post-audit thereof. Further, bills for any travel expenses shall be submitted in accordance with Florida Statute §112.061 where applicable.

15. THIRD-PARTY BILLING AND PAYMENT

To the extent applicable with regard to the services provided in this Contract, the Contractor shall cooperate with School Board representatives to determine the eligibility of a referred student for third-party benefits and to bill cooperatively the third-party for services provided to the referred student. Should the third-party decline to pay for billed services, or should the third-party only make partial payment for billed services, Contractor shall provide appropriate documentation to School Board and will assist the School Board in any administrative or appeals process regarding eligibility or payment as may be requested by the School Board. Contractor shall not be entitled to bill nor accept third-party payment without authorization of the School Board and Contractor agrees that School Board shall not be obligated to make any payment that exceeds the rate referred to in the paragraph governing Compensation. The Contractor shall provide service documentation in accordance with professional standards and School Board criteria as requested.

16. CONTRACT RECORDS RETENTION

Pursuant to Florida Statute 119.0701, contractor agrees to:

- (a) Keep and maintain public records that ordinarily and necessarily would be required by the School Board in order to perform the service.
- (b) Upon request from the School Board's custodian of public records, provide the School Board with a copy of the requested records or allow the records to be inspected or copied within a reasonable time at a cost that does not exceed the cost provided in this chapter or as otherwise provided by law.
- (c) Ensure that public records that are exempt or confidential and exempt from public records disclosure requirements are not disclosed except as authorized by law for the duration of the contract term and following completion of the contract if the contractor does not transfer the records to the School Board.
- (d) Upon completion of the contract, transfer, at no cost, to the School Board all public records in possession of the contractor or keep and maintain public records required by the School Board to perform the service. If the contractor transfers all public records to the School Board upon completion of the contract, the contractor shall destroy any duplicate public records that are exempt or confidential and exempt from public records disclosure requirements. If the contractor keeps and maintains public records upon completion of the contract, the contractor shall meet all applicable requirements for retaining public records. All records stored electronically must be provided to the School Board, upon request from the School Board's custodian of public records, in a format that is compatible with the information technology systems of the School Board.

Failure of Contractor to comply with this section and F.S. §119.0701 may include, but not be limited to, the School Board holding the contractor in default, termination of the contract or legal action.

IF THE CONTRACTOR HAS QUESTIONS REGARDING THE APPLICATION OF CHAPTER 119, FLORIDA STATUTES, TO THE CONTRACTOR'S DUTY TO PROVIDE PUBLIC RECORDS RELATING TO THIS CONTRACT, CONTACT THE CUSTODIAN OF PUBLIC RECORDS AT: Records@KeysSchools.com OR MAIL TO: MONROE COUNTY SCHOOL DISTRICT, ATTN: CUSTODIAN OF PUBLIC RECORDS, 241 TRUMBO ROAD, KEY WEST, FL 33040 OR CALL (305)293-1400).

17. ETHICS CLAUSE

Contractor warrants that he/it has not employed, retained or otherwise had act on his/its behalf any former Monroe County School District officer or employee. For breach or violation of this provision the Monroe County School District may, in its discretion, terminate this contract without liability and may also, in its discretion, deduct from the contract or purchase price, or otherwise recover the full amount of any fee, commission, percentage, gift or consideration paid to the former Monroe County School District officer or employee.

18. CONFLICT OF INTEREST

The following provisions shall apply for conflict of interest. Any violation of these provisions by a School District employee may be grounds for dismissal. No contract for goods or services may be made with any business organization in which the Superintendent or a School Board member has any material financial interest unless it is a single source or clear documentation exists to show that, no other supplier can provide the identical/comparable goods/service, at a lower cost to the School Board. No School Board member or officer, or School District officer or employee, may directly or indirectly purchase or recommend the purchase of goods or services from any business organization which they or their near relative have a material interest as defined by §112.313, Florida Statutes, except as allowed by DOE Interpretative Memorandum No. A-20. No School Board member, School District employee or official may receive gifts or any preferential treatment from vendors. Such members, officers, officials or employees shall not be prohibited from participating in any activity or purchasing program that is offered to all School District employees or in School District surplus sales, provided there is no preferential treatment.

19. SEVERABILITY

The parties recognize and agree that should any clause(s) herein be held invalid by a Court of competent jurisdiction, the remaining clauses shall not be affected and shall remain of full force and effect.

20. COUNTERPARTS

This Contract may be executed in one or more counterparts, all of which together shall constitute only one Contract.

21. WAIVER

A waiver by either party of a breach or failure to perform hereunder shall not constitute a waiver of any subsequent breach or failure to perform. Any waiver of insurance requirements as provided by this Contract and/or the policies of the School Board does not relieve the Contractor of the indemnification provisions contained within this Contract.

22. CAPTIONS

The captions contained herein are used solely for convenience and shall not be deemed to define or limit the provisions of this Contract.

23. ENTIRE CONTRACT

The parties hereto agree that this is the final Contract between the parties and supercedes any and all prior Contracts and/or assurances, be it oral or in writing.

24. LIQUIDATED DAMAGES

Contractor agrees to complete the services covered by this agreement prior to the contract expiration date listed in Section I entitled "TERMS." In the event that the services are not completed by the expiration date, Contractor hereby agrees to pay damages of no less than \$_____ per day/week/month for each day/week/month the services remain incomplete after the expiration of the contract.

25. NOTICES

All notices required by this Contract, unless otherwise provided herein, by either party to the other shall be in writing, delivered personally, by certified or registered mail, return receipt requested, or by Federal Express or Express Mail, and shall be deemed to have been duly given when delivered personally or when deposited in the United States mail, postage prepaid, addressed as follows:

Monroe County School Board:
Superintendent
Monroe County School District
241 Trumbo Road
Key West, FL 33040

With a copy to District Counsel
Vernis & Bowling of the Florida Keys, P.A.
81990 Overseas Hwy, 3rd Floor
Islamorada, FL 33036

Contractor:
V-Cole Enterprises, Inc.
dbo Super Holiday Tours
116 GATTIN Ave. Island, FL 32806

IN WITNESS WHEREOF, the parties have executed this Contract on this 11th day of September, 2019.

SIGNATURE OF CHAIRPERSON OF THE BOARD (CONTRACTS OVER \$25,000)

DATE

SIGNATURE OF SUPERINTENDENT

DATE

SIGNATURE OF CONTRACTOR/REPRESENTATIVE

9/11/2019
DATE

PRINT NAME AND TITLE

**MONROE COUNTY SCHOOL DISTRICT
BUSINESS/PERSONAL RELATIONSHIP DISCLOSURE AFFIDAVIT**

I, Jennifer Laguna of the City/Township/Parrish of Orlando State of Florida and according to law on my oath, and under penalty of perjury, depose and say that:

1) I am the authorized representative of the company or entity making a proposal for a project described as follows:
Name of company/vendor: V-Code Enterprises, Inc. dba Super Holiday Tours
Nature of services presently being offered to School District: Travel Services, logistical planning

2) X I have (OR) X I have not at any time prior to this application, had a business relationship with any employee or board member of the School District of Monroe County, Florida.

IF YOU ANSWER I HAVE: Please list details of the relationship including the employee or board member's name with whom you have done business, the type of work that was performed and the years worked. _____

3) X I have (OR) X I DO NOT have a personal relationship (this includes family) with an employee of OR a board member of the School District of Monroe County, Florida.

IF YOU ANSWER I HAVE: Please list details of the relationship including the employee(s) or board member(s) name with whom you are related, and your ties to that person (spouse, mother, brother, cousin, or related by marriage, partners, etc.) _____

The statements contained in this affidavit are true and correct, and made with full knowledge that The School Board of Monroe County, Florida, relies upon the truth of the statements contained in this affidavit in awarding contracts for the subject project. I hereby agree to keep the School District of Monroe County, Florida, informed of any change to the information contained herein. I further understand and agree that discovery of any undisclosed relationship can and will lead to termination of any ongoing contracts, and may potentially lead to me being banned from conducting future business with the school district.

9/11/2019
Date

[Signature]
(Signature of Authorized Representative)

STATE OF Florida
COUNTY OF Orange

PERSONALLY APPEARED BEFORE ME, the undersigned authority, Heather Skiver who, X being personally known, X or having produced _____ as identification, and after first being sworn by me, affixed his/her signature in the space provided above on this 11th day of September 2019.

Heather Sue Skiver
NOTARY PUBLIC

5-13-2022
My commission expires:



SUGARLOAF MIDDLE SCHOOL
CONTRACT SUBMITTED BY SUPER HOLIDAY TOURS

AIRFARE ADDENDUM
SUGARLOAF MIDDLE SCHOOL
DATED: August 23, 2019

SUPER HOLIDAY TOURS further agrees to provide round-trip airfare, Ft. Lauderdale – Chicago, at the following negotiated fare:

FARE: \$ 298.38 (Included in package pricing)

**** Current International Taxes, federal excise tax, passenger facility charges, fuel surcharges or any other fees are not guaranteed and are subject to change.**

SUPER HOLIDAY TOURS is currently holding 55 seats with American Airlines. The schedule is as follows, and is subject to change at the sole discretion of the quoting airline.

<u>AIRLINE/FLIGHT</u>	<u>DATE</u>	<u>DEPARTING</u>	<u>ARRIVING</u>	<u>TIMES</u>
#2379	4/23/20	Ft. Lauderdale	OHARE	11:50A - 2:12P
#687	4/26/20	OHARE	Ft. Lauderdale	10:10A - 2:15P

Deposit of \$50.00 PER SEAT NON-REFUNDABLE, is due on or before November 15, 2019. You must deposit the seats that you are needing to ticket. You MUST ticket ALL the seats deposited or forfeit the deposit

FINAL PAYMENT AND NAMES ARE DUE BY February 20, 2020 . TSA requires full legal name as it appears on the government-issued photo ID they intend to travel with, along with their date of birth, gender. After ticketing any name changes will be charged a change fee as determined by the airlines.

If at any time the group is unable to meet any of the above deadlines or conditions, the seats will be canceled by the Airline and the deposit will be forfeited.

Checked Bag Policy:

Please refer to your airline's website for information on checked baggage charges and policies and restrictions. Note that the current fare quoted by American Airlines INCLUDES 1 Carry on Bag Each Way (bags must meet weight and size restrictions). Baggage fees are \$30 each 1st Bag and \$40 2nd Checked Bag subject to change at the discretion of the airline carrier. Super Holiday Tours does not have authority to waive baggage fees.

Initial _____

AIRFARE ADDENDUM
DATED: August 23, 2019

Traveler's Protection:

SUPER HOLIDAY TOURS HIGHLY SUGGEST THAT YOU PURCHASE ADDITIONAL TRAVEL PROTECTION

CONSUMER DISCLOSURE NOTICE: Please read the Terms & Conditions carefully, as your signing the contract and/or deposit payment on a trip signifies acceptance of the Terms & Conditions and the general information provided with the proposal. These trips are arranged by V-Cole Enterprises, Inc. dba Super Holiday Tours (hereinafter "SHT"). It has made the travel arrangements as agent for the transportation carriers and other suppliers (SUPS) of services connected with the tour, all of which are independent contractors. SHT in no way owns or operates the vehicles or facilities to be used during the trip, and does not guarantee performance by, or assume responsibility for the acts and/or omissions of SUPS, their employees, agents, etc. All bookings are accepted subject to the conditions imposed by SUPS & SHT, including, but not limited to, the airline, cruise line, rail, coach, hotel, restaurants, insurance & other companies, firms or person concerned with the trip. Super Holiday Tours shall not be responsible for, and shall make no refund for, events beyond its control, such as, without limitation, acts of God, strikes, acts of war, terrorism or civil disturbance, government restrictions, or for acts or omission of persons or companies not controlled by Super Holiday Tours, such as, without limitation air carriers, bus companies, railways and hotels, or for elements of the package not used by the customer. Super Holiday Tours and its officers, employees, and agents are hereby released from all claims arising out of such events, acts, or omissions. If there is a difference between SHT conditions and those published by a SUP, the conditions of SUP shall apply. The Group accepts responsibility for all property or monetary damages caused by its members to the hotels, Bus Company, or other property. Price quoted is per person quad occupancy, unless noted otherwise, and the price is subject to adjustment if the number of participants varies significantly from the estimated number. SHT reserves the right to cancel a trip, change the itinerary or adjust rates whenever in its sole judgment conditions warrant, or if SHT deems it necessary for your comfort, convenience or safety. SHT reserves the right to correct an error in the advertised price prior to your departure. Trips outside the USA require a valid U.S. passport or other acceptable forms of citizenship proof. You are responsible for and release SHT from passport, visa, vaccination requirements and safety conditions in travel destinations. SHT strongly recommends you purchase additional travel/medical/baggageprotection for the trip. For medical info., call Public Health at 301/443-2403, and for travel advisories State Dept. at 202/647-5225. A contract is made when your reservation and payment are accepted by SHT in SHT home office in Orlando, Florida and any disputes shall be governed by Florida law and are subject to exclusive jurisdiction and venue in Orange County, FL. SHT is registered with the State of Florida as a Seller of Travel, Registration no. 13558. In calculating the cost of your trip, SHT has relied on your consent to these terms and in the absence of this release, the trip cost would have been higher. SHT phone 407/851-0060, fax 407/851-0071.

The undersigned representative of Group has authority to enter into this contract and has read and understands this contract and Group accepts the terms and conditions as written. The undersigned representative of Group takes full responsibility in communicating this information to students, parents, and other members of the Group, and understands that the Group's participation in a tour provided by Super Holiday Tours may be jeopardized if he/she fails to do so.

Group:

School: _____

Director: _____

Date: _____

Signature: _____

Super Holiday Tours

Name: _____

Signature: 

Date: _____

SUGARLOAF MIDDLE SCHOOL
CONTRACT SUBMITTED BY SUPER HOLIDAY TOURS

Payment Schedule and Terms based on 40 passengers

- \$100.00 per person deposit to accompany executed copy of agreement **DUE BY NOVEMBER 12, 2019** to confirm group reservations.
- \$150.00 Per person deposit **DUE BY DECEMBER 9, 2019**
- \$250.00 Per person deposit **DUE BY FEBRUARY 17, 2020**
- Rooming list **DUE BY MARCH 3, 2020**
- Balance **DUE BY MARCH 17, 2020**

**Payments may be made with an organization check, cashier's check or money order. Credit card payments may be made with our online web link with Mastercard, Visa and Discover. Please note there will be a 3.5% processing fee for credit card payments. We CANNOT accept credit card numbers by phone. Trip components will be withheld or cancelled pending receipt of any outstanding balance. N.B. Late payments may cause auto cancellation of your booking and charges will apply.

Cancellation/Changes

All Cancellations and changes in number of attendees must be made in writing, indicating reason of cancellation, dated and signed by the Group Leader. Upon receipt of written notification of changes in number of attendees (individual cancellations), or entire group cancellation, charges will be applied as follows:

Nov. 12- Dec. 8, 2019	\$50.00 per person cancellation fee
DEC. 9 - FEB. 16, 2020	\$100.00 per person cancellation fee
FEB. 17 - MARCH 2, 2020	\$150.00 per person cancellation fee
MARCH 3 - 17, 2020	\$200.00 per person cancellation fee
Less than 30 days	NO REFUNDS

Please Note: ALL admission tickets are issued as "Non-Refundable and Non-Transferable" by suppliers. Super Holiday Tours strongly suggest that ALL individuals in groups purchase traveler's insurance.

Travel Protection:

The **Student Protection Plan** has been purchased on behalf of all travelers:

SUPER HOLIDAY TOURS has purchased the Student Protection Plan on behalf of all travelers, which helps protect you after departure.

There is no coverage for Trip Cancellation with the plan that has been purchased on your behalf. However, we offer an optional plan that offers more extensive benefits. If interested in the optional Student Deluxe Plan with or without Cancel For Any Reason (CFAR)*, please contact Travel Insured International at 1-800-243-3174 or view and purchase a plan through the following link: www.travelinsured.com/agency?agency=53006

A copy of the Plan Document will be provided. *CFAR is not available to residents of NY

This document contains highlights of the plans. The plans contain insurance benefits underwritten by the United States Fire Insurance Company. The plans also contain non-insurance Travel Assistance Services that are provided by an independent organization. Coverages may vary and not all coverage is available in all jurisdictions.

PHOTO WAIVER

Super Holiday Tours is given all rights to use photos that may be taken of a group or individual by Super Holiday Tours or a representative of Super Holiday Tours during a Super Holiday Tours trip.

SUGARLOAF MIDDLE SCHOOL
CONTRACT SUBMITTED BY SUPER HOLIDAY TOURS

CONSUMER DISCLOSURE NOTICE: Please read the Terms & Conditions carefully, as you're signing the contract and or deposit payment on a trip signifies acceptance of the Terms & Conditions and the general information provided with the proposal. These trips are arranged by V-Cole Enterprises, Inc. dba Super Holiday Tours (hereinafter "SHT"). It has made the travel arrangements as agent for the transportation carriers and other suppliers (SUPS) of services connected with the tour, all of which are independent contractors. SHT in no way owns or operates the vehicles or facilities to be used during the trip, and does not guarantee performance by, or assume responsibility for the acts and or omissions of SUPS, their employees, agents, etc. All bookings are accepted subject to the conditions imposed by SUPS & SHT, including, but not limited to, the airline, cruise line, rail, coach, hotel, restaurants, insurance & other companies, firms or person concerned with the trip. Super Holiday Tours shall not be responsible for, and shall make no refund for, events beyond its control, such as, without limitation, acts of God, strikes, acts of war, terrorism or civil disturbance, government restrictions, or for acts or omission of persons or companies not controlled by Super Holiday Tours, such as, without limitation air carriers, bus companies, railways and hotels, or for elements of the package not used by the customer. Super Holiday Tours and its officers, employees, and agents are hereby released from all claims arising out of such events, acts, or omissions. If there is a difference between SHT conditions and those published by a SUP, the conditions of SUP shall apply. The Group accepts responsibility for all property or monetary damages caused by its members to the hotels, Bus Company, or other property. The Group will assume all risks of personal injury which may be suffered, incurred or caused during the trip and hereby releases SHT and its officers, employees and agents from all claims arising out of loss or injury. Price quoted is per person quad occupancy, unless noted otherwise, and the price is subject to adjustment if the number of participants varies significantly from the estimated number. SHT reserves the right to cancel a trip, change the itinerary or adjust rates whenever in its sole judgment conditions warrant, or if SHT deems it necessary for your comfort, convenience or safety. SHT reserves the right to correct an error in the advertised price prior to your departure. Trips outside the USA require a valid U.S. passport or other acceptable forms of citizenship proof. You are responsible for and release SHT from passport, visa, vaccination requirements and safety conditions in travel destinations. SHT strongly suggests you purchase the optional Travel Protection Plan for the trip. For medical info., call Public Health at 301-443-2403, and for travel advisories State Dept. at 202-647-5225. A contract is made when your reservation and receipt of initial payment are accepted by SHT in SHT home office in Orlando, Florida and any disputes shall be governed by Florida law and are subject to exclusive jurisdiction and venue in Orange County, FL. SHT is registered with the State of Florida as a Seller of Travel, Registration no. 13558. In calculating the cost of your trip, SHT has relied on your consent to these terms and in the absence of this release, the trip cost would have been higher. SHT phone 407/851-0060, fax 407 851-0071.

The undersigned representative of Group has authority to enter into this contract and has read and understands this contract and Group accepts the terms and conditions as written. The undersigned representatives of Group takes full responsibility in communicating this information to students, parents, and other members of the Group, and understands that the Group's participation in a tour provided by Super Holiday Tours may be jeopardized if he she fails to do so.

Group:

School: _____

Director: _____

Date: _____

Signature: _____

Super Holiday Tours

Name: _____

Signature:  _____

Date: _____

**SUGARLOAF MIDDLE SCHOOL
WORKING ITINERARY
SUBMITTED BY SUPER HOLIDAY TOURS**

THURSDAY, APRIL 23, 2020

- Depart **Orlando International Airport** on mid-morning (everyone meet at airport at 11:50 AM)
- Arrive **Chicago OHARE International Airport** and proceed to baggage claim area
- Meet your **SUPER HOLIDAY REPRESENTATIVE** at baggage claim area
- Local **MOTORCOACH TRANSPORTATION WILL PICK-UP GROUP**
- **Hotel check-in**
- Free for shopping and exploring **MAGNIFICENT MILE**
- Depart for dinner and show **DRURY LANE THEATRE** (show TBD)
- Return to hotel

FRIDAY, APRIL 24, 2020

- Breakfast will be provided by hotel
- Depart to **MUSEUM of SCIENCE and INDUSTRY** includes Special exhibit
- Depart to **NAVY PIER** for Lunch plus Ride of Choice , Free time for some souvenir shopping
- Depart to **ADLER PLANETARIUM** includes Imax Show of Choice
- Depart to **OBSERVATION DECK 360**(John Hancock Building) includes the **TILT**
- Depart to Dinner - **GINO'S EAST** - Chicago Style Pizza for Dinner
- Return to the hotel

SATURDAY, APRIL 25, 2020

- Breakfast will be available at the hotel
- Depart to **SIX FLAGS GREAT AMERICA**
- **Lunch on own**
- Meal Voucher included for Dinner
- **Park Closing - Return to the hotel**

SUNDAY, APRIL 26, 2020

- Breakfast will be available at the hotel
- **PACK - LOAD CHECK OUT**
- **Depart for the airport at 7:30am**
- **American Airlines flight departs at 10:10 A.M.**
- **Arrival home - Ft Lauderdale Airport 2:15 P.M.**

Certificate of Insurance Travel Agents and Tour Operators Professional Liability Insurance



UNDERWRITTEN BY
Steadfast Insurance Company

This is to certify that the insurance policies specified below have been issued by Steadfast Insurance Company to the insured named herein and that, subject to their provisions, exclusions and conditions, such policies afford the coverages indicated insofar as such coverages apply to the occupation or business of the Named Insured as stated.

Named Insured: Super Holiday Tours
Address: 116 Gatlin Avenue
Orlando, FL 32806
Location of Operations: Worldwide
Type of Work Covered: Travel Agency and Tour Operations

Policy Number EOL5332754-14		
Policy Period: From: 06/15/2019 To: 06/15/2020		
12:01 A.M. : standard time at the address of the named insured as stated herein.		
Coverages:	Limits of Liability	
A. Bodily Injury and Property Damage (except automobile)	Each Occurrence	\$4,000,000
B. Bodily Injury and Property Damage Automobile (except owned automobile)	Each Occurrence	\$4,000,000
C. Professional Liability	Each Negligent Act or Negligent Omission	\$4,000,000
D. Personal Injury	Each Offense	\$4,000,000
General Aggregate Limit		\$4,000,000
Fire Legal Liability (if applicable)	Any One Fire	\$100,000

Effective Date: June 15, 2019

This Certificate Issued To

The Monroe County School District
Attn: Sally Smith
241 Trumbo Road
Key West, FL 33040

Steadfast Insurance Company

Print Date: June 20, 2019

Countersignature:
(if required by law)

[Signature]
Authorized Representative

As of the effective date noted above, certificate holder is included as an additional insured but only with respect to the operations of the Named Insured in connection with the travel and/or tour services provided.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/20/2019

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

Jefferson-Allsopp Inc.
P. O. Box 3667

Lakeland FL 33802-3667

INSURED

V-Cole Enterprises, Inc., DBA: Super Holiday Tours
116 Gatlin Ave

Orlando FL 32806

CONTACT NAME: Lisa Lund

PHONE (A/C No. Ext): (863) 688-7591

FAX (A/C No.): (863) 688-8417

E-MAIL: llund@jefferson-allsopp.com

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: Bridgefield Casualty / Summit

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

COVERAGES

CERTIFICATE NUMBER: 19-20

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.

PROD LTR	TYPE OF INSURANCE	ADOL INSD	INSUR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY						
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						EACH OCCURRENCE \$
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$
							MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
							GENERAL AGGREGATE \$
							PRODUCTS - COMPROP AGG \$
							\$
	GEN'L AGGREGATE LIMIT APPLIES PER						
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
	OTHER						
	AUTOMOBILE LIABILITY						
	<input type="checkbox"/> ANY AUTO						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	DED RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A	19632169	4/1/2019	4/1/2020	X PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$ 500,000
							E.L. DISEASE - EA EMPLOYEE \$ 500,000
							E.L. DISEASE - POLICY LIMIT \$ 500,000

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

CERTIFICATE HOLDER

THE MONROE COUNTY SCHOOL DISTRICT
241 TRUMBO ROAD
KEY WEST, FL 33040

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

Mark Martin/TIER



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/2/2019

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
TIB Transportation Insurance Brokers
425 West Broadway, Suite 300
Glendale CA 91204

CONTACT NAME: Marcie Ramos
PHONE (A/C, H/F, Ext): 818-246-2800 FAX (A/C, H/F): 818-246-4680
E-MAIL: mramos@tibinsurance.com
ADDRESS: mramos@tibinsurance.com

INSURED
Express Transportation, Inc.
9572 Sidney Hayes Road #103
Orlando FL 32824-8121

EXTRA-CES

INSURER(S) AFFORDING COVERAGE NAIC #
INSURER A: National Interstate Company 32620
INSURER B:
INSURER C:
INSURER D:
INSURER E:
INSURER F:

COVERAGES

CERTIFICATE NUMBER: 118656681

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	ADOL SUBR INSC WRD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER	Y	YPP131548016	5/1/2019	5/1/2020	EACH OCCURRENCE \$ 5,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 5,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ 5,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO AL OWNED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS	Y	YPP131548016	5/1/2019	5/1/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/> CLAIMS-MADE		YEX131548002	5/1/2019	5/1/2020	EACH OCCURRENCE \$ AGGREGATE \$ 2,000,000 \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROP ETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N <input type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below		YWC131548011	5/1/2019	5/1/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E L EACH ACCIDENT \$ 1,000,000 E L DISEASE - EA EMPLOYEE \$ 1,000,000 E L DISEASE - POLICY LIMIT \$ 1,000,000

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.

CERTIFICATE HOLDER

Super Holiday Tours
116 Gatlin Avenue
Orlando, FL 32806

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

© 1988-2014 ACORD CORPORATION. All rights reserved.

Request for Taxpayer Identification Number and Certification

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the
requester. Do not
send to the IRS.

Print or type.
See specific instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. V-COLE ENTERPRISES, INC	
2 Business name/disregarded entity name, if different from above DBA SUPER HOLIDAY TOURS	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ► _____ <input type="checkbox"/> C Corporation <input checked="" type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	
4 Exemptions (codes apply only to certain entities, not individuals, see instructions on page 3) Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ APPLICABLE TO ACCOUNTS MAINTAINED OUTSIDE THE U.S.	
5 Address (number, street, and apt. or suite no.) See instructions. 116 GATLIN AVENUE	Requester's name and address (optional)
6 City, state, and ZIP code ORLANDO, FL 32806	
7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see What Name and Number To Give the Requester for guidelines on whose number to enter.

Social security number									
				-					
Or									
Employer identification number									
5	9	-	3	0	6	8	5	1	0

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign
Here

Signature of
U.S. person ►

Sharon E Edwards

Date ►

9/11/2019

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.