

## **Tumbleweed Transportation**

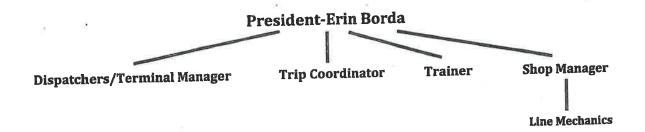
Dedicated to Safety and Service

## City of Hermosa Beach - Transportation Services for Kindergarten

A. Section 1 – Provider Contact Information Tumbleweed Transportation P.O. Box 49291 Los Angeles, CA 90049 310-444-3232

Erin Borda
President
erin@tumbleweedtransportation.com

B. Section 2 – Provider Organizational Structure and Company Information Flow Chart Below



Tumbleweed Transportation was started with 1 bus in 1994 and now operates 185 school buses in Los Angeles, South Bay and San Fernando Valley. Primarily, our focus is on small School Districts, private schools and small organizations. Our focus is on customer service with friendly drivers and on time service. We have consciously grown the business to its current size and have no desire to be any larger as we feel we cant provide the customer care if any bigger. Currently, 135 home to school routes are in operation during the school year with about 40 buses doing field trip and sports trip work every day.

Post Office Box 49291, Los Angeles, California 90049 T (310) 444-3232 F (310) 444-3230 www.tumbleweedtransportation.com

## C. Section 3 – Provider Fleet Inventory

All vehicles in Tumbleweed Transportation's fleet are certified School Buses inspected by the California Highway Patrol.

All vehicles have "A" inspections performed every 45 days or 3000 miles. Every 7,000 miles an outside vendor performs a 200 point inspection and oil and filter changes occur. This is done so that an outside set of eyes inspects our buses and adds a layer of assurance that the buses are in safe order.

All other major repairs are performed by our shop mechanics or sent to a dealer if necessary.

#### D. Section 4 – Driver Information

All Tumbleweed Transportation drivers are Certified School Bus Drivers holding a Commercial Class B license with a Passenger Endorsement. In addition, each driver carries a valid First Aid Card.

Each driver will have a uniform shirt with the Tumbleweed Transportation logo. Drivers may wear a blue or black pant with closed toe shoes.

On a monthly basis, each driver is required to attend in service training. The training pertains to many topics but they may include passenger loading, proper space distance and many other topics to promote safe driving.

- E. Insurance Requirements See Attached Certificate
- F. References
  - 1. Torrance USD Teresa Ollom 310-972-6500
  - 2. Beverly Hills USD Dianne Richard 310-551-5100
  - 3. Brentwood School 310-476-9633 Elizabeth Stocks

G. Compensation for Services \$175 per day from 11 AM to 1 PM as needed



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/15/2018

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 this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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PRODUCER		CO	NTACT N	orah Jacobo			
Commercial Lines - 213-253-6700				213.337.6355	FAX (A/C, No	o):	
USI Insurance Services National, Inc.	- CA Lic#: 0D08408	E-M ADI	E-MAIL ADDRESS: norah.jacobo@usi.com				
777 South Figueora St, Ste 2100	outh Figueora St, Ste 2100		HOVENDERSY.	NAIC#			
Los Angeles, CA 90017	INS	URER A :	16608				
INSURED	INS	INSURER B: New Hampshire Insurance Co.					
Tumbleweed Educational Enterprises,	INS	URER C:					
P.O. Box 49291		INS	URER D :				
	INS	INSURER E :					
Los Angeles, CA 90049-0291		INS	URER F :				
COVERAGES	CERTIFICATE NUMBER:	13165833		RE	VISION NUMBER:	See below	

COVERAGES

CERTIFICATE NUMBER: 13165833

REVISION NUMBER: See below

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,

NSR TR		TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
A	ХС	COMMERCIAL GENERAL LIABILITY	Х	1	GLO201800011850	5/1/2018	5/1/2019	EACH OCCURRENCE	s	1,000,000
	CLAIMS-MADE X OCCUR		^		GEO201000011030	3/1/2010	0.1.2010	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
1								MED EXP (Any one person)	\$	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN'I	AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:							\$	
Α	_	MOBILE LIABILITY	Х		AU201800015532	5/1/2018	5/1/2019	COMBINED SINGLE LIMIT (Ea accident)	\$	5,000,000
`	ANY AUTO OWNED AUTOS ONLY HIRED  X SCHEDULED AUTOS AUTOS NON-OWNED				7.0201000010002			BODILY INJURY (Per person)	\$	
			l i					BODILY INJURY (Per accident)	\$	
								PROPERTY DAMAGE (Per accident)	\$	
		AUTOS ONLY							\$	
	T	JMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
	E	EXCESS LIAB CLAIMS-MADE						AGGREGATE	s	
	7	DED RETENTIONS							s	
	WORK	ERS COMPENSATION		X	15893882	06/30/2017	06/30/2018	PER STATUTE ER		
_	AND EMPLOYERS' LIABILITY  ANYPROPRIETOR/RATNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	7 1000002			E.L. EACH ACCIDENT	s	1,000,000	
								E.L. DISEASE - EA EMPLOYEE	\$	1,000,000
								E.L. DISEASE - POLICY LIMIT	\$	1,000,000
A		Physical Damage			AU201800015532	5/1/2018	5/1/2019	Deductible \$2,000 Comprehensi	ve Deduct	ible \$2,000 Coll

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

Certificate holder is named as additional insured as it relates to general & auto liability and loss payee regarding auto liability regarding all vehicles under contract with the named insured and in accordance with the terms and conditions of the policy.

CERTIFICATE HOLDER	CANCELLATION
Community Resources Department City of Hermosa Beach 710 Pier Avenue	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Hermosa Beach, CA 90254	AUTHORIZED REPRESENTATIVE  Grandson

Policy Number: GL201800011850

COMMERCIAL GENERAL LIABILITY GL 0233 1013

## THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## BLANKET ADDITIONAL INSURED

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

#### 1. Additional Insured

Paragraph 2. of Section II – Who Is An Insured is amended by the addition of the following:

- e. Any person or organization is included as an additional insured, but only to the extent such person or organization is held liable for "bodily injury", "property damage" or "personal and advertising injury" caused by your acts or omissions. With respect to the insurance afforded to such insured, all of the following additional provisions apply:
  - (1) You and such person or organization have agreed in a written "insured contract" that such person or organization be added as an additional insured under this policy;
  - (2) The "bodily injury", "property damage" or "personal and advertising injury" for which said person or organization is held liable occurs subsequent to the execution of such "insured contract";
  - (3) The most we will pay is the lesser of either the Limits of Insurance shown in the Declarations or the Limits of Insurance required by the "insured contract";
  - (4) Such person or organization is an insured only with respect to:
    - (a) Their ownership, maintenance, or use of that part of the premises, or land, owned by, rented to, or leased to you, except such person or organization is not an insured with respect to structural alterations, new construction or demolition operations performed by or on behalf of such person or organization;
    - (b) Your ongoing operations performed for that insured;
    - (c) Their financial control of you, except such person or organization is not an insured with respect to structural alterations, new construction or demolition operations performed by or on behalf of such person or organization;
    - (d) The maintenance, operation or use by you of equipment leased to you by such person or organization;
    - (e) Operations performed by you or on your behalf and for which a state or political subdivision has issued a permit, provided such operations are not performed for such state or political subdivision, and are not included within the "products-completed operations hazard";
  - (5) This insurance does not apply to "bodily injury", "property damage", "personal and advertising injury", "occurrence" or offense:
    - (a) Which takes place at a particular premise after you cease to be a tenant of that premises;
    - (b) Which takes place after all work, including materials, parts or equipment furnished in connection with such work to be performed by or on behalf of the additional insured at the site of the covered operations, has been completed;
    - (c) Which takes place after that portion of "your work" out of which the injury or damage arises has been put to its intended use by any other person or organization other than another contractor or subcontractor engaged in performing operations for a principal as part of the same project;
    - (d) Which takes place after the expiration of any equipment lease to which (4)(d) above applies;

- (6) With respect to architects, engineers or surveyors, coverage does not apply to "bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering or failure to render any professional services by or for you, including:
  - (a) The preparing, approving, or failing to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders, or drawings and specifications;
  - (b) Supervisory, inspection, architectural or engineering services.

However, if an Additional Insured endorsement is attached to this policy that specifically names a person or organization as an insured, then this subsection **2.e.** does not apply to such person or organization.

#### POLICY NUMBER: AU201800015532

### THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

# DESIGNATED INSURED FOR COVERED AUTOS LIABILITY COVERAGE

This endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM BUSINESS AUTO COVERAGE FORM MOTOR CARRIER COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by this endorsement.

This endorsement identifies person(s) or organization(s) who are "insureds" for Covered Autos Liability Coverage under the Who Is An Insured provision of the Coverage Form. This endorsement does not alter coverage provided in the Coverage Form.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Named Insured: Tumbleweed Educational Enterprises Inc DBA: Tumbleweed Transportation

**Endorsement Effective Date:** 05/01/2018

#### **SCHEDULE**

#### Name Of Person(s) Or Organization(s):

Any person or organization whom you are required to add as a designated insured on this policy under a written contract or written agreement; but the written contract or written agreement must be:

- 1. Currently in effect or becoming effective during the term of this policy; and
- 2. Executed prior to the "accident" or event.

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Each person or organization shown in the Schedule is an "insured" for Covered Autos Liability Coverage, but only to the extent that person or organization qualifies as an "insured" under the Who Is An Insured provision contained in Paragraph A.1. of Section II — Covered Autos Liability Coverage in the Business Auto and Motor Carrier Coverage Forms and Paragraph D.2. of Section I — Covered Autos Coverages of the Auto Dealers Coverage Form.

#### BLANKET WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

This endorsement changes the policy to which it is attached effective on the inception date of the policy unless a different date is indicated below.

(The following "attaching clause" need be completed only when this endorsement is issued subsequent to preparation of the policy).

This endorsement, effective 12:01 AM 06/30/2017

forms a part of Policy No. WC

015-89-3882

Issued to TUMBLEWEED EDUCATIONAL ENTERPRISES, INC

By NEW HAMPSHIRE INSURANCE COMPANY

We have a right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against any person or organization with whom you have a written contract that requires you to obtain this agreement from us, as regards any work you perform for such person or organization.

The additional premium for this endorsement shall be 2.00 % of the total estimated workers compensation premium for this policy.

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Countersigned by \_ \_ \_ \_ \_ \_ \_