


STATE OF NEW JERSEY - DEPARTMENT OF EDUCATION
Office of Student Transportation
2013-2014 PARENTAL CONTRACT FOR STUDENT TRANSPORTATION

Board of Education of **BLACK HORSE PIKE REGIONAL**
In the County of **CAMDEN**
Parent/Legal Guardian **DIANE HARPER**
Route Number: **H13-14**
Destination: **BANKBRIDGE DEVELOPMENT CENTER**
School Type: **SPECIAL SERVICES SCHOOL DISTRICT**
Contract Term: **7/1/13-6/30/14**
Total Contract Amount: **NOT TO EXCEED \$3842.00**

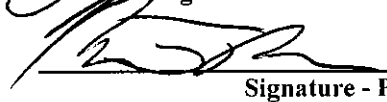
THE NAMED BOARD OF EDUCATION AND PARENT/LEGAL GUARDIAN HEREBY AGREE THAT:

1. The parent/legal guardian shall transport only his or her own child or children to and from the places hereinafter specified every school day in accordance with the school calendar, and shall ensure that the student arrives promptly at the start of school and departs promptly at dismissal.
2. If the parent/legal guardian fully performs the services required by this contract, the local board shall pay the parent/legal guardian the sum herein described in monthly payments. In the case of a per diem contract, payments shall be paid monthly based on the aggregate number of days in the month for which the local board requires transportation to be furnished and the same shall be furnished.
3. The parent/legal guardian shall furnish automobile liability insurance covering the operation of the vehicle used for this transportation in an amount specified by the local board, but not less than \$1,000,000 combined single limit coverage per occurrence. The insurance company is to be one admitted under the insurance laws of this State to write the line of insurance to be provided. The parent/legal guardian further agrees to file the policy or certificate of such insurance with the secretary of the local board. The local board shall be given 30 days notice if the insurance is to be cancelled for any reason.
4. The parent/legal guardian shall defend and indemnify the local board and any given agent, officer, or employee thereof and save harmless from and against any and all claims, actions, damages, liability and expense in connection with the loss of life, personal injury and/or damage to property arising from or out of actions of the parent/legal guardian occasioned wholly or in part by any act or omission to act of the parent/legal guardian in the performance of this contract.
5. The parent/legal guardian shall provide evidence of a valid driver license and a valid vehicle registration to the secretary of the local board. In addition, the parent/legal guardian shall ensure that the vehicle is inspected in accordance with New Jersey Division of Motor Vehicle requirements and displays a current inspection sticker on the windshield.
6. The failure of one party to this contract to comply with the provisions hereof shall constitute good cause for its termination by the other party to it.
7. It is understood and agreed by the parties hereto that this agreement shall require the approval of the County Superintendent of Schools.

IN WITNESS WHEREOF, the parties hereto have duly signed this contract.



Signature - Business Administrator/Board Secretary

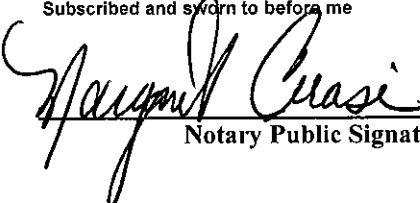


Signature - President of Local Board

8/15/13
Date

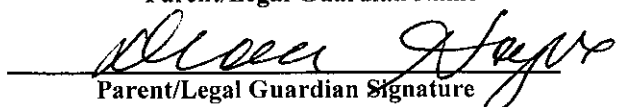
8-8-13
Date

Notary to the Parent/Legal Guardian
Subscribed and sworn to before me 8/16/13
Date



Notary Public Signature

DIANE HARPER
Parent/Legal Guardian Name



Parent/Legal Guardian Signature

MARGARET CERASI
NOTARY PUBLIC OF NEW JERSEY
I.D. # 2316413
Commission Expires 6/29/2014 1



Underwritten by High Point Safety
and Insurance Company

PO Box 903
Lincroft, NJ 07738-0903

Mr. DANIEL J. HARPER
709 W 3rd Ave
Runnemede, NJ 08078-1206

STANDARD POLICY

Named Insured: Mr. DANIEL J. HARPER
Policy Number: HPA1253A857433
Policy Period: 05/01/2013 to 11/01/2013
12:01 a.m. at place of garaging

Customer Care Office: (800) 437-5556
To report a claim, please call (800) 437-3535
Your local sales office: (609) 646-1800
Robert Nolan
Atlantic City Detached 2900 Fire Road Suite 100
Egg Harbor Township, NJ 08234

Your Automobile Policy Renewal Declarations

Cars Covered By Your Policy

Car	Year & Make	Model	Body Type	Identification Number
1	1997 CHEVROLET	BLZR	WAGON 4D	1GNND13W0V2189671
2	2005 CHRYSLER	TOWN & COUNTRY TOURING ED	SV	2C4GP54LX5R535071

The car(s) described above is principally kept (garaged) at the above address unless otherwise stated in Important Messages.

Licensed Operator(s) Resident in Your Household

	Name	Date of Birth
1	DANIEL J. HARPER	02/13/1960
2	DIANNE HARPER	10/25/1967

If any licensed driver in household is not listed, please call the Customer Care Office at the telephone number provided above.



Policy Number: HPA1253A857433

Discounts & Credits Applied To Your Premium

Discounts & Credits**Applies to**

Multi Car Discount	Your Policy
Anti-Theft Device Discount	Car(s) 2
Safety Device Discount	Car(s) 1,2
The Companion Policy Discount applies because of Homeowners policy number 257H032091	Your Policy

Important Message(s) That Apply To Your Policy

If you have had any accidents, the dates noted on this Declarations may represent the date payment was made by the insurer, rather than the actual dates of the accidents. If you have had any violations, the dates noted will represent the dates the Motor Vehicle Commission recorded the violations in their system, not the dates the violations actually occurred.

Notice: Insurance scoring was used to determine your rate.

The company must receive your premium payment in our office by the due date on each payment notice for coverage to continue. If your check, electronic remittance, or monthly EFT withdrawal is not received in our office by the due date, or is returned by the bank for insufficient funds, your policy will terminate.

An at-fault accident on 01/08/2013 was used to determine your rate.

Policy Number: HPA1253A857433

Listed below and within "Important Messages" are your coverages, limits, and premiums. If a premium charge does not appear, that coverage is not provided.

Your Coverage and Limits

Coverage	Limits	Premiums	
		VEH # 1	VEH # 2
Liability – Bodily Injury			
Each Person	\$1,000,000	\$187.00	\$230.00
Each Accident	\$1,000,000		
Liability – Property Damage			
Each Accident	\$100,000	\$76.00	\$93.00
Uninsured Motorists -			
Bodily Injury			
Each Person	\$100,000	\$29.00	\$29.00
Each Accident	\$300,000		
Property Damage			
Each Accident	\$100,000		
Personal Injury Protection		\$154.00	\$189.00
Medical Expense -			
Each Person/Each Accident	\$250,000		
Deductible/Each Occurrence	\$250		
Extended Med Expense Benefit	\$10,000		
Limitation on Total Benefit (Cars)			
Collision			
Deductible Car 1 -	\$500	\$104.00	
Deductible Car 2 -	\$500		\$155.00
Comprehensive			
Deductible Car 1 -	\$200		
Deductible Car 2 -	\$200		\$50.00
Towing – Each Occurrence		\$3.00	\$2.00
Rental Reimbursement	\$500-\$900	\$13.00	\$13.00
Total Premium Per Car		\$616.00	\$769.00

Total Policy Premium * \$1,385.00

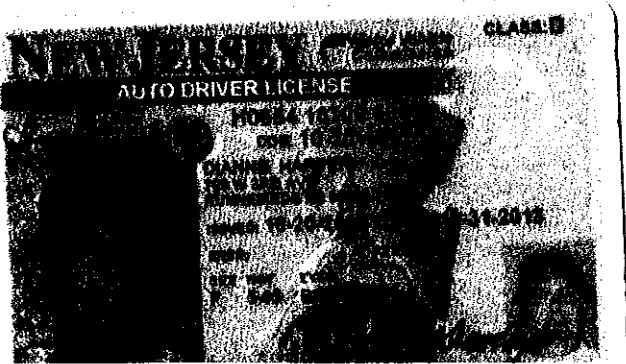
* Premium amount includes applicable discounts and credits

New Jersey Property-Liability Guaranty Association
Assessment (PLIGA) \$12.00

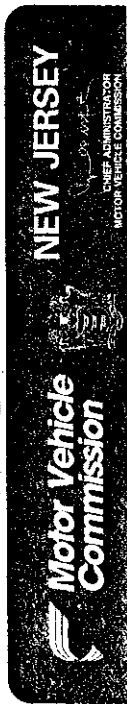
TOTAL \$1,397.00**

**Includes applicable discounts and credits and NJ PLIGA





WE APPRECIATE THE OPPORTUNITY TO SERVE YOU.



VEHICLE REGISTRATION

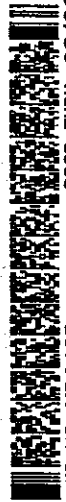


PLATE NO: YRA12P GOOD THRU: 03/2014
VIN: 1 2C4GP54LX5R535071
CHR 2005 WAGON SL TC WC: 8
PASSENGER 08
DANIEL J HARPER DL:H06541537102604
709 W THIRD AVE RENEWAL PT:PA
RUNNEMEDE NJ 08078 FEE: 71.50 RP201309123729701

2013095001282

STATE OF NEW JERSEY – DEPARTMENT OF EDUCATION
Office of Student Transportation
2013-2014 PARENTAL CONTRACT FOR STUDENT TRANSPORTATION

Board of Education of	BLACK HORSE PIKE REGIONAL
In the County of	CAMDEN
Parent/Legal Guardian	CHERYLANN LASPADA
Route Number:	L13-14
Destination:	BANKBRIDGE DEVELOPMENT CENTER
School Type:	SPECIAL SERVICES SCHOOL DISTRICT
Contract Term:	7/1/13-6/30/14
Total Contract Amount:	NOT TO EXCEED \$3616.00

THE NAMED BOARD OF EDUCATION AND PARENT/LEGAL GUARDIAN HEREBY AGREE THAT:

1. The parent/legal guardian shall transport only his or her own child or children to and from the places hereinafter specified every school day in accordance with the school calendar, and shall ensure that the student arrives promptly at the start of school and departs promptly at dismissal.
2. If the parent/legal guardian fully performs the services required by this contract, the local board shall pay the parent/legal guardian the sum herein described in monthly payments. In the case of a per diem contract, payments shall be paid monthly based on the aggregate number of days in the month for which the local board requires transportation to be furnished and the same shall be furnished.
3. The parent/legal guardian shall furnish automobile liability insurance covering the operation of the vehicle used for this transportation in an amount specified by the local board, but not less than \$1,000,000 combined single limit coverage per occurrence. The insurance company is to be one admitted under the insurance laws of this State to write the line of insurance to be provided. The parent/legal guardian further agrees to file the policy or certificate of such insurance with the secretary of the local board. The local board shall be given 30 days notice if the insurance is to be cancelled for any reason.
4. The parent/legal guardian shall defend and indemnify the local board and any given agent, officer, or employee thereof and save harmless from and against any and all claims, actions, damages, liability and expense in connection with the loss of life, personal injury and/or damage to property arising from or out of actions of the parent/legal guardian occasioned wholly or in part by any act or omission to act of the parent/legal guardian in the performance of this contract.
5. The parent/legal guardian shall provide evidence of a valid driver license and a valid vehicle registration to the secretary of the local board. In addition, the parent/legal guardian shall ensure that the vehicle is inspected in accordance with New Jersey Division of Motor Vehicle requirements and displays a current inspection sticker on the windshield.
6. The failure of one party to this contract to comply with the provisions hereof shall constitute good cause for its termination by the other party to it.
7. It is understood and agreed by the parties hereto that this agreement shall require the approval of the County Superintendent of Schools.


IN WITNESS WHEREOF, the parties hereto have duly signed this contract.



Signature - Business Administrator/Board Secretary

8/15/13

Date



Signature - President of Local Board

8-9-13

Date


Notary to the Parent/Legal Guardian
Subscribed and sworn to before me 8/5/2013
Date



Parent/Legal Guardian Name



Notary Public Signature



Parent/Legal Guardian Signature

JANET GLOVER
NOTARY PUBLIC OF NEW JERSEY

NEW JERSEY Motor Vehicle Commission
AUTO DRIVER LICENSE
 CLASS D
 DL L0755
 DOB 05-23
 ISS 12-14
 EXP 12-31-2016
 LASPADA
 CHERYLANN
 536 WILLIAMS AV
 RUNNEMEDA
 3RD FLOOR
 RUNNEMEDA NJ
 SEX F
 RBN

NEW JERSEY Motor Vehicle Commission
LEASED VEHICLE REGISTRATION
 PLATE NO: P56BPL
 VIN: 2T3JF4DV9BW167438
 GOOD THRU: 12/2014
 TOY 2011 WAGON BN RAV WC: 7
 TOYOTA MOTOR CREDIT CORP
 PO BOX 105386
 ATLANTA GA 30348
 EQ: 0
 DC: 89558 62383 03391
 INITIAL PT: PA
 FEE: 164.50 S6 RV20113560064

GEICO State of New Jersey Insurance Identification Card
 geico.com 1-800-841-3000
 148 GOVERNMENT EMPLOYEES INSURANCE COMPANY
 One GEICO Boulevard • Fredericksburg, VA 22412-0003

Policy Number	Effective Date	Expiration Date
4205-84-35-86	03-10-13	09-10-13

Year	Make	Model	Vehicle ID No.
2011	TOYOTA	RAV4	2T3JF4DV9BW167438

Insured:
 Raymond Laspada
 Cherylann Laspada
 536 Williams Ave
 Runnemede NJ 08078-1242



Government Employees Insurance Company

One GEICO Plaza □ Washington, DC 20076-0001

July 31, 2013

Dear RAYMOND and CHERYLANN LASPADA:

Please accept this letter as proof of insurance for your personal liability policy. Policy documents will follow shortly.

Policy Number: P7097291
Effective Date: August 1, 2013
Expiration Date: August 1, 2014
Limit of Coverage: \$1,000,000
Retained Limit: \$500
Vehicle(s) insured: 2011 Toyota
2008 Suzuki
Residence(s) insured: 536 Williams Ave
Watercraft(s) insured: None

Thank you for choosing to insure with GEICO. We appreciate your business and look forward to serving you. If we can be of further assistance, please feel free to contact us at 1-866-272-5192.

Sincerely,

Melissa Rankins
Umbrella Underwriting Department



Tel: 1-800-841-3000

Declarations Page

This is a description of your coverage.
Please retain for your records.

GOVERNMENT EMPLOYEES INSURANCE COMPANY
One GEICO Boulevard
Fredericksburg, VA 22412-0003

Date Issued: August 1, 2013

Policy Number: 4205-84-35-86

Coverage Period:

03-10-13 through 09-10-13

12:01 a.m. local time at the address of the named insured.

RAYMOND LASPADA AND CHERYLANN
LASPADA
536 WILLIAMS AVE
RUNNEMEDE NJ 08078-1242

Endorsement Effective: 08-01-13

Email Address: adapsal@comcast.net

Named Insured

Raymond Laspada
Cherylann Laspada

Additional Drivers

None

Vehicles

VIN

Vehicle Location

**Finance Company/
Lienholder**

<u>Vehicles</u>	<u>VIN</u>	<u>Vehicle Location</u>	<u>Finance Company/ Lienholder</u>
1 2008 Suzuki Reno	KL5JD66Z98K859417	Runnemeade NJ 08078	Americredit Fin Svcs
2 2011 Toyota RAV4	2T3JF4DV9BW167438	Runnemeade NJ 08078	Toyota Motor Credit Corp

Coverages*

Limits and/or Deductibles

Vehicle 1

Vehicle 2

<u>Coverages*</u>	<u>Limits and/or Deductibles</u>	<u>Vehicle 1</u>	<u>Vehicle 2</u>
Bodily Injury Liability			
Each Person/Each Occurrence	\$500,000/\$500,000	\$121.60	\$78.00
Property Damage Liability	\$500,000	\$69.90	\$50.50
Pip Med Only Health Primary	Option A	\$77.90	\$50.30
	\$15,000	-	-
	\$250 Ded	-	-
Uninsured & Underinsured Motorists			
Each Person/Each Occurrence	\$100,000/\$300,000	\$23.40	\$23.40
Underinsured Motorist Property Damage	\$50,000	\$3.10	\$3.10
Comprehensive	\$500 Ded	\$22.50	\$14.90
Collision	\$500 Ded	\$110.90	\$85.60

200001420584358629014005772

TIER A
DEC_PAGE (08-10) (Page 1 of 2)

Coverages Continued on Back
Policy Change Page 3 of 6

<u>Coverages*</u>	<u>Limits and/or Deductibles</u>	<u>Vehicle 1</u>	<u>Vehicle 2</u>
Emergency Road Service	Full	\$5.30	\$4.00
Rental Reimbursement	\$30 Per Day \$900 Max	\$10.00 -	\$10.00 -
Six Month Premium Per Vehicle		\$444.60	\$319.80
Total Six Month Premium			\$764.40

*Coverage applies where a premium or \$0.00 is shown for a vehicle.

If you elect to pay your premium in installments, you may be subject to an additional fee for each installment. The fee amount will be shown on your billing statements and is subject to change.

Discounts

The total value of your discounts is	\$276.70
New Car (Veh 2)	\$5.50
Multi-Car (All Vehicles)	\$136.70
Multiline (All Vehicles)	\$20.70
Anti-Theft Device (Veh 2)	\$1.80
5 Year Good Driving (All Vehicles)	\$77.60
Passive Restraint/Air Bag (All Vehicles).....	\$34.40

Contract Type: A30NJ

Contract Amendments: ALL VEHICLES - A30NJ A54NJ UE112 UE112A

Unit Endorsements: A115 (VEH 1,2); A431NJ (VEH 1,2); UE316A (VEH 1,2);
A468NJ (VEH 1,2); UE30NJ (VEH 2)

Class: A -B - -L (VEH 1); A -N -50-64 D (VEH 2)

Important Policy Information

- Please review the front and/or back of this page for your coverage and discount information.
- You are currently carrying the Limited Tort option on your policy.
- Reminder - Physical damage coverage will not cover loss for custom options on an owned automobile, including equipment, furnishings or finishings including paint, if the existence of those options has not been previously reported to us. This reminder does NOT apply in VIRGINIA and NORTH CAROLINA. Please call us at 1-800-841-3000 or visit us at geico.com if you have any questions.
- Coverages and/or limits were changed as you requested or due to state requirements.
- Confirmation of coverage has been sent to your lienholder and/or additional insured.

GOVERNMENT EMPLOYEES INSURANCE COMPANY

ADDITIONAL INSURED ENDORSEMENT

Named Insured and Address:

Effective Date of Endorsement: 09-10-13

RAYMOND LASPADA AND CHERYLANN
LASPADA
536 WILLIAMS AVE
RUNNEMEDE NJ 08078-1242

Policy Number: 4205-84-35-86

Policy Effective Date 09-10-13

(12:01 A.M. Local Time)

Policy Expiration Date 03-10-14

(12:01 A.M. Local Time)

This policy includes coverages for which limits are shown below.

Description of Car #1: 11 TOYOTA 2T3JF4DV9BW167438

Description of Car #2:

Description of Car #3:

COVERAGE

LIMITS OF COVERAGE

	CAR #1	CAR #2	CAR #3
Bodily Injury Liability	\$ 500 M and \$ 500 M (each person) (each occurrence)	\$ M and \$ M (each person) (each occurrence)	\$ M and \$ M (each person) (each occurrence)
Property Damage Liability	\$ 500M (each occurrence)	\$ (each occurrence)	\$ (each occurrence)
Uninsured Motorist (Bodily Injury)	M and \$ M (each person) (each occurrence)	\$ M and \$ M (each person) (each occurrence)	\$ M and \$ M (each person) (each occurrence)

ADDITIONAL INSURED

These coverages also apply to the Additional Insured; but, the limit of our liability is not increased by the inclusion of the Additional Insured.

10 days written notice will be given the Additional Insured in the event of any:

1. Cancellation; or
2. Material change

in the liability coverages during the policy year.

Name and Address of Additional Insured:

TOYOTA MOTOR CREDIT CORP
PO BOX 105386
ATLANTA GA 30348

200001420584358629012011892