



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/26/2026

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).

| <b>PRODUCER</b><br>PA Post / Hilb Group of New Jersey<br>300 Tice Boulevard<br>Suite 300<br>Woodcliff Lake NJ 07677 | <b>CONTACT NAME:</b> Manny Holden<br><b>PHONE (A/C, No, Ext):</b> (201) 252-3010<br><b>FAX (A/C, No):</b> (201) 252-3011<br><b>E-MAIL ADDRESS:</b> mholden@hilbgroup.com                                                                                                                                                                                                                                                                 |                               |  |        |            |                          |       |            |                           |       |            |  |  |            |  |  |            |  |  |            |  |  |
|---------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|--|--------|------------|--------------------------|-------|------------|---------------------------|-------|------------|--|--|------------|--|--|------------|--|--|------------|--|--|
| <b>INSURED</b><br>Coast to Coast Tours, LLC<br>3401 Norman Berry Drive<br>Suite 273<br>East Pointe GA 30344         | <table><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A:</td><td>Lancer Insurance Company</td><td>26077</td></tr><tr><td>INSURER B:</td><td>General Star Indemnity Co</td><td>37362</td></tr><tr><td>INSURER C:</td><td></td><td></td></tr><tr><td>INSURER D:</td><td></td><td></td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></table> | INSURER(S) AFFORDING COVERAGE |  | NAIC # | INSURER A: | Lancer Insurance Company | 26077 | INSURER B: | General Star Indemnity Co | 37362 | INSURER C: |  |  | INSURER D: |  |  | INSURER E: |  |  | INSURER F: |  |  |
| INSURER(S) AFFORDING COVERAGE                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                          | NAIC #                        |  |        |            |                          |       |            |                           |       |            |  |  |            |  |  |            |  |  |            |  |  |
| INSURER A:                                                                                                          | Lancer Insurance Company                                                                                                                                                                                                                                                                                                                                                                                                                 | 26077                         |  |        |            |                          |       |            |                           |       |            |  |  |            |  |  |            |  |  |            |  |  |
| INSURER B:                                                                                                          | General Star Indemnity Co                                                                                                                                                                                                                                                                                                                                                                                                                | 37362                         |  |        |            |                          |       |            |                           |       |            |  |  |            |  |  |            |  |  |            |  |  |
| INSURER C:                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                          |                               |  |        |            |                          |       |            |                           |       |            |  |  |            |  |  |            |  |  |            |  |  |
| INSURER D:                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                          |                               |  |        |            |                          |       |            |                           |       |            |  |  |            |  |  |            |  |  |            |  |  |
| INSURER E:                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                          |                               |  |        |            |                          |       |            |                           |       |            |  |  |            |  |  |            |  |  |            |  |  |
| INSURER F:                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                          |                               |  |        |            |                          |       |            |                           |       |            |  |  |            |  |  |            |  |  |            |  |  |

**COVERAGES****CERTIFICATE NUMBER:** 25-26 \$7M**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR                                  | TYPE OF INSURANCE                                                                                                                                                                                                                                                                                           | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                                                                                                                                                                                                                                                                                                                                                                                                         |                                     |              |                                           |              |                              |          |                                |              |                       |              |                        |            |  |    |
|-------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|---------------|-------------------------|-------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------|-------------------------------------------|--------------|------------------------------|----------|--------------------------------|--------------|-----------------------|--------------|------------------------|------------|--|----|
| A                                         | <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |           |          | GL159191#4    | 08/27/2025              | 08/27/2026              | <table><tr><td>EACH OCCURRENCE</td><td>\$ 5,000,000</td></tr><tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$ 100,000</td></tr><tr><td>MED EXP (Any one person)</td><td>\$ 5,000</td></tr><tr><td>PERSONAL &amp; ADV INJURY</td><td>\$ 5,000,000</td></tr><tr><td>GENERAL AGGREGATE</td><td>\$ 5,000,000</td></tr><tr><td>PRODUCTS - COMP/OP AGG</td><td>\$ Exluded</td></tr><tr><td></td><td>\$</td></tr></table> | 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 | \$ Exluded |  | \$ |
| 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                    | \$ Exluded                                                                                                                                                                                                                                                                                                  |           |          |               |                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |              |                                           |              |                              |          |                                |              |                       |              |                        |            |  |    |
|                                           | \$                                                                                                                                                                                                                                                                                                          |           |          |               |                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |              |                                           |              |                              |          |                                |              |                       |              |                        |            |  |    |
| A                                         | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY<br><input checked="" type="checkbox"/> HIRED AUTOS ONLY<br><input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY                               |           |          | BA175676#4    | 08/27/2025              | 08/27/2026              | <table><tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$ 5,000,000</td></tr><tr><td>BODILY INJURY (Per person)</td><td>\$</td></tr><tr><td>BODILY INJURY (Per accident)</td><td>\$</td></tr><tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td></tr><tr><td>Underinsured motorist</td><td>\$ 25,000</td></tr></table>                                                                                                  | COMBINED SINGLE LIMIT (Ea accident) | \$ 5,000,000 | BODILY INJURY (Per person)                | \$           | BODILY INJURY (Per accident) | \$       | PROPERTY DAMAGE (Per accident) | \$           | Underinsured motorist | \$ 25,000    |                        |            |  |    |
| COMBINED SINGLE LIMIT (Ea accident)       | \$ 5,000,000                                                                                                                                                                                                                                                                                                |           |          |               |                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |              |                                           |              |                              |          |                                |              |                       |              |                        |            |  |    |
| BODILY INJURY (Per person)                | \$                                                                                                                                                                                                                                                                                                          |           |          |               |                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |              |                                           |              |                              |          |                                |              |                       |              |                        |            |  |    |
| BODILY INJURY (Per accident)              | \$                                                                                                                                                                                                                                                                                                          |           |          |               |                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |              |                                           |              |                              |          |                                |              |                       |              |                        |            |  |    |
| PROPERTY DAMAGE (Per accident)            | \$                                                                                                                                                                                                                                                                                                          |           |          |               |                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |              |                                           |              |                              |          |                                |              |                       |              |                        |            |  |    |
| Underinsured motorist                     | \$ 25,000                                                                                                                                                                                                                                                                                                   |           |          |               |                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |              |                                           |              |                              |          |                                |              |                       |              |                        |            |  |    |
| B                                         | <input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b><br><input type="checkbox"/> EXCESS LIAB<br>DED RETENTION \$                                                                                                                                                                                        |           |          | IXG680357A    | 08/27/2025              | 08/27/2026              | <table><tr><td>PROPERTY DAMAGE EACH OCCURRENCE</td><td>\$ 2,000,000</td></tr><tr><td>AGGREGATE</td><td>\$ 2,000,000</td></tr><tr><td></td><td>\$</td></tr></table>                                                                                                                                                                                                                                                             | PROPERTY DAMAGE EACH OCCURRENCE     | \$ 2,000,000 | AGGREGATE                                 | \$ 2,000,000 |                              | \$       |                                |              |                       |              |                        |            |  |    |
| PROPERTY DAMAGE EACH OCCURRENCE           | \$ 2,000,000                                                                                                                                                                                                                                                                                                |           |          |               |                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |              |                                           |              |                              |          |                                |              |                       |              |                        |            |  |    |
| AGGREGATE                                 | \$ 2,000,000                                                                                                                                                                                                                                                                                                |           |          |               |                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |              |                                           |              |                              |          |                                |              |                       |              |                        |            |  |    |
|                                           | \$                                                                                                                                                                                                                                                                                                          |           |          |               |                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |              |                                           |              |                              |          |                                |              |                       |              |                        |            |  |    |
|                                           | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below<br>Y / N <input type="checkbox"/> N / A                                                                       |           |          |               |                         |                         | <table><tr><td>PER STATUTE</td><td>OTH-ER</td></tr><tr><td>E.L. EACH ACCIDENT</td><td>\$</td></tr><tr><td>E.L. DISEASE - EA EMPLOYEE</td><td>\$</td></tr><tr><td>E.L. DISEASE - POLICY LIMIT</td><td>\$</td></tr></table>                                                                                                                                                                                                      | PER STATUTE                         | OTH-ER       | E.L. EACH ACCIDENT                        | \$           | E.L. DISEASE - EA EMPLOYEE   | \$       | E.L. DISEASE - POLICY LIMIT    | \$           |                       |              |                        |            |  |    |
| PER STATUTE                               | OTH-ER                                                                                                                                                                                                                                                                                                      |           |          |               |                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |              |                                           |              |                              |          |                                |              |                       |              |                        |            |  |    |
| E.L. EACH ACCIDENT                        | \$                                                                                                                                                                                                                                                                                                          |           |          |               |                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |              |                                           |              |                              |          |                                |              |                       |              |                        |            |  |    |
| E.L. DISEASE - EA EMPLOYEE                | \$                                                                                                                                                                                                                                                                                                          |           |          |               |                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |              |                                           |              |                              |          |                                |              |                       |              |                        |            |  |    |
| E.L. DISEASE - POLICY LIMIT               | \$                                                                                                                                                                                                                                                                                                          |           |          |               |                         |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |              |                                           |              |                              |          |                                |              |                       |              |                        |            |  |    |

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

Certificate Holder is added as an additional Insured but only to the extent that the Certificate Holder is held liable for the conduct of the Named Insured.

**CERTIFICATE HOLDER****CANCELLATION**

|                                                                                               |                                                                                                                                                                                                                                    |
|-----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DeKalb County School District<br>1701 Mountain Industrial Blvd<br><br>Stone Mountain GA 30083 | <p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p> <p><i>Aaron V. Noll</i></p> |
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