This transportation services agreement between Michael’s Angels Transportation, LLC (Servicer Provider) and \_Big Walnut Local Schools is in effect as of August 2024 and service provider has the right to cancel with thirty (30) day written notice.

Michael’s Angels Transportation LLC will provide transportation to and from the destination as requested by client. Both parties will be responsible for the following terms and condition,

Client / Point of Contact

Client Name

Name: Big Walnut Local School District, Heidi Koon

(740)965-7846

Client Address: 110 Tippett Court, Sunbury, Ohio 43074

Service Provider / Point of Contact

Sender Name

Name: Michael’s Angels Transportation, Malinda Williams (614)805-3579

Sender Address: 2020 Brice Road, Suite 280, Reynoldsburg, Oh 43068

Sender Email: [michaelsangelstransportation@gmail.com](mailto:michaelsangelstransportation@gmail.com)

Service Provider Responsibility

Michael’s Angels Transportation, (Service Provider) will be responsible for the terms and conditions as follows:

* Service Provider will transport to and from school as requested
* Service Provider will be responsible for providing all vehicles including all fuel and maintenance of vehicles; perform regular inspection and maintenance of the vehicles used in the performance of this agreement. Proof of inspection and maintenance shall be provided at any time during this agreement as requested
* Service Provider will maintain insurance of all vehicles under this contract and upon request will furnish proof of such insurance to client
* Service Provider will maintain liability insurance under this agreement and upon request will furnish proof of such insurance

**Hours of Transportation**

Service Providers daily schedule and hours performed per this agreement will be subject to school hours. School and/or parent will notify Service Provider if student will not be attending school the next day, if school is closed due to weather, and / or in case of emergencies, etc.

**Compensation**

Client will pay daily cost of $80 per student to be transported roundtrip to school and home.

**Payment Terms**

All fee will be invoiced monthly and due upon receipt. Client is expected to render payment in full within 30 business days from date of invoice.

Service provider has the right to bill client a cancellation fee, respectively, and if the student is a no show. Once the driver is enroute to transport the student for the trip fee will be charged. Client must provide at least one (24) hour window for the cancellation fee to be waived.

Vehicle Maintenance and Inspection

The client has the right to perform scheduled inspection of vehicles to ensure the safety and maintenance of Service Provider vehicles.

Commercial Insurance

Commercial Liability insurance with minimum single limit liability and property damage coverage for each accident, and minimum medical payments coverage is to be carried by the Service Provider. Evidence of the appropriate and complete insurance coverage, in the form of a certificate of insurance issued by the insurance carrier in the name of the Service Provider will be provided to the client seven (7) days prior to the effective date of this agreement or at any other time determined by the client

The insurance will specifically cover the client for all damages and/or injuries which may occur because of the service provider performance, per the terms and conditions of the agreement specifications. The service provider will provide thirty (30) days written notice to the client in the event of any cancellation of any policy shown in the certificate.

Automobile Insurance

The automobile certificate of insurance shall indicate automobile liability as for all vehicles and provide 30 days written notice to the client in the event of any cancellation of any policy shown in the certificate. Evidence of the appropriate and complete insurance coverage, in the form of a certificate of insurance issued by the insurance carrier in the name of the service provider, will be provided to the client seven (7) days prior to the effective date of the agreement or at any other time determined by the client.

Accidents

Service Provider must follow the procedures below when a service provider vehicle is involved in an accident while transporting patients:

1. Call the police to investigate and take a report
2. Immediately notify the client of the accident (regardless if minor accident and no injuries).
3. Service Provider will complete and submit a written report, the police report and report number to the client within 24 hours
4. Notify service providers insurance carrier and apprise them of the accident; file and insurance claim (when necessary), within seven (7) days of the accident date.

Confidentiality

Service provider must have written consent of the client to disclose to anyone and confidential information during the term of this Agreement. Confidential information is defined as the client’s proprietary and confidential information such as but not limited to financial information, student database information, student medical information

* is disclosed by client without restriction
* becomes publicly available through no act of the service provider
* is rightfully received by service provider

Termination of Agreement

Service Provider reserves the right to terminate by Client upon a thirty (30) day written notice. If client does not provide notice, a Service Provider with charge a 20% cancellation fee of the remainder contract billable weeks

Client reserves the right to terminate this contract at any point with prior 30 day written notifications in such termination, except when the termination is due to a breach of this agreement by Service Provider.

Acceptance

This Agreement constitutes the final understanding and agreement between the parties with respect to the subject matter hereof and supersedes all prior negotiations, understandings, and agreements between the parties, whether written or verbal. This agreement may be amended, supplemented, or changed only by an agreement in writing signed by both parties

Michael’s Angels Transportation, LLC (Service Provider)

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Information

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_