STATEMENT OF INSURANCE ON PRIVATE VEHICLES

School Year _____

School _____ Date _____

The School Board requires proof of insurance coverage in force on all private vehicles used for the transportation for all school-sponsored activities. The groups that may be transported include, but are not limited to, students, coaches, sponsors, faculty, and chaperones.

This form is to be completed for each private vehicle used for the transportation of school sponsored groups. It is valid for the school year in which it is filed. If the insurance policy expires or is cancelled during the school year, a new statement must be submitted.

DRIVER INFORMATION

Driver's Name _____ Age _____

Address _____ Phone _____

New Hampshire Driver's License:

Type: _____ Number: _____

VEHICLE INFORMATION

Vehicle Make _____ Year _____ Model _____

Inspection Expiration Date: _____

License Tag _____

INSURANCE INFORMATION

Name of Insured(s) _____

Policy Number _____

Insurance Company _____

STATEMENT OF INSURANCE ON PRIVATE VEHICLES

Policy period: From _____ To _____

This policy provides the following recommended limits of liability coverage for private passenger cars and qualified multipurpose passenger vehicles (MPV) being used to transport students on field trips and other activities:

Combined Single Limit (CSL) or

Bodily Injury Limit--per person/per accident.

[ ] Yes

[ ] No

Insurance Agent _____

Address _____ Telephone _____

I certify that insurance policies, subject to their terms, conditions, and exclusions are at present in force with the company indicated and that the information above is correct.

_____ _____

Signature of Owner/Insured Date

This information above has been verified.

_____ _____

Signature of Principal or Designee Date

District Policy History:

First reading: 05-05-2009
Second reading/adopted: 06-02-2009
Revised: 04-05-2022