

# 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 \_\_\_\_\_

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

First Reading: March 5, 2013

Second Reading: April 9, 2013

Adopted: April 9, 2013