EEAG-R

STATEMENT OF INSURANCE ON PRIVATE VEHCILES

School Year			
School	Date		
The Wilton-Lyndeborough Cooperative Schoforce on all private vehicles used for the trangroups that may be transported include, but a faculty, and chaperones.	sportation fo	r all school-s	ponsored activities. The
This form is to be completed for each private sponsored groups. It is valid for the school y expires or is cancelled during the school year	ear in which	it is filed. It	f the insurance policy
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			
This policy provides the following recomme passenger cars and qualified multipurpose pastudents on field trips and other activities:			
 Combined Single Limit (CSL) or 			
Bodily Injury Limitper person/per	er accident.		
[] Yes			
[] No			
Insurance Agent			

Address	Telephone		
I certify that insurance policies, subject to their terms, conditions, and exclusions are at preforce 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: September 14, 2010 Second Reading: October 12, 2010 Final Adoption: October 12, 2010