

NAME OF SCHOOL _____

DATE OF TRIP _____

CERTIFICATE OF INSURANCE

THIS IS TO CERTIFY THAT THE POLICIES IN THE NAME OF:

INSURED _____

ADDRESS _____

TELEPHONE NUMBER _____

This Certificate of Insurance neither affirmatively nor negatively amends, extends or alters the coverage afforded by any policy described herein.

ARE IN FORCE AT THE DATE HEREOF, AS FOLLOWS:

AUTOMOBILE LIABILITY INSURANCE	COMPANY AND POLICY NUMBER	POLICY PERIOD (Effective/Expiration Dates)
Owned Automobiles		
Hired Automobiles		
Non-Owned Automobiles		

LIMITS: (Liability Limits of at least \$100,000/300,000/50,000)

Bodily Injury:	Bodily Injury:	Property Damage:
\$ _____ Each Person	\$ _____ Each occurrence	\$ _____ Each occurrence

It is necessary for this record to be kept on file in the office of the school principal and a copy sent to the "Central Office" of the Huntingdon Special School District, 585 High Street, Huntingdon, TN 38344. Questions, call 731-986-2222.

Reference: HSSD board policy #3.404