

**STATEMENT OF INSURANCE ON PRIVATE VEHICLES**

School Year \_\_\_\_\_ Date \_\_\_\_\_

School:  Colebrook Academy & Elementary School  Pittsburg School  
 Stewartstown Community School

The School Board requires proof of active insurance coverage 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 as outlined in policy EEAG.

This form must 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 to the SAU #7 Business Administer a minimum of 10 days prior to the trip.

**DRIVER INFORMATION**

Driver's Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

New Hampshire Driver's License: (Please attach a copy of your driver's license to this form)

Type:  Class D  Class C  Class B  Class A - License #: \_\_\_\_\_**VEHICLE INFORMATION**

Vehicle Make \_\_\_\_\_ Year \_\_\_\_\_ Model \_\_\_\_\_

Inspection Expiration Date: \_\_\_\_\_ License Plate #: \_\_\_\_\_

**INSURANCE INFORMATION**

Name of Insured(s) \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

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 off school premises for school-related events:

- Combined Single Limit (CSL) or
- Bodily Injury Limit--per person/per accident.

 Yes  No

Insurance Agent \_\_\_\_\_ Telephone #: \_\_\_\_\_

Address: \_\_\_\_\_

My signature below certifies that insurance policies, subject to their terms, conditions, and exclusions are at currently active with the insurance company indicated and that the information above is correct.

In addition, my signature below also acknowledges that I assume full responsibility for the safety of this vehicle, and in the event of an accident, will hold the School District, its employees, directors and officers harmless from liability.

**Vehicle Owner:**

\_\_\_\_\_  
Printed Name of Vehicle Owner/Insured

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Vehicle Owner/Insured

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**Principal or Designee:**

I have verified the information noted above is accurate.

\_\_\_\_\_  
Signature of Principal or Designee

\_\_\_\_\_  
Date

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**School-to-Work Student (if applicable):**

If vehicle use is for student participation in the School-to-Work Program, student signature is required.

\_\_\_\_\_  
Signature of Student

Date: \_\_\_\_\_

SAU #7 Policy Committee: Recommended for Adoption – May 22, 2018

Colebrook School Board: Adopted – June 19, 2018

Pittsburg School Board: Adopted – June 11, 2018

Stewartstown School Board: Adopted – June 28, 2018