

# ***Litchfield Little School***

**8 Cutler Road  
Litchfield, NH 03052  
(603) 881-5888**

## **Insurance Coverage Form**

**CHILD'S NAME:** \_\_\_\_\_

Dear Parents:

During the school year we will occasionally take field trips. In order to do this, we need parent volunteers to drive and to chaperone them. As part of the Litchfield Little School insurance requirements, it is required that all field trip drivers carry a minimum coverage for bodily injury of \$100,000. This can be done with split limits of \$100,000/300,000 on your auto liability policy, or with a combined single limit of \$100,000.

Please complete and return this form to the school with a copy of your auto insurance card. (We will copy it on the back of this form.)

My vehicle has \_\_\_\_\_ seat belts.

I certify that I have at least the minimum limits of liability, as described above, on my vehicle listed below:

Vehicle make and model: \_\_\_\_\_

State registered: \_\_\_\_\_

Plate Number: \_\_\_\_\_

Limits of liability coverage: \_\_\_\_\_

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

Insurance Agent: \_\_\_\_\_

Expiration of policy: \_\_\_\_\_

Insured Signature: \_\_\_\_\_

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

Thank you.