BSA TROOP 755 – NORTHVILLE

INSURANCE AND VEHICLE REQUIREMENTS FOR DRIVERS

Scout Name: _____

Driver(s): _____ _____

Address: _____ City: _____ ZIP: _____

Telephone: Home () _____ Alternate () _____

Vehicle/Insurance Information

VEHICLE #1:

Year: _____ Make: _____ Model: _____ Number of Seat Belts: ____

Insurance Company Name: _____
Policy Holder's Name: _____
Policy Number: _____
Expiration Date: _____
Public Liability
Insurance Coverage: $ _____ $ _____ $ _____

Liability Each Person	Liability Each Occurrence	Property Damage

VEHICLE #2:

Year: _____ Make: _____ Model: _____ Number of Seat Belts: ____

Insurance Company Name: _____
Policy Holder's Name: _____
Policy Number: _____
Expiration Date: _____
Public Liability
Insurance Coverage: $ _____ $ _____ $ _____

Liability Each Person	Liability Each Occurrence	Property Damage

Comments: _____
_____
_____

_____ 9/28/01
Signature Date

(camping\insuranc.frm)