**DUE MAY 22**

**B.S.A. TROOP 755 - NORTHVILLE**
**SUMMER CAMP 2007**
**INSURANCE AND VEHICLE REQUIREMENTS FOR DRIVERS FORM**

Scout Name(s): _____

Driver Name(s): _____

Dr.Lic.Num: _____ _____
Driver #1 Driver #2

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

Date _____