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NAMED INSURED: CT DEPARTMENT OF TRANSPORTATION

EFFECTIVE DATE OF CHANGE: \_\_\_\_\_

(FILL IN EFFECTIVE DATE)

DBA: Connecticut Transit District Consortium

DATE REQUESTED: \_\_\_\_\_

POLICY NUMBER(S): 02 CSEJ 73900 TRANSIT DISTRICT: \_\_\_\_\_

POLICY PERIOD: 07/01/2011 – 06/30/2012

ADD DELETE SURPLUS	UNIT NO	YEAR	MAKE	VIN	*TYPE (BUS) (VAN) (PP)	PASS. CAP.	STATED AMOUNT

CERTIFICATE HOLDER/LOSS PAYEE/ADDITIONAL INSURED: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\*Type: BUS = 21 passengers or over

VAN = 20 passengers or less

PP = private passenger vehicle