

PEOPLE'S UNITED INSURANCE AGENCY / RC KNOX DIVISION

Phone (860) 240-1580

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NAMED INSURED: CT DEPARTMENT OF TRANSPORTATION

EFFECTIVE DATE OF CHANGE: _____

DBA: Connecticut Transit District Consortium

DATE REQUESTED: _____

POLICY NUMBER(S):

TRANSIT DISTRICT: _____

POLICY PERIOD:

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

CERTIFICATE HOLDER/LOSS PAYEE/ADDITIONAL INSURED: _____

COMMENTS: _____

*Type: BUS = 21 passengers or over

VAN = 20 passengers or less

PP = private passenger vehicle