



INSURANCE COVERAGE STATEMENT
 DEPARTMENT OF HEALTH AND HUMAN SERVICES
 DEVELOPMENTAL DISABILITIES
 SFN 234 (2-2023)

Agency

FIDELITY BOND

Company Name	Policy Number	Amount
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PROPERTY

Company Name		Policy Number	
Site	Amount	Site	Amount
Site	Amount	Site	Amount
Site	Amount	Site	Amount
Site	Amount	Site	Amount

LIABILITY

Company Name		Policy Number	
Bodily Injury	Amount	Professional Liability	Amount
Personal Injury	Amount	Teacher Liability	Amount
Property Damage	Amount	Umbrella Liability	Amount
Other	Amount	Other	Amount

VEHICLE

Company Name		Policy Number	
Bodily Injury	Amount	Deductible	
Collision	Amount	Deductible	
Comprehensive	Amount	Deductible	
No-Fault	Amount	Deductible	
Property Damage	Amount	Deductible	
Uninsured Motorist	Amount	Deductible	
Other	Amount	Deductible	

A typed signature is legally binding and equivalent to a handwritten signature.

Signature	Title	Date
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