INSURANCE COVERAGE STATEMENT

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
DEVELOPMENTAL DISABILITIES DIVISION
SFN 234 (9-2020)

Clear Fields

Agency

FIDELITY BOND

Company Name	Policy Number	Amount

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