

## TORONTO DISTRICT SCHOOL BOARD - SCHOOL COUNCIL INSURANCE REQUEST FORM

Date:

For Policy Period :      November 1, 2017 to November 1, 2018

Email Form To:          [risk.management@tdsb.on.ca](mailto:risk.management@tdsb.on.ca)

School:

Names and Positions of School Council Executive Members, including TDSB staff:

Name	Executive Member Position

Please charge the School Council Budget account for the purchase of School Council Liability Insurance coverage.

Cost Centre:

G/L Account Number:

General Liability Coverage:	\$ 140.00
Taxes (RST):	\$ 11.20
<b>TOTAL CHARGE:</b>	<b>\$ 151.20</b>

Enter the names below to acknowledge this Request (no signature required):

Name

Email

**Principal**

Name

Email

**School Council Chair**

