

**Whitman-Hanson Regional School District**  
**Organization, Insurance & Contact Info**

**Organization Information:**

Organization Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone# \_\_\_\_\_

Fax# \_\_\_\_\_

Organization EMAIL: \_\_\_\_\_

Sales Tax Exempt#, if applicable \_\_\_\_\_

**Organization Type:**

School or Municipal Group Class I:     Y   or   N

In District Non-Profit Class II (503C Form is required):   Y   or   N

In District for Profit Class III:             Y   or   N

Outside Group Class Non-Profit IV:     Y   or   N

Outside Group Profit Class V:            Y   or   N

**Insurance Information (please forward a copy of insurance policy):**

Insurance Company Name \_\_\_\_\_

Policy# \_\_\_\_\_

Coverage \_\_\_\_\_

Coverage Date \_\_\_\_\_ to \_\_\_\_\_

**Contact Information (Make sure phone # and email are listed):**

Name \_\_\_\_\_ Ph# \_\_\_\_\_ Email: \_\_\_\_\_

Name \_\_\_\_\_ Ph# \_\_\_\_\_ Email: \_\_\_\_\_

Name \_\_\_\_\_ Ph# \_\_\_\_\_ Email: \_\_\_\_\_