

VERIFICATION OF INSURANCE

We understand that our personal automobile insurance is the primary liability coverage in effect while we are performing volunteer duties for (insert YOUR SCHOOL'S LEGAL NAME) activities and board/committee positions. We confirm that we do carry automobile insurance policies for all vehicles that may be used for school business. We agree to maintain continuous coverage throughout the school year. School policies **request a \$100,000/\$300,000 minimum liability coverage level.**

Insurance Carrier (company, not agent) _____

Policy Number _____ *Expiration date* _____

Agent's Name _____ *Agent's Phone* _____

We agree that if any of the above information changes, we will notify and provide updated documentation to the (insert your school's appropriate representative) immediately.

_____ *Driver's License #* _____
(Parent/guardian signature) *Expiration date* _____

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(Parent/guardian signature) *Expiration date* _____

Date signed _____