

**VERIFICATION OF AUTOMOBILE INSURANCE FORM**  
**Required of ALL Field Trip Drivers**

(Only adults meeting the minimum requirements will be allowed to drive on a field trip. If you do not have the minimum auto insurance requirements shown below, you may not drive any private vehicle in connection with transporting \_\_\_\_\_ School students for any school-sponsored activities.)

Name:	Driver License No./State:	
Residence/Address:	Expir. Date of License	
Vehicle Make, Model, and Year:	License No.	State
1.		
2.		
3.		

**CERTIFICATION**

I hereby certify that insurance policy number \_\_\_\_\_ issued by

\_\_\_\_\_  
 (Name of Insurer/Insurance Company)

is in force. This policy provides liability insurance coverage on the above listed automobile(s) in amounts no less than \$100,000 individual/\$300,000 cumulative each loss or occurrence bodily injury, \$50,000 property damage, \$5,000 per person medical, and \$100,000 uninsured motorist insurance.

I further certify that the vehicle to be used is adequate for the use to which it is put, is equipped with seat belts, and is in safe mechanical condition.

If the above insurance is terminated, or if my driver's license is suspended or revoked, I will immediately cease using the above owned automobile for transporting \_\_\_\_\_ students for school-sponsored activities and events.

I certify I have read, understand, and agree to abide by the terms stated above.

\_\_\_\_\_  
 (signature)

\_\_\_\_\_  
 (print name)

\_\_\_\_\_  
 (date)