

# ST. MARY SCHOOL

Verification of Automobile Insurance Form

**Student Name:** \_\_\_\_\_

**\*\*Please attach a copy of your driver's license and insurance verification, specifically, the Policy Declaration page.**

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 St. Mary students for any school-sponsored activities.

Name:	Driver's License No./State	
Residence/Address	Expiration Date of License	
Vehicle Make, Model and Year	License Plate No./State	Insurance Expiration Date
1.		
2.		
3.		

## CERTIFICATION

I hereby certify that the above policy(ies) is (are) in force and that they provide liability insurance coverage in the amounts of no less than \$100,000.00 individual, \$300,000.00 cumulative each loss or occurrence bodily injury, \$50,000.00 property damage, \$5,000.00 per person medical, and \$100,000.00 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(s) is (are) terminated, or if my driver's license is suspended or revoked, I will immediately cease using the above owned automobile for transporting St. Mary students for school-sponsored activities and events.

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

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

***For Office Use Only:***

*Fingerprint clearance and date:* \_\_\_\_\_

*Fingerprint clearance and date:* \_\_\_\_\_