

Student Name: _____

**West Linn Community Preschool
Verification of Auto Insurance Form**

We understand that our personal automobile insurance is the primary liability coverage in effect while we volunteer for West Linn Community Preschool activities and board/committee positions. We confirm that we 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.

Auto Insurance Carrier (company, not agent) _____

Auto Policy Number _____ *Expiration date* _____

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

We agree to immediately notify the Registrar of any changes to the above information.

_____ *Driver's License #* _____

(Family/guardian signature) _____ *Expiration date* _____

_____ *Driver's License #* _____

(Family/guardian signature) _____ *Expiration date* _____

Date signed _____