

Volunteer Auto Insurance Affidavit

20%\$-1%

State of Kentucky
County of Jefferson

The Affiant:

_____ Name

_____ Complete Home Address (With ZIP Code)

_____ Driver's License Number _____ School/Location Number

_____ Auto Insurance Carrier and Policy Number

States that he or she – when using a private automobile for Jefferson County Public Schools business, which includes, but is not limited to, transporting students and taking part in field trips or activity events – will carry **no less** than the following limits of liability insurance:

- \$25,000 bodily injury liability for each person**
- \$50,000 bodily injury liability for each accident**
- \$10,000 property damage liability**

The Affiant further states that this insurance will be in effect from July 1, 2016 to June 30, 2017. If said insurance is cancelled or expires, the Affiant ceases to use a private vehicle for Jefferson County Public Schools business until such insurance limits are put back in force.

Further, Affiant sayeth not. _____
Signature of Affiant

Subscribed and sworn to before me by _____

This _____ day of _____, _____.

My commission expires _____.

Notary Public, Jefferson County Public Schools

Please make sure all information has been provided.
Fold and return this form to the address on the back

**Insurance Department
VanHoose Education Center**

To: INSURANCE DEPARTMENT
VanHoose Education Center
P.O. Box 34020
Louisville, KY 40232-4020