Vehicle Insurance Verification Form

Name _____

Address _____

_____

_____

Driver's License Number _____

License Expiration Date _____

Year/Make of Vehicle _____

Insurance Company _____

Policy Number _____

Policy Expiration Date _____

I certify that the above-described vehicle has a valid registration and is covered as indicated by the **attached copy of a current proof of auto insurance card.**

I certify that I have a valid Driver's License as verified by the **attached copy of my Current Driver's License**

_____ _____

Signature **Date**

I, _____, attest that in the course of my volunteer work for The Arrowhead Regional Development Commission, I will not drive a motor vehicle without insurance nor a valid Driver's License. Should this situation change, I agree to provide verification of a valid Driver's License and auto insurance to The Arrowhead Regional Development Commission, as required by agency policy.

_____ _____

Signature **Date**

Revised Dec 21, 2016