



**INSURANCE COVERAGE FORM
FOR
PARENT/AGENT PROVIDED TRANSPORTATION**

Names of Insured: _____
Last Name First Name

Last Name First Name

Type of Vehicle: _____
Year

Make

Model

Name of Insurance Company: _____

Policy Number: _____

Amount of Liability Insurance: _____

6A Endorsement Required by Insurance Company: YES NO

If yes, additional cost: _____

As the insurance representative of the above name insured it is the position of their insurance company that their insurance coverage will be in effect while driving their child to and from school and receiving compensation to do so with a:

Class 5 Operator's License (PARENT) _____

Class 4 Operator's License (AGENT) _____

Name of Insurance Representative (Please Print) Date

Signature of Insurance Representative