



## Auto Insurance Coverage Verification

(This form to be completed only if auto insurance coverage is not registered under employees' name)

**The vehicle I drive for business is registered under the name(s) of**

\_\_\_\_\_  
(Name as shown on insurance card)

**and is covered by his/her/their automobile insurance company.**

**I certify that I am an authorized driver under his/her/their automobile insurance policy.**

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

Employee's Printed Name \_\_\_\_\_ Red ID \_\_\_\_\_

Department \_\_\_\_\_