



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 _____