

AUTO INSURANCE AFFIDAVIT

The Affiant: _____
Name

School/Location

Social Security Number

Insurance Carrier and Policy Number

states that he/she – when using a private automobile for Boone 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:

- \$50,000 bodily injury liability each person**
- \$100,000 bodily injury liability each accident**
- \$10,000 property damage liability**

The Affiant further states that this insurance will be in effect at all times when a private vehicle is used for Boone County Board of Education business. If said insurance is cancelled or expires, the Affiant will notify the Operations Department and will cease to use a private vehicle for Boone 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 _____, 20.

My commission expires _____

Notary Public

Return this form to the Operations Department