



## INSURANCE VERIFICATION ASSURANCE STATEMENT

**EMPLOYEE NAME:** (Print) \_\_\_\_\_

**DRIVER'S LICENSE #:** \_\_\_\_\_

**FY: 20** \_\_\_\_\_

Regional Office of Education # 26 employees who use privately owned motor vehicles for office business **MUST** file the following information with the Regional Office of Education.

The information must be submitted prior to the use of privately owned vehicles. All information will remain valid until the end of the current fiscal year or until the facts have been changed.

- I understand that in order to drive my personal vehicle on office business, I must have vehicle liability/property damage insurance of at least \$20,000 single/\$40,000 multiple liability and \$15,000 property damage.
- I hereby certify that I do carry the minimum amounts of insurance required by the State of Illinois as defined by the Motor Vehicle Code.
- I further state that I am duly licensed to drive a motor vehicle in the state of Illinois.

This is to certify that the above information is correct, as of this date, and that any changes will be reported immediately to the Regional Office of Education # 26.

**DATE:** \_\_\_\_\_

\_\_\_\_\_  
**Employee Signature**

**Program employed under:** \_\_\_\_\_