

# Volunteer Auto Insurance Affidavit 2010-11

State of Kentucky  
County of Jefferson

**The Affiant:** \_\_\_\_\_  
Name

\_\_\_\_\_   
Complete Home Address (With ZIP Code)

\_\_\_\_\_   
Social Security Number

\_\_\_\_\_   
School/Location Number

\_\_\_\_\_   
Auto Insurance Carrier and Policy Number

States that he or she – when using a private automobile for Jefferson 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:

- \$25,000 bodily injury liability for each person**
- \$50,000 bodily injury liability for each accident**
- \$10,000 property damage liability**

The Affiant further states that this insurance will be in effect from July 1, 2010 to June 30, 2011. If said insurance is cancelled or expires, the Affiant ceases to use a private vehicle for Jefferson 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 \_\_\_\_\_, \_\_\_\_\_.

My commission expires \_\_\_\_\_.

\_\_\_\_\_  
Notary Public, Jefferson County Public Schools

**Please make sure all information has been provided.**  
**Fold and return this form to the address on the back**



**Insurance Department  
VanHoose Education Center**

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To: **INSURANCE DEPARTMENT  
VanHoose Education Center  
P.O. Box 34020  
Louisville, KY 40232-4020**