

Lantana Community Middle School

1225 W. Drew Street
Lantana, FL 33462
561-540-3400

SCHOOL VOLUNTEERS CONFIRMATION OF: AUTOMOBILE LIABILITY INSURANCE

To: Mr. Burke, Principal

The private passenger vehicle that I will be driving on (Date/Dates) VARIOUS DATES to transport school children is covered for bodily injury and property damage liability insurance. I understand that the School District does not provide insurance or any protection for accidental damage to the vehicle.

I will notify the principal or designee immediately if this insurance should terminate without being replaced on the same day.

SIGNATURE

DATE

INSURANCE COMPANY _____

POLICY NUMBER _____