

CLIENT NAME – LAST, FIRST

CLIENT NUMBER

CLIENT'S AUTOMOBILE

I may from time to time ask your employee to drive my vehicle as part of the services provided to me.

I acknowledge that I have the primary responsibility for my automobile and automobile insurance. I agree to hold the agency and agency employee harmless in the event that there is an accident in which there is damage to my car or injury to its occupants.

I hereby certify that the vehicle described below is properly licensed, registered, inspected, in safe and usable condition, and that the required insurance, at least, is carried on it which covers me and any employee of the agency who may be transporting me.

STATE		REGISTRATION NUMBER		LICENSE TAG NUMBER	
MAKE / MODEL				COLOR	
INSURANCE COMPANY				POLICY #	
LIABILITY INSURANCE COVERAGE	AMOUNTS – PROPERTY DAMAGE	AMOUNTS – BODILY INJURY	MAXIMUM AMOUNT PER OCCURRENCE	EXPIRATION DATE	
CLIENT'S INSURANCE REPRESENTATIVE				PHONE	

CLIENT OR REPRESENTATIVE SIGNATURE / DATE

SIGNATURE OF VEHICLE OWNER / DATE
(IF OTHER THAN CLIENT)

AGENCY WITNESS / DATE

CLIENT AS PASSENGER IN EMPLOYEE'S AUTOMOBILE

I may from time to time ask your employee(s) to provide transportation as part of the services provided to me. I agree to hold the agency and agency employee(s) harmless in the event there is an accident in which I am injured.

CLIENT OR REPRESENTATIVE SIGNATURE / DATE

SIGNATURE OF VEHICLE OWNER / DATE
(IF OTHER THAN CLIENT)

AGENCY WITNESS / DATE

INSURANCE VERIFICATION BY AGENCY EMPLOYEE

COVERAGE VERIFIED BY NAME / POSITION

DATE