

Private Carrier Information 2023-2024

Drive Name: (Last) _		(First)	
Date:			
Driver License Num	ber:		
Auto Insurance Car	rier:		
Policy Number:		_ Policy Period:	
Covered Driver(s): _			
Covered Vehicle(s):			
	e for: her/ Bodily Injury \$ per accident Persona		
Underinsured	Motorist (UM/UIM) \$ per accident		
Number of traffic vi	olations/accidents in pas	two years	
Nature of TrafficeV	iolation(s)/Accident(s)		



When transporting other children, you must be a covered driver in a covered vehicle in the above-referenced auto policy. If the designated driver is not a covered driver in a covered vehicle, this form must be completed for the designated driver's auto policy. The designated driver must have a valid license. To be permitted to transport other children in your vehicle, the minimum coverage for Liability to Others/Bodily Injury is \$100,000/\$300,000.

You are required to carry coverage for Personal Injury Protection (PIP) and Underinsured Motorist (UM/UIM) to be permitted to transport other children. This information is required to insure your child is riding in a safe environment.

I hereby certify this information is a	accurate and complete.
Signed	Print
Date:	

