

# Auto Insurance Affidavit

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

**Conner High School, Hebron KY**

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

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

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

states that he/she – when using a private automobile for Boone 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:

- \$50,000 bodily injury liability each person**
- \$100,000 bodily injury liability each accident**
- \$10,000 property damage liability**

The Affiant further states that this insurance will be in effect at all times when a private vehicle is used for Boone County Board of Education business. If said insurance is cancelled or expires, the Affiant will notify the Operations Department and will cease to use a private vehicle for Boone 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 \_\_\_\_\_, 20\_\_\_\_\_.

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

**Return this form to the Operations Department**