

Private Vehicle Registration:

Name: _____

Address: _____ Town: _____ Zip: _____

Phone: _____ Fax: _____ E-Mail: _____

Vehicle(s) #1 Make: _____ Year: _____ Air Bag/s: _____

Model: _____ Color: _____ Seating: _____

License #: _____

#2 Make: _____ Year: _____ Air Bag/s: _____

Model: _____ Color: _____ Seating: _____

License #: _____

Insurance Company: _____

Insurance Agent: _____

Address: _____ Town: _____ Zip: _____

Telephone: _____

I certify that I am currently insured through the above company for automobile liability insurance in an amount in excess of or equal to the minimum required under Minnesota State law. (Liability: \$30,000 per individual/\$60,000 per occurrence/Property Damage: \$10,000 per occurrence)

Further, I agree to forward a photocopy of my Proof of Insurance Card at each renewal period.

Further, I agree to immediately notify Pine County Health and Human Services in the event that the above liability insurance is revoked, cancelled or altered in such a manner as to no longer meet the minimum vehicle insurance requirements for the State of Minnesota.

Further, I agree not to transport any passengers as part of the volunteer driver program if these minimum liability requirements are not met, or if my Minnesota vehicle operator's license is not current and/or valid, or if the registration and license of the vehicle (s) I use to transport passengers is not current and/or valid.

Further, I certify that my vehicle(s) is in safe operating condition.

Further, I agree to hold harmless and indemnify Pine County Health and Human Services and the passenger(s) against any or all claims arising all or in part from my negligence.

Further, I authorize Pine County Health and Human Services to make periodic checks of my driving and criminal record.

Signature: _____ Date: _____