

## VIRGINIA DRIVER TRAINING SCHOOL VEHICLE INSURANCE CERTIFICATION

**Purpose:** Use this form to certify that motor vehicle(s) used by driver training schools to conduct behind the wheel instruction are insured with at least the minimum required amount of insurance.

**Instruction:** The insurance company or its authorized agent must complete this form and return it to the Commercial Licensing Work Center at the above address. The completed form may be faxed to (804) 367-2019.

SCHOOL/INSURANCE COMPANY INFORMATION			
SCHOOL NAME			
SCHOOL STREET ADDRESS		CITY	STATE
INSURANCE COMPANY NAME			
POLICY NUMBER	POLICY EFFECTIVE DATE (mm/dd/yyyy)		POLICY EXPIRATION DATE (mm/dd/yyyy)

VEHICLE INFORMATION (attach additional sheets as required)			
Make	Year	Vehicle Identification Number (VIN)	License Plate Number

INSURANCE COVERAGE	COVERAGE AMOUNT
Bodily injury or death of any one person	\$
Bodily injury or death of two or more persons in any one accident	\$
Property damage in any one accident	\$
Medical payment for each passenger	\$

AGREEMENT AND CERTIFICATION			
<p>It is agreed to by the insurance company that the Virginia Department of Motor Vehicles will be notified in writing at the address shown above not less than ten days before the policy(s) expires, or if the policy(s) is/are not maintained in full force.</p> <p>As agent or officer of insurance company, I certify that the motor vehicle(s) registered to the above named school are insured with the amount of coverage indicated as provided by the named insurance company which is authorized to do business in Virginia and that all policies include uninsured motorists coverage.</p> <p>I further I certify and affirm that all information presented in this form is true and correct, that any documents I have presented to DMV are genuine, and that the information included in all supporting documentation is true and accurate. I make this certification and affirmation under penalty of perjury and I understand that knowingly making a false statement or representation on this form is a criminal violation.</p>			
AGENT OR OFFICER OF INSURANCE COMPANY NAME (print)		TELEPHONE NUMBER	
ADDRESS	CITY	STATE	ZIP CODE
PARENT INSURANCE COMPANY UNDERWRITER NAME		TELEPHONE NUMBER	
AGENT OR OFFICER OF INSURANCE COMPANY SIGNATURE		DATE (mm/dd/yyyy)	