

**FORM 4700 - DRIVERS EDUCATION INSURANCE CERTIFICATION**

**No Fee**

(Lines will expand as needed)

NAME OF SCHOOL					
ADDRESS (MAILING)					
CITY		STATE		ZIP	

**VEHICLE INSURANCE**

According to current Regulations XXVII. Drivers Education – Vehicle Insurance:

- (1) Each training vehicle shall have a motor vehicle liability insurance policy with the following minimum limits: Bodily injury and death benefits of \$100,000 for any one person and \$200,000 for two or more persons in any one accident;
  - (a) Property damage coverage of \$100,000; **AND**
  - (b) Medical, hospital, and disability benefits (economic loss coverage) of \$100,000 per person, \$300,000 aggregate.
- (2) Each policy shall be for a minimum of six (6) months. Proof of renewal of each policy shall be submitted to the Board annually.
- (3) In the event the insurance coverage is cancelled, a copy of the written notice of cancellation must be furnished to the Board within twenty-four (24) hours of receipt. Behind-the-wheel instruction will be immediately suspended until proper verification of insurance is provided to the Board staff.

**ATTACH A COPY OF THE INSURANCE POLICY(S) AS REQUIRED FOR THE DRIVERS EDUCATION PROGRAM.**

**STATEMENT OF COMPLIANCE**

Under penalty of perjury, I certify that the attached copy of insurance for my drivers education program meets the minimum requirements of the current law and regulations. I further certify that I understand that it is my responsibility to send copies of my drivers education program insurance policy to SBPCE as it is renewed.

Printed Name of Official		Title	
Signature of Official (Sign in Blue Ink)		Date	