

Transportation of Athletes in Privately Owned Vehicles

Statement of Insurance Coverage

Owner's/Driver's Name _____ Date of Birth _____

Home Phone _____ Cell Phone _____

Email Address _____

Make of Car _____ Year/Model _____

License Number _____

Name of Auto Insurance Carrier _____

POLICY # _____

COVERAGE LIMITS: (Please initial all items below that reflect your policy)

_____ **a.** Bodily Injury at \$100,000 or more for one person and \$300,000 or more for more than one person.

OR

Combined Single Limit Bodily Injury at \$300,000 or more.

_____ **b.** Coverage for Property Damage at \$50,000 or more.

_____ **c.** Coverage for Uninsured Motorists.

_____ **d.** Medical Payments Coverage for passengers at \$5,000 or more.

This policy expires on: _____ **(DATE)**

Certification:

I certify that the facts, as completed above, are true and correct. I further agree to provide a current Driver's License, vehicle registration and any certificates, policies, or other official documents as requested to support this information. I affirm that I have not been convicted of reckless driving or driving under the influence of drugs or alcohol. I agree to immediately notify the NBRC Crew Coach of any changes in the facts above, including any cancellations of coverage or changes in limits as initiated by the carrier or owner of vehicle.

Owner/Driver (signature) _____ Date _____

Acknowledgment that the above information has been reviewed and validated.

NBRC Coach or Board Secretary _____ Date _____