

**Barstow Unified School District
PROOF OF INSURANCE FOR
MILEAGE REIMBURSEMENT**

The State requires automobile liability insurance coverage for your personal vehicle when receiving mileage reimbursement.

Each year it is necessary that you provide us with a **CURRENT** statement of liability insurance coverage on your automobile used for Barstow Unified School District purposes.

By accepting the mileage reimbursement, you are confirming that you have automobile liability insurance as required by the State of California. However, if you **DO NOT HAVE COVERAGE**, you must notify your supervisor and you should not use your automobile for school business until you have the insurance.

Please **COMPLETE** the form below and attach copies of your driver's license and proof of insurance.

I have liability insurance coverage for my automobile with _____ Insurance Company and agree to maintain insurance coverage as long as I use my automobile for school business.

Name: _____

Date: _____

Signature: _____

PLACE COPY OF LICENSE HERE

PLACE COPY OF INSURANCE HERE

PLEASE RETURN THIS COMPLETED FORM TO THE ACCOUNTING DEPARTMENT.