

# EMPLOYEE AUTO INSURANCE AFFIDAVIT

State of Kentucky  
County of Jefferson

The Affiant:

\_\_\_\_\_  
Name

\_\_\_\_\_  
School/Location and Location Number

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Insurance Carrier and Policy Number

states that he/she—when using a private automobile for Jefferson County Public Schools business, which includes, but is not limited to, transporting students and taking part in field trips or activity events—will carry no less than the following limits of liability insurance:

**\$25,000 bodily injury liability each person**  
**\$50,000 bodily injury liability each accident**  
**\$10,000 property damage liability**

The Affiant further states that this insurance will be in effect at all times when a private vehicle is used for Jefferson County Board of Education business. If said insurance is cancelled or expires, the Affiant will notify the Insurance Department and will cease to use a private vehicle for Jefferson County Public Schools business until such insurance limits are put back in force.

Further, Affiant sayeth not. \_\_\_\_\_  
Signature of Affiant

Subscribed and sworn to before me by \_\_\_\_\_

this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

My commission expires \_\_\_\_\_.

\_\_\_\_\_  
Notary Public, Jefferson County, Kentucky

**Fold and return this form to the address on the back.**