



Immanuel Lutheran School

2865 -26th Avenue Columbus, NE 68601 402-564-8423

ASSURANCE of AUTO INSURANCE

School Year: _____

This form needs to be completed by any auto owner volunteering his/her services to drive for any event associated with Immanuel Lutheran School. The purpose of this form is to assure the parents of any passenger in your car, along with the school, that you carry adequate insurance coverage on your auto. Please attach a photo copy of the driver's valid driver's license.

Owner's Name: _____

Driver names: _____

Auto #1:

Auto #2:

Year :		
Make:		
Model:		
# of passengers:		
License Plate #:		

Insurance Company: _____

Effective Dates: _____ to _____

Liability Coverage: Each person \$ _____ Each accident \$ _____

Signature of Owner: _____ Date: _____

Photo ID is attached

Mission Statement

The ministry of Immanuel Lutheran School is to share Christ by educating, nurturing, and equipping God's people for a life of Christian service