

**CONFIRMATION OF INSURANCE COVERAGE FOR VOLUNTEER DRIVER:**

This is to confirm our awareness that \_\_\_\_\_ is a Volunteer Driver with the Charlotte County Alternative Transportation Association, a non-profit organization that works to meet the transportation needs of seniors, people with disabilities and/or individuals in need. We understand that the person named above will be providing occasional driving services using his/her own personal vehicle within the region of Charlotte County, New Brunswick. He/she will be serving as a volunteer and will receive compensation only for the purpose of recovering fuel expenses.

This is to confirm that the person named above carries at least two million dollars worth of insurance liability coverage.

**Volunteer Driver:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Name of Insurance Company:** \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Policy Number:** \_\_\_\_\_

Name of Agent (please print): \_\_\_\_\_

Signature of Agent: \_\_\_\_\_

Date: \_\_\_\_\_