



Western Oregon UNIVERSITY

PRIVATE AUTO - CERTIFICATE OF INSURANCE



Have you filled out a "driver authorization form"

Please Note: This certificate must be filled out by: **1)** the owner of any privately owned automobile that is used to transport students, faculty, staff, or volunteers conducting WOU business; or **2)** any students, faculty, staff, or volunteers who claim mileage reimbursement from WOU. Fill out a form for each insurance policy you may be using on WOU business

It is the responsibility of the driver to notify Public Safety if insurance has changed.

Your Name: _____	Name and Address of Insurance Agency: _____
The name and address of insured (this could be your dad) _____	_____
_____	Policy Number: _____
Your phone number: _____	Agent's Phone Number: _____

This is to certify that the policy of insurance listed has been issued to the insured above and is in force at this time.

I am fully aware my automobile insurance coverage is primary for myself and all passengers I transport to and from specified locations and the State of Oregon will not cover my private vehicle for use on State business except as defined by law. I hereby certify that all the above mentioned information is valid and true at this time.

Insured or Driver's Signature: _____

Date: _____

This completed form needs to go to WOU Public Safety, 345 N Monmouth Ave, Monmouth, OR 97361, 503-838-8481 (p), 503-838-8100 (f), dispatch@wou.edu