

Western Nevada College

Name of vehicle driver: _____

Owner's liability policy number: _____

Name of insurance company: _____

Limits of liability:

Bodily injury: \$ _____

Property damage: \$ _____

Medical payments: \$ _____

Individual Date: ___/___/___

Immediate Supervisor Title: _____ Date: ___/___/___

Division Chair/Dept. Head Title: _____ Date: ___/___/___

WNC V.P. Title: _____ Date: ___/___/___