



WISCONSIN LEADERSHIP SEMINARS INC.

A TRAIL SEMINAR

Driver's Insurance Form

Driver's Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Driver's License Number: _____

Vehicle Make: _____ Model: _____

Number of working seat belts: _____

Insurance Provider: _____

Policy Number: _____

- I certify that my insurance policy is current and has a minimum of public liability insurance.
- I certify that I have not received more than 3 moving violations in the past 3 years and that my license has not been revoked or suspended over said period.
- I certify that I have not been ticketed for any major driving infractions in the past 3 years. (Examples: Excessive speed (20+ MPH over speed limit), reckless driving, driving under the influence of alcohol or drugs, leaving the scene of an accident, operating a motor vehicle with a suspended or revoked license)

Driver's Signature: _____ Date: _____

Responsible Adult's Name (please print): _____

- I certify that I have visually verified that the above driver's insurance policy and driver's license are currently valid.

Responsible Adult's Signature: _____ Date: _____