

# Vehicle Insurance Attestation

The purpose of this form is to fulfill the endorsement requirement in **WAC 182-140-0100(2)(a)(v)**.

1

## Agency information

Agency name

Agency contact person

Email

Phone

Submission date

2

## Attestation

I attest that our agency has vehicle insurance coverage that applies to private, nonprofit transportation providers and meets the minimum limits of **WAC 480-31-070**.

3

## Signature

The undersigned represents and warrants they have the legal authority within the organization to execute this document on behalf of the listed agency and that the information contained in this attestation are true, accurate, and complete to the best of my knowledge.

Print first and last name

Title

Signature

Date signed