

Foster Home Motor Vehicle Insurance Certification

Please type or print:

Foster Home Name	Provider ID Number
Street Address	Phone #
City/State/Zip Code	

Certification of Insurance

I, **(PRINT NAME)**, _____, a driver and household member 16 years of age or over in the above named foster home, do hereby certify that I have in effect and I will maintain liability coverage in accordance with the motor vehicle law on the identified motor vehicle used to transport foster children. I further agree to notify the foster home's licensing worker in the event I fail to have in effect the automobile liability insurance as stated.

Signature of Driver	Date
Insurance Carrier	Vehicle License Number

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I, **(PRINT NAME)**, _____, a driver and household member 16 years of age or over in the above named foster home, do hereby certify that I have in effect and I will maintain liability coverage in accordance with the motor vehicle law on the identified motor vehicle used to transport foster children. I further agree to notify the foster home's licensing worker in the event I fail to have in effect the automobile liability insurance as stated.

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Insurance Carrier	Vehicle License Number

If more than three household members in this foster home are or will be transporting foster children, use additional CFS 688 forms.