

Automobile Insurance Attestation

Check one box only:

- I hereby attest that I do drive an automobile and I do hold an active automobile insurance policy. I understand that I may be requested to use my vehicle for work related purposes. In the event that I do, my automobile insurance policy provides for minimum liability limits of \$50,000 per occurrence.

- I hereby attest that I do not drive an automobile and/or do not hold an automobile insurance policy. However, I understand that in the event that I obtain an automobile or I am placed on an insurance policy, I will submit this information to PearlCare Medical Staffing. Furthermore, I realize that without active insurance I may not drive a vehicle in connection with any job activities whatsoever.

Employee Name

X
Signature

Date