



EASTERN KENTUCKY UNIVERSITY  
2005-2006 SPORT CLUBS  
TRAVEL INSURANCE FORM

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(All persons driving to club activities must sign a Travel Insurance Form before driving to an event)

Sport Club \_\_\_\_\_

Name of Driver \_\_\_\_\_  
(Please Print)

Driver's License # \_\_\_\_\_

State of Insurance \_\_\_\_\_ Expiration Date \_\_\_\_\_

Owner of Vehicle \_\_\_\_\_

Name of Automobile Insurance Company  
\_\_\_\_\_

Automobile Insurance Policy Number  
\_\_\_\_\_

Make/Model of Vehicle  
\_\_\_\_\_

By signing below, I certify that I have automobile insurance coverage that meets the requirements of law in the state of Kentucky. I also certify that my driver's record is satisfactory and the above information is correct and if an accident occurs while my car is driven to or from a club activity, I understand that my automobile insurance coverage may be the primary coverage.

\_\_\_\_\_  
Signature of Driver

\_\_\_\_\_  
Date