**Verification of Auto Insurance Coverage**

*(Please put on school letterhead)*

I, (Instructor Name), from (Name of University) hereby confirm that those persons associated with (Student Name/Production name) are taking their own personal vehicles to the (Project Name) shoot on (Shooting Dates/Locations) and I’ve confirmed that they carry their own personal auto liability insurance.

If there are any questions or concerns about this production, contact me at (Instructor Email and Phone Number).

Signed,

(Signature)

(Name)

(Department)

Contact Information:

Email:

Phone Number: