

Rideshare Driver – Insurance Verification The Corporation of the City of Sault Ste. Marie

"Driver" Details:

Name:		
Address:		
City:	Province:	Postal Code:
Phone #:	Email:	
"Driver" Insurance Information	<u>on</u>	
Insurance Company:		
Policy #:		
Policy effective date:	Policy expiry date:	
Legal Liability coverage of at I	east \$2,000,000: Yes No (\$2,0	000,000 is the minimum acceptable limit)
Vehicle Information:		
Make:	Model:	Year:
VIN#:		_
"Rideshare Company" Name	:	
The listed "Rideshare Compar	ny" does hereby confirm the following	:
be engaged in ridesh they allow the vehicl The "Driver" is insure occur when the "Driv passenger exits the ventors.	aring activities and that the insurance e to be used for ridesharing activity; a ed under "Rideshare Company" blanke ver" has made themselves available to	et fleet policy for accidents and claims that accept ride requests up to the time the sparate from, and is not a replacement for, the
"Rideshare Company" Autho	rized Representative:	
Signature:	Date	2:
		equired. If the above-described policy is cancelled,

In the event of a change in vehicles, or insurance providers, a new form is required. If the above-described policy is cancelled, the "Rideshare Company" is required to advise The Corporation of the City of Sault Ste. Marie and the "Licence" is deemed to be suspended until updated insurance is provided. Original form and signature is required.

By-law 2011-161