

Checklist for Adding/Deleting a Vehicle to/from Driver Education School

Add

- Driver Education Program Training Vehicle Form, adding vehicle.
- Certificate of Insurance for vehicle adding.
- Certificate of Origin, if car titled within the same year of the manufacturer's certificate of origin.
- Maryland State Inspection for vehicle not registered in the same year as the Certificate of Origin.
- Registration showing vehicle registered in school's name.

Delete

- Driver Education Program Training Vehicle Form deleting vehicle.

**DRIVER EDUCATION PROGRAM
TRAINING VEHICLE FORM**

_____ School Name _____ School Number

_____ ADD VEHICLE _____ DELETE VEHICLE

_____ Vehicle Identification Number (VIN) _____ Tag # (Perm/Temp)
Note: This form must be submitted before a vehicle may be used for training. If a temporary tag number is provided, a new form must be submitted when the permanent tag is received.

_____ Year _____ Make _____ Model _____ Title #

_____ Vehicle Owner's Name (Please print)

I certify the above vehicle is equipped with (complete only if adding a vehicle):

_____ Instructor Brake Pedal
Initial

_____ Instructor Clutch Pedal (if manual transmission)
Initial

_____ Instructor's mirror as required in COMAR
Initial

_____ "Student Driver" sign affixed to the rear of the vehicle
(as per COMAR)
Initial

_____ Signs with school name & telephone number affixed to both sides
of the vehicle.
Initial

I certify that the vehicle listed above meets the requirements as set forth in Maryland Vehicle Law and the Code of Maryland Agency Regulations (COMAR). Enclosed is a copy of the Maryland State Inspection Certificate (not required for new vehicles titled within the same year of the manufacturer's certificate of origin) proof of insurance, and a copy of the vehicle's registration card.

_____ School authorized official (Print) _____ Title

_____ (Sign) _____ Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER GEICO Insurance Agency, Inc. 1 GEICO Blvd Fredericksburg, VA 22412	CONTACT NAME: GEICO Insurance Agency, Inc.
	PHONE (A/C, No., Ext): _____ FAC (A/C, No.): _____ E-MAIL ADDRESS: _____
INSURED	INSURER(S) AFFORDING COVERAGE: NATIONAL INDEMNITY COMPANY
	INSURER A: _____ NAIC #: 20087
	INSURER B: _____
	INSURER C: _____
	INSURER D: _____
	INSURER E: _____

COVERAGES **CERTIFICATE NUMBER:** 74,387 **REVISION NUMBER:** _____

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ _____ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ _____ MED EXP (Any one person) \$ _____ PERSONAL & ADV INJURY \$ _____ GENERAL AGGREGATE \$ _____ PRODUCTS - COMP/OP AGG \$ _____
A	AUTOMOBILE AUTHORITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				05/01/2014	05/01/2015	COMBINED SINGLE LIMIT (Ea accident) \$ N/A BODILY INJURY (Per Person) \$ _____ BODILY INJURY (Per accident) \$ _____ PROPERTY DAMAGE (Per accident) \$?
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENT						EACH OCCURRENCE \$ _____ AGGREGATE \$ _____
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATION below			N/A			WC STATUTORY LIMITS OTH-ER E. L. EACH ACCIDENT \$ _____ E. L. DISEASE - EA EMPLOYEE \$ _____ E. L. DISEASE - POLICY LIMIT \$ _____

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Year, Make, Model, VIN	Collision	Comp or Spec. Caus.	Stated Amount	Phys. Dam Deductible	In-Tow Limit	Cargo Limit
	Covered	C	24,320	500/500	N/A	N/A

CERTIFICATE HOLDER MOTOR VEHICLE ADMINISTRATION 6601 RITCHIE HIGHWAY, NE GLEN BURNIE, MD 21062	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE _____
--	--

CERTIFICATE OF ORIGIN FOR A VEHICLE

TOYOTA

DATE	INVOICE NO.		
12-01-2011	[REDACTED]		
VEHICLE IDENTIFICATION NO.	YEAR	MAKE	
[REDACTED]	2012	TOYOTA	
BODY TYPE	SHIPPING WEIGHT		
4-DOOR LE SEDAN	3,065		
H.P. (S.A.E.)	G.V.W.R.	NO. CYLS.	SERIES OR MODEL
178	4630	4	CAMRY
ENGINE NO.	[REDACTED]		

I, the undersigned authorized representative of the company, firm or corporation named below, hereby certify that the new vehicle described above is the property of the said company, firm or corporation and is transferred on the above date and under the Invoice Number indicated to the following distributor or dealer.

NAME OF DISTRIBUTOR, DEALER, ETC.

~~ROCK HILL AUTOPARK, LLC
 DBA ROCK HILL TOYOTA
 9801 REISTERSTOWN ROAD
 OWINGS MILLS MD 21117~~

sample

It is further certified that this was the first transfer of such new vehicle in ordinary trade and commerce.

CERTIFIED FOR SALE IN ALL 50 STATES OF THE U.S.A.	TOYOTA MOTOR SALES, U.S.A., INC.
BY: 	Senior V.P.-Finance-Administration
[REDACTED]	(AGENT)
[REDACTED]	SIGNATURE OF AUTHORIZED REPRESENTATIVE
[REDACTED]	DISTRIBUTOR
[REDACTED]	GLEN BURNIE, MD.
[REDACTED]	CITY - STATE

T0086 [REDACTED]

2552 (08/09)