

CERTIFICATE OF LIABILITY INSURANCE

for the

Firefighter Program (FFP)

The _____ Fire Department situated in

_____ County, SC, has the following motorized vehicle(s), obtained from the USDA Forest Service:

| | Vehicle Year/Make/Model | VIN # |
|----|-------------------------|-------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |

It is required that each such vehicle be insured with a **minimum** of \$25,000 bodily injury each person, \$50,000 each occurrence, \$25,000 property damage each occurrence. This is in accordance with State of South Carolina minimum insurance requirements for vehicles.

Currently, the above-described vehicle(s) is/are insured as required by:

_____ Insurance Company

Policy # _____

Dates of coverage are _____ to _____.

Fire Department Info:

Mailing Address: _____
Street/Route/PO Box, etc. City State Zip

Cell: (_____) _____ Work: (_____) _____

E-mail: _____

By: _____
Fire Chief - Printed Name



Signature

Date: _____ 20 ____