Date_____

RE: Confirmation of Insurance

Dear District of Lakeland No. 521.

Please accept this as confirmation that person named herein has third party liability insurance in an amount of not less than $200,000 for item listed below.

Name of Insured _____

Property Insured _____
Year Make/Model VIN

This form was completed by:

Company Name & Address _____

Person Completing This Form _____

Phone Number _____

"Seal" if any

_____
Signature