

GEORGIA DEPARTMENT OF CORRECTIONS

Waiver of Liability

To Whom It May Concern:

_____, your employee has permission to drive a company vehicle as needed for your work when this form is signed and returned to my office.

The State will not be liable for accidents. Therefore, your company must be responsible for insurance coverage. Please list below the name of your insurance company and the amount of coverage you have on the vehicle(s) the employee will drive.

Sincerely,

Superintendent

Name of Insurance Company: _____

Address: _____

Amount of Type/Coverage: _____

Name of Firm: _____

Signature of Employer

Date