

**LOUISIANA STATE UNIVERSITY SYSTEM
CERTIFICATE OF PRIVATELY OWNED AUTOMOBILES
TRIP TRAVEL INSURANCE**

I certify that my automobile which will be used to transport participants is insured in accordance the laws of The State of Louisiana and will be used during the following trip or activity:

1. NAME OF ACTIVITY OR TRIP: _____
2. DESTINATION OF ACTIVITY OR TRIP: _____
3. DATE of DEPARTURE: _____
4. DATE of RETURN: _____
5. NUMBER OF PERSONS TO BE TRANSPORTED: _____

I certify that I have liability coverage as required by law and this coverage will be in force as of the date of this authorized travel. I also agree to hold harmless the Louisiana State University System, the Campuses under its supervision, and The State of Louisiana for any and all liability which may result from the trip or activity.

SIGNATURE OF OWNER OF VEHICLE

DATE

CAMPUS APPROVAL

**SIGNATURE
CAMPUS ADMINISTRATIVE OFFICER**

DATE