

**College of Education
Armstrong Atlantic State University
11935 Abercorn Street
Savannah, GA 31419**

PROFESSIONAL LIABILITY INSURANCE VERIFICATION

As part of my professional teacher education preparation I understand that I will participate in certain laboratory experiences in school systems beyond the university campus. I am aware that I must have liability insurance to participate in laboratory experiences. (Insurance needs to be renewed every year.)

THEREFORE:

I, _____, SS# _____,

have tort liability insurance as follows:

Name of Company/Organization Providing Coverage

Period of Coverage

OPTIONS: SGAE Membership SPAGE Membership SGFT Membership Private Insurance (specify)
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Signature

Date

Attach a copy of your membership card or receipt as proof of coverage.

Practicum assignments cannot be made until proof of coverage is provided.

Membership needs to be renewed every year in order to maintain coverage. Proof of coverage is required every year.

Providing false information may result in termination of practicum assignment and withdrawal from the program.