

**RESIDENTS PERSONAL AUTOMOBILE
Glen-Park Retirement Communities**

The resident has a personal auto which will be parked in the Facility Parking area.

Make of auto: _____ Year: _____

Resident Driver License Number: _____

Issuing State: _____

DL Expiration Date: _____

Insurance Policy coverage? _____ Yes/No

Liability Limits? _____

Current policy period: _____

The facility has no liability for any damage to the vehicle while on the company premises. No vehicle may be permitted on the premises without current insurance in force or if the Resident does not possess a valid California drivers license.

Resident Signature: _____

Date: _____