To all Insurance Companies providing a Certificate of Insurance to the Kansas Department of Education:

Please make sure that the Certificate of Insurance contains the following information:

1. **Name** of Commercial Driving School for which the vehicle will be used.
2. **Amount** of coverage.
3. **Vehicle** make, model and year.
4. **Expiration Date** of Policy
5. The Kansas Department of Education is listed as an Interested Party to be notified at least 10 days before insurance is to be changed or cancelled.
6. **Date** the information is being mailed, e-mailed or sent to:

   Kansas Department of Education
   900 SW Jackson St., Ste. 106.
   Topeka, KS 66612

Thank you,
Robyn Meinholdt
Public Service Administrator - Driver Education
Teacher Licensure and Accreditation
(785) 296-3379
rmeinholdt@ksde.org
www.ksde.org
Kansas leads the world in the success of each student.

You can stay up to date on KSDE Driver Education information [here](#).