

VOLUNTEER & EMPLOYEE AUTO USAGE STATEMENT

2009-2010

The school's current Commercial Insurance Policy also applies to employees or volunteer workers of the school while using their own automobiles to transport students in the course of authorized school activities. All employees or volunteers operating their own vehicles to transport students other than their own children on official authorized school business or related school activities, should be aware of the following:

1. The individual's own automobile liability insurance will always be considered as primary coverage. The school's policy will provide coverage for excess damages over and above the individual's primary coverage.
2. All travel by private car requires prior approval by the responsible administrator (or his/her designee), in order to establish that the activity is part of the school's program.
3. The school does not provide collision, comprehensive, etc., insurance coverage to cover damage or loss to an employee or volunteer's vehicle.
4. Volunteers and employees must be between 25-65 years of age.

The following minimum requirements must be met by the driver:

1. I certify that the insurance coverage on my vehicle includes:
\$100,000/300,000 Bodily Injury Liability
\$50,000 Property Damage Liability
\$5,000 Medical Payment
2. I certify that my vehicle is equipped with seat belts for all occupants.
3. I certify that the automobile listed below is regularly maintained and kept in good operating condition.
4. I certify that I have a good driving record, (no more that one ticket and no at fault accidents within the last 36 months).
5. I consent to the school checking my driving record from the Department of Motor Vehicles.
6. I certify that I meet the age requirements.

Please attach a copy of your proof of insurance with this form. Proof of insurance must be kept updated. Please reissue a copy when your policy renews or changes.

Driver #1

Name: _____ Phone: _____

Address: _____ Driver's License #: _____

Driver #2

Name: _____ Phone: _____

Address: _____ Driver's License #: _____

	Vehicle #1	Vehicle #2
Vehicle Make		
Year/Model		
Capacity		
Vehicle License #		
Name of Insurance Carrier		
Insurance Policy #		
Proof of Insurance and expiration date		

Driver's Signature

Principal's Signature

Date

Date