

Corbett School District 39

Code: **EEAE-AR**
Adopted: 1/15/98
Reviewed: 1/27/99

Proof of Auto Liability Insurance**(For Volunteers)

Dear _____,

You have agreed to transport students of the district to a field-trip function or for some other school approved purpose. Please be aware that in the event of an accident, your insurance will be primary coverage. In order to serve as a volunteer driver you will be required to provide proof of automobile liability insurance. Your insurance must meet or exceed minimum requirements as established by the state of Oregon and as set by the district. Your driving record will also be checked for insurance company acceptability.

Please **COMPLETE** the following information, providing information requested. **SIGN** where indicated and **RETURN** to the school office four working days **PRIOR TO THE DATE OF THE EVENT**.

Insurance Company Name: _____ Expiration Date: _____
(not agent's name)

Phone number for verification of insurance: _____ Policy Number: _____
Policy Limits: _____

Current minimum limits are: \$25,000 per person and \$50,000 per accident for bodily injury;
 \$10,000 per accident for property damage; \$25,000 per person and
 \$50,000 per accident for uninsured motorist coverage; and \$10,000 per
 accident for personal injury protection. State maximums are: \$50,000
 property; \$100,000 general for single accident or occurrence; and
 \$500,000 for any number of claims from a single occurrence.

Date of Birth: _____ Oregon Driver License No.: _____

Signature: _____ Date: _____

Parent/Volunteer Name: _____
(as it appears on your drivers license)

Address: _____

Daytime Phone: _____

Return form to athletic director or principal. If you do not have required coverage, you will not be allowed to transport students. (Insurance companies usually increase coverage for specific dates.)