

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.)