

Lincoln County School District

Code: EEAE-AR(2)
Revised/Reviewed: 3/04; 6/14/16 (Effective 7/01/16)
Orig. Code(s): EEAE-AR

Private Vehicle Assurance Form

School Year \_\_\_\_\_

Insured's/Driver's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_
Home Work Cell Phone

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Policy Dates: (from) \_\_\_\_\_ (to) \_\_\_\_\_

Agent: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Amount of Coverage: \_\_\_\_\_

Current minimum limits are: \$25,000 per person and \$50,000 per accident for bodily injury; \$20,000 per accident for property damage; \$25,000 per person and \$50,000 per accident for uninsured motorist coverage; and \$15,000 per accident for personal injury protection.

Vehicle Description

Year/Color: \_\_\_\_\_ Make/Body Style: \_\_\_\_\_

Vehicle License Number: \_\_\_\_\_ Number of seat belts in vehicle: \_\_\_\_\_

Driver Information

Driver's Valid Oregon Driver License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

If your license has ever been revoked or suspended within the past five years, state the reason and date(s):

I assure this vehicle is in safe operable condition and the facts set forth on this form are true and complete to the best of my knowledge.

Insured's Signature \_\_\_\_\_ Date \_\_\_\_\_

Approved by: Principal's Signature \_\_\_\_\_ Date Reviewed \_\_\_\_\_

COPIES: 1. Fiscal Services - 2. Building Principal - 3. Insured AC-45