

Morrow County School District

Code: EEAE-FORM
Adopted: 5/12/03

Proof of Vehicle Liability Insurance\*\*

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 provide primary coverage. In order to serve as a volunteer driver you will be required to provide proof of insurance. Your insurance must meet or exceed minimum requirements as set by the district.

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)

Policy Number: \_\_\_\_\_

Policy Limits: \_\_\_\_\_

Current minimum limits required by the district: \$100,000 combined single limit for liability and uninsured motorist coverage and \$15,000 per accident for personal injury protection.

Date of Birth: \_\_\_\_\_ Oregon Driver License No.: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Volunteer Name (as it appears on your driver license): \_\_\_\_\_

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

Daytime Phone: \_\_\_\_\_

Return form to business manager. If you do not have required coverage, you will not be allowed to transport students. (Insurance companies may increase coverage for specific dates.)