

Molalla River School District

Code: EEAE-AR
Adopted: 2/25/93
Readopted: 3/13/08
Orig. Code(s): EEAE-AR

Proof of Vehicle Liability Insurance

Dear Parent,

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: _____ Effective Date: _____
(Not agent's name)

Policy Number: _____

Policy Limits: _____

Volunteers are required to carry insurance in the amount of combined single limit of at least \$300,000.

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