

Pleasant Hill School District 1

Code: EEAE-AR
Adopted: 1/10/00
Readopted: 11/08/10; 12/12/11

Proof of Vehicle 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 provide primary liability coverage. The insurance carried by the district will apply on an excess basis only. Furthermore, the district does not provide any coverage to damage that may be caused to your vehicle. 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 are: \$300,000 Combined Single Limit for Bodily Injury or Property Damage Liability; \$300,000 Uninsured Motorist; \$10,000 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 fiscal officer. If you do not have required coverage, you will not be allowed to transport students. (Insurance companies may increase coverage for specific dates.)

Please provide a copy of your driver's license and insurance card.