

Sherman County School District

Code: **EEAE-AR**
Adopted: 8/14/95
Revised/Reviewed: 6/13/05; 12/09/13

Proof of Auto Liability Insurance** (For Volunteers)

Dear Transportation Volunteer,

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 coverage of no less than \$500,000 combined single limit bodily injury and property damage liability. 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: _____

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.

Date of Birth: _____ Oregon Driver License No.: _____

Signature: _____ Date: _____

Parent Name: _____
(as it appears on your drivers 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 usually increase coverage for specific dates.)