

Sherman County S. D.

Code: **EEAE-AR**
Adopted: 8/14/95
Readopted: 6/13/05

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 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: _____ (must be \$500,000)

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.)