

**South Umpqua  
School District 19**

Code: **EEAE-AR(2)**  
Revised/Reviewed: 1/16/02; 8/02/17  
Orig. Code(s): EEAE-AR(2)

**Assurance of Vehicle Insurance**

South Umpqua School District #19  
558 S.W. Chadwick Lane, Myrtle Creek, Oregon 97457  
Phone: (541) 863-3115

I am requesting authorization to use my vehicle, a (Make) \_\_\_\_\_ (Year) \_\_\_\_\_  
(Model) \_\_\_\_\_, license number \_\_\_\_\_, to transport students involved in an  
administratively-approved school activity for which each student has received written parent/guardian permission.

Oregon Drivers License #: \_\_\_\_\_ Birthdate: \_\_\_\_\_

I have current minimum coverage as required by Oregon state law.

Insurance Carrier: \_\_\_\_\_  
Policy Number: \_\_\_\_\_ Expiration Date of Policy: \_\_\_\_\_

I hereby certify that the above vehicle has safety restraints for \_\_\_\_\_ passengers and the driver, and I will abide  
by Oregon state law by requiring all passengers to use them.

Signed: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_

**FOR OFFICE USE ONLY**

The above has been verified through: (Check one or more/Copy Attached)

- Insurance certification from agent
- Policy presented to administrator (showing current policy dates)
- Insurance agent contacted for sign off
- Current insurance identification card presented to administrator

\_\_\_\_\_  
SUSD Administrator Title

\_\_\_\_\_  
School

\_\_\_\_\_  
Date

White: Building Copy Pink: Individual Yellow: District Office

