

**Willamina School District 30J**

Code: **EEAE-AR**  
Revised/Reviewed: 2/14/05; 1/08/18

**Private Vehicle Insurance Form**

Insured's name: \_\_\_\_\_ School year: \_\_\_\_\_

Address: \_\_\_\_\_

Phone (home): \_\_\_\_\_ Phone (work): \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Policy number: \_\_\_\_\_ Agent name: \_\_\_\_\_

Policy dates from: \_\_\_\_\_ to: \_\_\_\_\_

Amount of coverage per accident: \_\_\_\_\_

Amount of coverage per individual: \_\_\_\_\_

**Vehicle Description**

Year: \_\_\_\_\_ Color: \_\_\_\_\_

Make: \_\_\_\_\_ Body style: \_\_\_\_\_

License number: \_\_\_\_\_

Your valid Oregon driver's license number: \_\_\_\_\_

If your license has ever been revoked or suspended, state the reason and date:

\_\_\_\_\_

Number of seat belts in your vehicle: \_\_\_\_\_

I assure this vehicle is in safe, operable condition and the facts set forth on this form are true and complete to the best of my knowledge.

\_\_\_\_\_  
Insured's Signature

\_\_\_\_\_  
Date

Approved by:

\_\_\_\_\_  
Principal's Signature

\_\_\_\_\_  
Date Reviewed