



Volunteer/Employee Personal Automobile Use Permission Form

1. Please supply a copy of your Drivers License & Proof of Insurance

2. The copy of Insurance must contain the following information:

- **Insurance expiration date**
- **Vehicle Coverage (District requirement: \$100,000 / \$300,000)**

Drivers Name:

Year & Make of Vehicle:

Student's School:

Purpose (e.g Field Trip):

Date intending to drive:

Driving Restrictions:

I certify the above information is correct and the insurance coverage is in force. I understand I must have liability insurance coverage in force and agree to advise the District in writing of any changes in the above information. I attest that to the best of my knowledge, my vehicle is in excellent working order:

Signature of the Vehicle Owner: Date:

Signature of the Driver: Date:

Note: If you drive your personal automobile while on District Business and you are involved in an accident, by law your liability insurance policy is used first. The District liability policy would be used only after your policy limits have been exceeded. The District does not cover, not is responsible for comprehensive and collision coverage to your vehicle.

Signature of the Principal: Date: