

Alexander Valley Union School District

**TRANSPORTATION OF STUDENTS IN PRIVATELY-OWNED VEHICLES*
FOR SCHOOL-RELATED TRIPS
Statement of Insurance Coverage**

Please enter below the information as requested:

1. Owner's/Driver's Name: _____
Address: _____
Date of Birth: _____ Home Phone No.: _____ Cell Phone No.: _____
Make of Car: _____ Year/Model: _____
License Number: _____
Name of Auto Insurance Carrier: _____
Policy #: _____

2. Coverage limits: (Please initial all items below that reflect your policy)

- ___ a. Bodily Injury @ \$100,000 or more for one person and \$300,000 or more for more than one person.
or
Combined Single Limit Bodily Injury @ \$300,000 or more.
- ___ b. Coverage for Property Damage @ \$50,000 or more.
- ___ c. Coverage for Uninsured Motorists.
- ___ d. Medical Payments Coverage for passengers @ \$5,000 or more.

3. This policy expires on: _____
Date

CERTIFICATION:

I certify that the facts, as completed above, are true and correct. I further agree to provide a current Driver's License, vehicle registration and any certificates, policies, or other official documents as requested to support this information. I affirm that I have not been convicted of reckless driving or driving under the influence of drugs or alcohol within the past five years. I agree to immediately notify the School Principal of any changes in the facts above, including any cancellations of coverage or changes in limits as initiated by the carrier.

Owner/Driver _____
Date

Acknowledgement that the above information has been reviewed and validated.

_____ _____ _____
Principal *School* *Date*

***Please see the attached Instructions and Explanation of these**