

PERSONAL AUTOMOBILE USE

Permission Form

Name _____ Birthdate _____
Drivers License # _____ Expiration Date _____
Year & Make of Auto _____
Vehicle License Plate # _____
Insurance Carrier/Agent _____
Policy # _____ Expiration Date _____
Liability Limits _____
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.

Signature _____

Date _____

Principal's Signature **REQUIRED**

Signature _____

Date _____

NOTE: *If you drive your personal automobile while on school business and you are involved in an accident, by law your own insurance policy is used first. The District liability policy would be used only after your liability policy limits have been exceeded. The District does not cover, nor is it liable for, comprehensive and collision coverage to your vehicle.*

THE FOLLOWING INFORMATION MUST BE COMPLETED BY THE TEACHER:

School: _____

Date of Activity: _____

Activity: _____

Location: _____

Address: _____

Telephone #: _____