Mid-Peninsula High School

Driver Declaration Form

DRIVER'S NAME: _____

The undersigned acknowledges that the purpose of this Driver Declaration Form is to establish the primary liability and responsibility of the undersigned driver for any and all claims arising out of the undersigned transport of Mid-Peninsula High School students to and from school-sponsored and supervised activities. In pursuance of the purpose of this Declaration, the undersigned driver assures Mid-Peninsula High School as follows:

1. That the undersigned driver holds a current valid driver's license.

2. That the driver is at least twenty-one (21) years of age.

3. That the driver has had no DUI or reckless driving violations within the last 5 years and no more than 3 moving violations and/or at fault accidents within the last three years.

4. That the undersigned vehicle is insured by the insurance company named below for at least split limit coverage of $100,000.00 bodily injury and liability per person, $300,000.00 per occurrence and $5000.00 medical insurance per occupant or $300,000.00 combined single limit liability coverage and $5000.00 medical insurance per occupant. If possible, please attach a copy of the auto insurance declarations page.

5. That Mid-Peninsula High school may confirm by telephone or other means the above coverage with the undersigned's insurance agent as listed below.

6. That the undersigned recognizes and agrees that the driver's insurance coverage is primary and that the school's insurance, if applicable, is liability only and is excess only to that of the owner of the automobile. The school does not provide collision and/or comprehensive coverage for the driver's vehicle.

7. Permission to transport Mid-Peninsula High School students must be granted by the school head or his/her designee.

8. The undersigned agrees that each passenger will be provided with a seat belt and that seat belts will be worn at all times. Further, that the passenger capacity of your vehicle, determined by the number of seat belts will not be exceeded.

Driver_____
Address_____
City_____ State_____Zip_____
Home Phone _____ Cell _____Work Phone _____
Driver's License #_____ Expiration Date_____Issuing State___
Make of Car _____ Year_____ License_____ Passenger Capacity_____
Automobile Insurance Company_____
Policy Number_____ Policy Expiration Date_____
Agent Name_____Phone_____
Driver Signature_____ Date_____