



USE OF PERSONAL AUTOMOBILE FORM

OPTIONAL
This form is to be filled out ONLY if an adult is transporting children other than his/her own.

Name of Driver _____ Date of Birth _____

Address _____ / _____ / _____
street address city zip code

Description of Vehicle:

Year / Make / Model _____ / _____ / _____
Vehicle License Number _____

Insurance Information:

Insurance Company _____
Policy Number _____
Expiration Date _____
Insurance Agent's Name _____
Insurance Agent's Phone _____
Any Driving Restrictions? _____
If Yes, please describe _____

The minimum acceptable limits are:

Bodily Injury \$100,000 per person
 \$300,000 per occurrence

Property Damage \$ 25,000 per accident

I certify that the above information is correct and the insurance coverage is in force. I understand that I must have liability insurance coverage in force and agree to advise the District, in writing, of any changes in the above information. I further certify that the above vehicle is mechanically safe.

Vehicle Owner's Signature _____ Date _____

Driver's Signature _____ Date _____

NOTE: If you drive your personal vehicle 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, nor is it responsible for, damage to your vehicle.