

Insurance Expiration Date: \_\_\_\_\_

PLEASANTON UNIFIED SCHOOL DISTRICT TRANSPORTATION OF  
STUDENTS IN PRIVATELY OWNED VEHICLES\* Certificate and  
Authorization for STAFF and PARENT/GUARDIAN(S)\*

I have agreed to use my privately owned automobile for transporting students to school related activities. I certify that I possess a valid California Driver's License and presently have in force, automobile liability insurance coverage. I also accept the terms of the Indemnity Provision stated below.

School/Teacher: \_\_\_\_\_

Names(s) of PUSD Students: \_\_\_\_\_

Name of Driver: \_\_\_\_\_ Driver's License No.: \_\_\_\_\_

Address of Driver: \_\_\_\_\_ Home Phone No.: \_\_\_\_\_

Make of Automobile: \_\_\_\_\_ Year/Model/Style: \_\_\_\_\_

Automobile License No.: \_\_\_\_\_ Passenger Capacity w/Driver: \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_ Policy No.: \_\_\_\_\_

**SEAT BELTS REQUIRED TO BE USED BY ALL OCCUPANTS  
ALL STUDENTS MUST BE AT LEAST 4 FOOT 9 INCHES TALL or 8 YEARS OF AGE  
OR THEY MUST BE PLACED IN A CHILD BOOSTER SEAT**

**STUDENTS UNDER THE AGE OF 12 ARE NOT PERMITTED TO RIDE IN FRONT SEAT IF AIRBAG IS INSTALLED IN VEHICLE**

**PLEASE ATTACH A COPY OF INSURANCE COVERAGE DECLARATION PAGE TO THIS FORM**

**I have met the minimum insurance requirements per occurrence as listed below or have umbrella coverage of at least \$500,000:**

Bodily Injury Liability (BI):	
Each Individual	\$100,000
Total Each Accident	\$300,000
Property Damage Liability (PD):	
Total Each Accident	\$25,000
or Combined Single Limit (BI & PD):	\$300,000
Medical Payments:	
Each Individual	\$5,000
Uninsured Motorist Coverage (UIM):	
Each Individual	\$100,000
Total Each Accident	\$300,000

<b>FOR SCHOOL USE ONLY</b>
<b>Authorized by Responsible School Official</b>
Approved by: _____
Signature _____
Date _____

**Parent/guardian(s) should be aware that although there is a liability insurance policy in the District, it is the individual driver's own auto liability insurance that must provide the coverage in case of an accident. See Insurance Code 11580.1.**

Please obtain a Report of Accident form from school office prior to departure.

**\* INDEMNITY PROVISION \***

- \* Student drivers shall not transport other students on authorized field trips.
- \* The owner/driver agrees and accepts his/her obligation to operate, manage and control his/her vehicle in a safe and lawful manner while transporting students, pursuant to this certificate and authorization.
- \* The owner/driver further agrees to defend and indemnify the Pleasanton Unified School District from any claim, action or lawsuit brought by anyone which arises out of, or is in any way connected to the operation of the vehicle, pursuant to this certificate and authorization.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Owner/Driver