Saint Helens
School District 502

Code: **EEAE-AR**
Adopted: 2/25/02
Orig. Code(s): EEAE-AR

Student Transportation in Private Vehicles

Proof of Auto Liability Insurance
(For Parent Volunteers)

Dear Parent,

You have agreed to transport students of the district to a field-trip function or for some other school approved purpose. Please be aware that in event of an accident, your insurance will be primary coverage. In order to serve as a volunteer driver you will be required to provide proof of automobile liability insurance. Your insurance must meet or exceed minimum requirements as established by the state of Oregon and as set by the district. Your driving record will also be checked for insurance company acceptability.

Please COMPLETE the following information, providing information requested. SIGN where indicated and RETURN to the school office four working days PRIOR TO THE DATE OF THE EVENT.

Insurance Company Name:
_____
(Not Agent's Name)

Effective Date of Policy: _____ Policy Number _____

Policy Limits: _____

Current minimum insurance limits are: $25,000 per person and $50,000 per accident for bodily injury; $10,000 per accident for property damage; $25,000 per person and $50,000 per accident for uninsured motorist coverage; and $10,000 per accident for personal injury protection.

Date of Birth: _____ Signature:_____

Parent/Volunteer name: _____ Date: _____
(As it appears on you drivers license)

Address:_____

Daytime Phone: _____

Return form to building secretary. If you do not have required coverage, you will not be allowed to transport students. (Insurance companies usually increase coverage for specific dates).