Port Orford-Langlois School District

Code: EEAE-AR
Revised/Reviewed:

Proof of Vehicle Liability Insurance

Dear _____,

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 the event of an accident, your insurance will provide primary coverage. In order to serve as a driver you will be required to provide proof of vehicle liability insurance. Your insurance must meet or exceed minimum requirements as established by the state of Oregon and as set by the district.

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: _____ Expiration Date: _____
(not agent's name)

Policy Number: _____

Policy Limits: _____

Current minimum limits are: $25,000 per person and $50,000 per accident for bodily injury; $20,000 per accident for property damage; $25,000 per person and $50,000 per accident for uninsured motorist coverage; and $15,000 per accident for personal injury protection.

Date of Birth: _____ Oregon Driver License No.: _____

Signature: _____ Date: _____

Name (as it appears on your driver license): _____

Address: _____

Daytime Phone: _____

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

PROPOSED