

Morrow County School District

EEAE-FORM

Adopted:5/12/03

1st Rdg Revision 5-8-06

Proof of Vehicle Liability Insurance (For ~~Volunteers~~)

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 volunteer driver you will be required to provide proof of 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 required by the district: \$100,000 combined single limit for liability and uninsured motorist coverage and \$15,000 per accident for personal injury protection.

Date of Birth: _____ Oregon Driver License No _____

Signature: _____ Date: _____

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

Address: _____

Daytime Phone: _____

Return form to ~~principal~~ **business manager**. If you do not have required coverage, you will not be allowed to transport students. (Insurance companies may increase coverage for specific dates.)