



DEL MAR MIDDLE SCHOOL

California Gold Ribbon School

Brian Lynch
Principal

105 Avenida Miraflores, Tiburon, CA 94920
(415) 435-1468 Fax (415) 435-6190
<http://delmar.reedschools.org>

Volunteer Driver Information:

Name: _____

License #: _____

Year/Make of Auto: _____

Insurance Carrier/Agent: _____

Policy #: _____

Expiration Date: _____

Liability limits: _____

I certify that the above information is correct and that 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(s) is(are) mechanically safe. Reed Union School District minimum acceptable limits of \$100,000/\$300,000 for bodily injury and \$25,000 property damage are required. The undersigned agrees that each passenger will be provided with a seatbelt and that seatbelts will be worn at all times. The undersigned further agrees that the passenger capacity of his/her vehicle determined by the number of seatbelts will not be exceeded. If your vehicle is equipped with a passenger-side air bag, it is suggested that children in grades K-6 or under age 12 be seated in back seats(s) only. NOTE: If you drive your personal automobile 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, comprehensive and collision coverage to your vehicle.

Signature

Date