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 you 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