Field Trip and Athletics Private Vehicle Form - Volunteer Adult Drivers (Separate Form Required for Each Driver)
Palo Alto Unified School District
25 Churchill Avenue • Palo Alto, CA 94306

I, ____________________________ will be using the vehicle(s) described below to transport students for the current school year.

Print name of Adult Driver

Student Name(s) ____________________________

Teacher / Coach(es) ____________________________

School Site ____________________________

**IMPORTANT: ATTACH A COPY OF POLICY DECLARATION PAGE, SHOWING THE AMOUNTS OF COVERAGE AND CALIFORNIA DRIVERS LICENSE TO THIS PAGE.**

<table>
<thead>
<tr>
<th>California Drivers License (current)</th>
</tr>
</thead>
<tbody>
<tr>
<td>License # ____________________________ Expiration Date ________</td>
</tr>
</tbody>
</table>

**Driving Record**

I certify that I have not had a DUl (driving under the influence) violation nor had my license suspended during the last three years. In addition, I certify that my car is current in its maintenance according to manufacturer guidelines, that the car is in safe working condition, and that all safety related features of the car are operable.

Signed ____________________________ Date ____________ Phone ____________

(Adult Driver of Vehicle)

Email ____________________________ Cell ____________________________

**Proof of Insurance and Current Vehicle Registration (must be in automobile)**

| Policy Number ____________________________ Expiration Date ________ Insurance Company ____________________________ |

Minimum Liability Required: $200,000 Bodily Injury Per Occurrence, $100,000 Property Damage Per Occurrence. Private coverage will be primary.

Vehicle #1 Make ____________________________ Model ____________________________ Year ________ License # ____________________________

Vehicle #2 Make ____________________________ Model ____________________________ Year ________ License # ____________________________

**Seat Belts.** A seat belt must be available for each passenger and each passenger is required to wear a seat belt.

Number of seat belts available to student passengers in Vehicle #1: _______ Vehicle #2: _______

**Car Seats (CHP).** "Children must be secured in an appropriate child passenger restraint (safety seat or booster seat) IN THE BACK SEAT OF A VEHICLE until they are at least 8 YEARS OLD or 4'9" height."

No student may drive him/herself without written permission from a parent/guardian. Written permission must be on file in the Main Office prior to the event. No student may ever drive another student.

I am the registered owner of the vehicle described on this form and I authorize the driver, whose name appears above to use this vehicle to transport him/her and students. I certify that the information provided above is correct and I agree to keep the policy current during the current school year. I understand that my insurance, as described above, provides primary coverage.

Signed ____________________________ Date ____________

(Owner of Vehicle)

The undersigned school Administrator or designee certifies that s/he has received 1) this form completed by the driver and/or owner, 2) copy of declaration page and 3) copy of valid and current California Drivers License.

Signature ____________________________ Date ____________

Updated 1-1-12
All-Insure Company

Auto Policy Declarations

Summary

NAMED INSURED(S)
John & Jane Smith
1234 Alphabet Lane
Cityville, NC 00000-0000

YOUR AGENT IS
A. G. Representative
(330) 123-4567

POLICY NUMBER
80-42910

POLICY PERIOD
May 1, 2009 to May 1, 2010, at 12:01 a.m., standard time

DRIVER(S) LISTED
John Jane
Joe John D.

DRIVER(S) EXCLUDED
None

DESCRIPTION OF VEHICLE(S)
1. 98 Chrysler Town-Country

VEHICLE ID NUMBER (VIN)
1G3WH12MT

LENDER
None

Total Premium

Total Premium for 98 Chrysler Town-Country
$104.08

Coverage

COVERAGE LIMITS DEDUCTIBLE PREMIUM
Automobile Liability Insurance
Bodily Injury $100,000 each person $25,000 each occurrence $100,000 $94.78
Property Damage $30,000 each occurrence $100,000 $9.33

Total Premium for 98 Chrysler Town-Country
$104.08

Additional Coverage

COVERAGE LIMITS DEDUCTIBLE PREMIUM
Uninsured/Underinsured Motorists
Bodily Injury $100,000 each person $25,000 each occurrence $100,000 $84.50
Property Damage $30,000 each occurrence $100,000 $100

Automobile Medical Payments $5,000 each person $9.50

Automobile Loss Damages

Total

$96.50

Sample Declaration Page
(Must be attached to Field Trip Driver Form)