



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.**

**California Drivers License (current),**  
 License # \_\_\_\_\_ Expiration Date \_\_\_\_\_  
**Driving Record**  
 I certify that I have not had a DUI (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 \_\_\_\_\_

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**Proof of Insurance and Current Vehicle Registration (must be in automobile)**  
 Policy Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ Insurance Company \_\_\_\_\_

**Minimum Liability Required: \$300,000 Bodily Injury Per Occurrence, \$100,000 Property Damage Per Occurrence. Private coverage will be primary.**

Vehicle #1 Make _____	Model _____	Year _____	Vehicle License # _____
Vehicle #2 Make _____	Model _____	Year _____	Vehicle 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 \_\_\_\_\_

All-Insure Company

Policy Number: 80-42910  
Policy Effective Date: May 1, 2009  
Your Agent: A.G. Represent

# Auto Policy Declarations <sup>1</sup>

## Summary

<b>NAMED INSURED(S)</b> John & Jane Smith 1234 Alphabet Lane Cityville, NC 00000-0000		<b>YOUR AGENT IS</b> A.G. Represent (336) 123-4567
<b>POLICY NUMBER</b> 80-42910	<b>POLICY PERIOD</b> May 1, 2009 to Nov. 1 at 12:01 a.m. standard time	
<b>DRIVER(S) LISTED</b> John Jane Joe John D.	<b>DRIVER(S) EXCLUDED</b> None	
<b>DESCRIPTION OF VEHICLE(S)</b> 1. 98 Chrysler Town-Country	<b>VEHICLE ID NUMBER (VIN)</b> 1G3WH12MT	<b>LIENHOLDER</b> None

## Total Premium

Premium for 98 Chrysler Town-Country	\$104.08	Your Policy Effective Date is May 1, 2009
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## Coverage

COVERAGE	LIMITS	DEDUCTIBLE	PREMIUM
Automobile Liability Insurance		Not Applicable	\$94.78
Bodily Injury	\$100,000 each person \$300,000 each occurrence		
Property Damage	\$100,000 each occurrence		
Automobile Medical Payments <sup>3</sup>	\$5,000 each person	Not Applicable	\$9.30
<b>Total Premium for 98 Chrysler Town-Country</b>			<b>\$104.08</b>

## Additional Coverage <sup>2</sup>

COVERAGE	LIMITS	DEDUCTIBLE	PREMIUM
Uninsured/Underinsured Motorists <sup>3</sup>			\$84.50
Bodily Injury	\$100,000 each person \$300,000 each occurrence	Not Applicable	
Property Damage (Uninsured Motorists Only)	\$100,000 each occurrence	\$100	
Automobile Medical Payments <sup>4</sup>	\$5,000 each person	Not Applicable	\$9.30
Automobile Death Indemnity Insurance			
Named Insured	\$10,000 benefit	Not Applicable	Not Applicable
Spouse of Named Insured	\$10,000 benefit		Not Applicable
Automobile Disability Income Protection			
Spouse of Named Insured	\$50 weekly indemnity	Not Applicable	\$6.00
<b>Total</b>			<b>\$96.50</b>

SAMPLE  
DECLARATION PAGE

(MUST BE ATTACHED TO FIELD TRIP DRIVER FORM)