

**Personal Vehicle Use Form
K-12**

Name: _____ Phone: _____ Birth Date: _____

Driver's License #: _____ Exp. Date: _____

Year/Make of Auto: _____ Vehicle License #: _____

Insurance Carrier/Agent: _____ Phone: _____

Liability Limits: _____ Policy #: _____

Expiration Date: _____ Driving Restrictions: _____

I certify that the above information is correct and that the insurance coverage is in force. I understand that if performing work for the School District in the course of my duties I may utilize my personal vehicle, I must have liability insurance coverage in force as required by the State of California and agree to advise the District, in writing, of any changes in the above information. I further certify that the above vehicle is mechanically safe.

Signed _____ Date _____

Site _____ Purpose _____

Site Administrator Approval _____ Date _____

_____ Date _____
District Office Approval (if applicable)

Approve Until _____ Not Approved _____

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.

All persons driving on District business will: (1) follow the most direct route; (2) avoid all unnecessary stops; (3) not carry unauthorized non-District personnel or students or guests as passengers; (4) not carry more than 9 students, no matter what size of vehicle; and (5) ensure that all vehicle occupants use seat belts if available in the vehicle

Note: Please attach a photocopy of the following: (1) "Proof of Insurance" form presently being provided by your automobile insurance company that indicates expiration date of insurance and (2) driver's license.

District Administration may obtain employee driving record checks from the California Department of Motor Vehicles which are a matter of public record.

Refer to Board Policy _____ Distribution _____, _____, _____