

**PARENT/VOLUNTEER PRIVATE AUTOMOBILE DRIVER
CERTIFICATION OF LIABILITY INSURANCE**

I hereby certify that I have automobile liability insurance that covers the driver and all passengers in the automobile, and I have ascertained that my policy will cover me and all passengers riding in the automobile in connection with the transport of students, other employees, or tangible goods for the following District authorized employment duties or school activity:

Covered Auto: Make: _____

 Model: _____

My insurance company is _____

 Policy#: _____

My insurance agent/broker is _____

 Telephone: _____

My driver's license number is _____ Age: _____ (18 or older only)

 Issue State: _____ Expiration Date: _____

Name of Driver (Print): _____

Driver's Signature: _____ Date: _____

Site Administrator/Designee Printed Name: _____

Site Administrator/Designee Signature: _____ Date: _____

The District does not assume any liability for the transportation provided by non-District employees or parent/volunteer drivers. No insurance coverage is provided by the District's Automobile Liability, Comprehensive, and Collision insurance program to non-District employees or parent/volunteer drivers.

Routing: Please submit the form to the school after completion.