BASS LAKE JOINT UNION ELEMENTARY SCHOOL DISTRICT DECLARATION OF DISTRICT EMPLOYEES WHO USE THEIR OWN VEHICLES FOR DISTRICT RELATED BUSINESS

This form is to be completed by any employee that needs to use his or her vehicle on District business.

1.	. I am at least 21 years of age and hold a current valid California driver's license, the number of w and expires on				
2.	The vehicle described below is insured by with minimum autoliability insurance limits of: Bodily Injury \$100,000/\$300,000, Property Damage \$50,000 per accident, and Medica Payments \$2,000 per accident. I understand that my insurance will be the primary coverage should the need arise as a result of my transporting the students.				
	otaao.no.	School District may conf	irm by telephone or written c	ommunication the above coverage	
with	n insurance agent whose nam	ne, address, and phone num	ber are listed below:	_	
Name of Insurance Agent			Telephone Number	Policy Number	
Ado	dress of Insurance Agent (Nu	mber & Street, City, Zip Cod	e)		
<u>VE</u>	HICLE INFORMATION				
Yea	ar Make	Type of Vehicle	Passenger Capacity	License Plate Number	
3.			ing record from the Departmenter of the present time, and a copy o	ent of Motor Vehicles, a copy of my f my driver's license.	
4.	There will be no financial charge by me to the District for my transporting of pupils.				
5.	I understand and agree that I will respond to any request from BASS LAKE JOINT UNION ELEMENTARY SCHOOL DISTRICT for DMV or insurance information within five (5) days of the request.				
6.	I agree that I will notify BASS LAKE JOINT UNION ELEMENTARY SCHOOL DISTRICT of any change in the ownership status of my vehicles or insurance information relating to my automobile within three (3) days of the change.				
7.	My vehicle is properly equip	ped with seat belts, and I ag	ree to enforce all seal belt law	s at all times.	
8.	My vehicle is equipped to transport passengers, excluding the driver. I agree that I will not transport mor than the legally permissible number of passengers deemed appropriate for my vehicle.				
9.	I agree that I will not use my vehicle on District business if my automobile liability insurance policy limits are lower than those authorized above of if my driver's license is expired, revoked, or suspended for any reason, or I am under 2 years of age.				
Name of Driver/Owner (Please Print)			Signature of Driver/O	wner Date	
Position			Site/Department		
Authorized by:			Date:	Date:	