CHAWANAKEE UNIFIED SCHOOL DISTRICT STUDENT DRIVER VEHICLE INSURANCE REQUIREMENTS

in the city of		reside at
I am a licensed driver in the State of California and my license number is, the expiration date is [MM/DD/YY] I drive a, (Year) (Make & Model) I carry at least the following minimum public liability insurance: Bodily Injury \$100,000 - \$300,000 per accident Property Damage \$50,000 per accident Medical Payment \$2,000 per accident My vehicle is equipped with seat belts, and I agree to enforce all seat belt law There will be no financial charge by me to the school district for the use of thi I agree to the fact that <i>no other students</i> will be transported in this vehicle we driving for school related activities. I carry insurance with Insurance Company. The effective dates of policy:, policy nurance agent: Insurance agent:	e city of	, California.
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Company. The effective dates of policy:, policy nur, lnsurance agent:, Agent's phone:		
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Agent's phone:	party. The effective dates	nsurance agent:
WE UNDERSTAND THE ABOVE REQUIREMENTS AND	nt's phone:	
AGREE TO COMPLY WITH THEM IN ALL INSTANCES.		
e:		
(Driver's Signature)		(Driver's Signature)
(Parent's Signature)		(Parent's Signature)