

**Mariposa County Unified School District
STUDENT DRIVER VEHICLE INSURANCE
REQUIREMENTS**

1. I, _____ reside at _____
in the city of _____, California.

2. I was born on _____.
(MM/DD/YY)

3. I am a licensed driver in the State of California and my license number is _____,
the expiration date is _____.
(MM/DD/YY)

4. I drive a _____, _____.
(Year) (Make & Model)

5. 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

6. My vehicle is equipped with seat belts, and I agree to enforce all seat belt laws.

7. There will be no financial charge by me to the school district for the use of this vehicle

8. I agree to the fact that ***no other students*** will be transported in this vehicle when I am driving for school related activities.

9. I carry insurance with _____ Insurance Company. The effective dates of policy: _____, policy number: _____.
Insurance agent: _____
Agent's phone: _____

**WE UNDERSTAND THE ABOVE REQUIREMENTS AND
AGREE TO COMPLY WITH THEM IN ALL INSTANCES.**

Date: _____

(Driver's Signature)

(Parent's Signature)