River Islands Academies 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 whice 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 students.	y insurance will be the prim	ary coverage should the need a	rise as a result of my transporting the		
	Students.	School District m	ay confirm by telephone or writte	en communication the above coverage		
with	n insurance agent who	ose name, address, and pho		on communication the above coverage		
Name of Insurance Agent			Telephone Number	Policy Number		
Add	dress of Insurance Ag	ent (Number & Street, City, 2	Zip Code)			
VE	HICLE INFORMATIO	<u>N</u>				
Yea	ar Make	Type of Vehi	cle Passenger Capacity	License Plate Number		
3.	I have attached to this form a current printout of my driving record from the Department of Motor Vehicles, a copy of m automobile liability insurance policy which is in force at the present time, and a copy of 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 River Islands Academies for DMV or insurance information within five (5) days of the request.					
6.	I agree that I will notify River Islands Academies 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 equipped with seat belts, and I agree to enforce all seal belt laws at all times.					
8.	My vehicle is equipped to transport passengers, excluding the driver. I agree that I will not transport more 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.					
Naı	me of Driver/Owner	(Please Print)	Signature of Drive	er/Owner Date		
Position			Site/Department	Site/Department		
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