

# PERSONAL AUTOMOBILE USE

## Permission Form

Name \_\_\_\_\_ Birth date \_\_\_\_\_

Driver's License # \_\_\_\_\_

Year & Make of Auto \_\_\_\_\_

Vehicle License Plate # \_\_\_\_\_

Insurance Carrier/Agent \_\_\_\_\_

Policy # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Liability Limits \_\_\_\_\_

Driving Restrictions \_\_\_\_\_

I certify the above information is correct and the insurance coverage is in force. I understand I must have liability insurance coverage and agree to advise the district, in writing, of any changes in the above information.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

Principal's Signature **REQUIRED**

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

**NOTE:** *If you drive your personal automobile while on school business and your are involved in an accident, by law your own insurance policy is used first. The District liability policy would be used only after your liability policy limits have been exceeded. The district does not cover, not is it liable for comprehensive and collision coverage to your vehicle.*

**PLEASE COMPLETE THE FOLLOWING INFORMATION . . . . .**

School: \_\_\_\_\_ Date of Activity: \_\_\_\_\_

Activity : \_\_\_\_\_ Location: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_