

**Loomis Union School District
Employee/Volunteer Personal Vehicle Use Permission Form**

**Transportation of Materials or Students in Privately Owned Vehicles
Certificate and Authorization for STAFF, PARENTS AND VOLUNTEERS**

I have agreed to use my privately owned vehicle for transporting materials or students to school related activities. I certify that I possess a valid Drivers License and that I have presently in force the required minimum insurance levels as specified below. I certify that I have not been convicted of driving under the influence or reckless driving within the past five (5) years. I also accept the terms of the Indemnity Provision stated below.

TRIP INFORMATION: *(please print)*

School: _____ Date(s) of Vehicle Use: _____

Reason for Trip: _____

DRIVER INFORMATION: *(please print)*

Name of Driver: _____ Date of Birth: ____/____/____
Month Day Year

Address: _____ Phone: _____
Street City State Zip Code

Driver License Number: _____ State: _____ Expiration Date: ____/____/____
Month Day Year

Please attach a current copy of the Driver's License.

VEHICLE INFORMATION: *(please print)*

Make: _____ Model: _____ Year: _____

Vehicle License Number: _____ Vehicle Capacity: _____ Number of Seat Belts: _____

Registered Owner: _____ Phone: _____

Address: _____
Street City State Zip Code

INSURANCE INFORMATION: *(please print)*

Insurance Carrier: _____ Insurance Agent: _____

Address: _____ Phone: _____
Street City State Zip Code

Policy Number: _____ Expiration Date: ____/____/____
Month Day Year

Driving Restrictions: _____

I have presently in force the required minimum insurance levels (per primary or umbrella) as specified below:

Bodily Injury Liability: Each Individual \$100,000
Total Each Accident \$300,000

Property Damage Liability: Total Each Accident \$30,000

Medical Payments: Each Individual \$10,000

Uninsured Motorist Coverage: Each Individual \$100,000
Total Each Accident \$300,000

Please attach a current copy of the insurance declarations.

INDEMNITY PROVISION

Drivers under the age of 21 shall not transport students. The owner/driver agrees and accepts his/her obligation to operate, manage and control his/her vehicle in a safe and lawful manner while transporting students pursuant to this certificate and authorization.

If you drive your personal vehicle while on Loomis Union School District business and you are involved in an accident, your liability insurance policy is primary. The District does not cover, nor is it responsible for, comprehensive and collision coverage for your vehicle. I certify the above information is true and correct and the insurance policy is in force. I understand I must have liability insurance coverage in force and agree to advise the District, in writing, of any changes in the above information. I further certify that the above vehicle is mechanically safe. I understand that if an accident occurs, my insurance coverage shall bear primary responsibility for any losses or claims for damage.

I HEREBY WAIVE ALL CLAIMS AGAINST THE LOOMIS UNION SCHOOL DISTRICT AND ITS BOARD OF TRUSTEES, EMPLOYEES OR AGENTS FOR INJURY, ACCIDENT, ILLNESS, OR DEATH OCCURRING DURING OR BY REASON OF THE FIELD TRIP OR EXCURSION.
California Education Code 35330 and 5 CCR 55220.

I give my permission to allow the Loomis Union School District to obtain my motor vehicle record from the Department of Motor Vehicles.

SEAT BELTS ARE REQUIRED TO BE USED BY ALL OCCUPANTS

(Signature)

(Date)

(Name – Please Print)

_____ Copy of Driver's License

_____ Copy of Insurance Declaration

_____ Motor Vehicle Record

I have read the above and approve the use of this vehicle for the purpose stated.

(Signature – Superintendent or Designee)

(Date)