

SCHOOL DRIVER REGISTRATION FORM – E(1)3541.1

Driver (circle one): Employee Parent/Guardian Volunteer

Name _____ Date of Birth _____

Address _____

Driver's License No. _____ Expiration Date _____

Telephone No. _____

VEHICLE INFORMATION

Name of Owner _____ Year _____ Make _____

Address _____

License Plate No. _____

Registration Expiration _____ Seating Capacity _____

INSURANCE INFORMATION

Insurance Company _____ Policy No. _____

Telephone No. _____ Expiration Date _____

Liability Limits of Policy _____

(The minimum acceptable liability limit for privately-owned vehicles is \$100,000 per occurrence. If you transport students often, it is recommended that your coverage be \$300,000 per occurrence.)

Name of Agent _____ Telephone No. _____

I certify that the information given above is true and correct. I understand that if an accident occurs, my insurance coverage shall bear primary responsibility for any losses or claims for damages.

Signature: _____ Date: _____