

**BOLINAS-STINSON UNION SCHOOL DISTRICT
DRIVER/CAR INSURANCE INFORMATION
FOR
BOLINAS-STINSON SCHOOL EMPLOYEES AND PARENT/VOLUNTEERS
WHO
DRIVE ON BOLINAS-STINSON SCHOOL FIELD TRIPS**

1. MUST HAVE A **CURRENT CALIFORNIA DRIVER'S LICENSE** (**Please attach a copy of your current California Driver's License to this form.**)

Name: _____ Birth Date: _____

License Number: _____ Expiration Date: _____

Driving Restrictions: _____

2. MUST HAVE **CURRENT AUTOMOBILE LIABILITY INSURANCE** (**Please provide the school with a copy of your current "Proof of Insurance" form provided by your automobile insurance company in California**)

Insurance Carrier and Agent: _____ Phone: _____

Policy Number: _____ Expiration Date: _____

Year, Make, and License Number of Automobile: _____

3. VEHICLE CAPACITY _____

All passengers shall use their seat belts! The undersigned agrees that the passenger capacity of his/her vehicle, determined by the number of seat belts, will not be exceeded. I understand that in no event shall more than 8 passengers plus the driver ride in the vehicle at any time.

NUMBER OF SEAT BELTS _____ (ONE PASSENGER PER SEAT BELT)

4. The vehicle(s) that I will drive on all Bolinas-Stinson School field trips will be in safe operating condition based on inspection by me or a mechanic as to lights, horn, turn signals, brakes, tires, and suspension.
5. If your vehicle is equipped with air bags, it is suggested that, whenever possible, children in grades K-6 be seated in the back seat(s) only.
6. California law requires that a child be properly restrained in a child safety seat until they are either 6 years old or weigh 60 pounds.

I CERTIFY THE ABOVE INFORMATION TO BE CORRECT AND THAT MY INSURANCE COVERAGE IS IN FORCE FOR THE FOLLOWING: Public Liability - Bodily Injury - \$100,000/\$300,000; Property Damage - \$50,000. I AGREE TO ADVISE THE BOLINAS-STINSON UNION SCHOOL DISTRICT, IN WRITING, OF ANY CHANGES IN THE ABOVE INFORMATION. I UNDERSTAND THAT MY INSURANCE IS PRIMARY IN CASE OF AN ACCIDENT AND THAT THE BOLINAS-STINSON UNION SCHOOL DISTRICT ACCEPTS NO RESPONSIBILITY FOR DAMAGE OR LOSS TO MY VEHICLE.

SIGNATURE

DATE

APPROVED: _____
SCHOOL ADMINISTRATOR SIGNATURE

DATE