

San Leandro Unified School District
TRANSPORTATION OF STUDENTS IN PRIVATELY OWNED VEHICLES
CERTIFICATE AND AUTHORIZATION

I have agreed to use my private automobile for transporting students to school-related activities. I certify that I possess a valid California Driver's License and that I have presently in force automobile liability coverage. I also accept the terms of the Indemnity Provision stated below

School: _____ Driving for: _____ Date(s) _____
(Teacher/Program)

Name of Driver: _____ Driver's License No. _____

Address of Driver: _____ Home Phone No. _____

Make of automobile: _____ Year/Model/Style: _____

Automobile License No. _____ Capacity for passengers, including driver: _____

Name of Insurance Company/Policy No. _____
(proof of insurance must be presented with this form)

SEAT BELTS REQUIRED TO BE USED BY ALL OCCUPANTS

I have met the minimum insurance requirements per occurrence as listed below or have umbrella coverage of at least \$500,000:

- Bodily Injury Liability:
Each Individual \$100,000
Total Each Accident \$300,000
Property Damage Liability:
Total Each Accident \$ 25,000
Medical Payments:
Each Individual \$ 5,000
Uninsured Motorist Coverage:
Each Individual \$100,000
Total Each Accident \$300,000

FOR SCHOOL USE ONLY
Authorized by responsible school official.
Approved by: _____ Signature
Date: _____

Drivers should be aware that although there is a liability insurance policy in the District, it is the individual driver's own auto liability insurance that must provide the coverage in case of an accident. See Insurance Code 11580.1. In the event of an accident, the driver shall notify a school official and complete a District accident form.

INDEMNITY PROVISION*

- * Student Drivers shall not transport other students on authorized field trips.
* The 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.
* The Driver further agrees to DEFEND AND INDEMNIFY The San Leandro Unified School District from any claim, action or lawsuit brought by anyone which arises out of, or is in any way connected to the operation of the vehicle pursuant to this Certificate and Authorization.

Signature of Driver _____

Date _____

DISTRIBUTION: Original – Driver

Second copy – School

Third copy – Business Office

Exhibit

version reviewed: August 19, 2003
version reviewed: December 2, 2008

SAN LEANDRO UNIFIED SCHOOL DISTRICT
San Leandro, California