

BUENA VISTA MIDDLE SCHOOL

18250 Tara Drive, Salinas CA * Phone 455-8936 * Fax 455-8832

Personal Automobile Use Permission Form

Driver's Name:

Birth Date:

Driver's License #:

Expiration Date:

Make and Model of Vehicle:

Year:

License Plate #:

Insurance Carrier:

Policy #:

Policy Expiration Date:

Liability Limit:

Driving Restrictions:

I certify that the above information is correct and the insurance coverage is in effect. I understand that I must have liability insurance coverage and agree to advise the District in writing of any changes to the information submitted. I further certify that my vehicle is mechanically safe.

Driver's Signature: _____

Date:

Driver's Phone Number:

Please note that if you drive your personal vehicle while on District business and you are involved in an accident, by law your insurance policy will be utilized first. The District's liability policy will only be used after your policy limits have been exhausted. The District does not cover, nor is it responsible for, comprehensive and collision coverage to your vehicle.