



STAFF OR VOLUNTEER PRIVATE AUTO INSURANCE INFORMATION

Name of Driver (as it appears on driver's license) _____

Address _____

Phone Number(s) (w) _____ (h) _____ (c) _____

Drivers License # _____ State: _____ Exp. Date: _____

Accidents, Violations, or Citation During the Last Three years:

Name of Automobile Insurance Company _____

Agent's Name _____

Phone Number _____

Policy # _____

Expiration Date _____

Type of Insurance _____

I am fully aware my automobile insurance coverage is primary for myself and all passengers I transport to and from school activities. I hereby certify that all the above mentioned information is valid and true at this time.

Insured/Driver's Signature _____

Date _____

Principal/Designee's Signature _____

Date _____

Activity all band/guard activities

Date school year 2010-2011

School or Location Name Westview High School

The school office should make a photocopy of the driver's license and insurance coverage card.

THIS FORM MUST BE SIGNED AND DATED.