

LOS ANGELES UNIFIED SCHOOL DISTRICT



BULLETIN NO. 5310.0

ATTACHMENT C

PRIVATE AUTOMOBILE DRIVER CERTIFICATION OF LIABILITY INSURANCE

I hereby certify that I have automobile liability insurance which covers the driver and all passengers in the automobile, and I have ascertained that my policy will cover me and all passengers riding in the automobile in connection with the transport of students, other employees or tangible goods for the following LAUSD authorized employment duties or school activity:

Covered Auto _____

Make: _____

Model: _____

My insurance company is: _____

(Policy#) _____

My insurance agent/broker is: _____

(Telephone) _____

My driver's license number is: _____ Issue State: _____

Exp. Date: _____ Age: ____ (18-25) ____ over 25

Signature: _____

Printed Name: _____

Work Site Address: _____

Home Address: _____

Reviewed By: _____ Title: _____

(Site Administrator/Supervisor)

Date: _____