

Student Name: _____
Sport: _____

Union School District

5175 Union Ave
San Jose CA 95124
(408) 377-8010

Office Use Only

Last Name: _____

Expiration Date: _____

Driver Information

PRIVATE VEHICLE PUPIL TRANSPORTATION – MINIMUM REQUIREMENTS

- | | |
|--------------------|----------------------------------|
| 1. INSURANCE: | <u>PUBLIC LIABILITY</u> |
| • Bodily Injury | \$100,000/\$300,000 Per Accident |
| • Property Damage | \$25,000 Per Accident |
| • Medical Payments | \$2,000 Per Person |

2. NUMBER OF OCCUPANTS:

The number of occupants to be transported SHALL NOT EXCEED THE NUMBER OF SEAT BELTS AVAILABLE IN ONE VEHICLE. Seat belts shall be provided and must be used by each occupant of the vehicle. In no case can students be transported in an open vehicle.

Name of Driver: _____ Date: _____

Telephone: _____ Cell: _____

Driver's License Number: _____ Expiration Date: _____

Year and Make of Vehicle: _____ Vehicle License: _____

Number of Passenger Seat Belts (Excluding Driver): _____

Name of Vehicle Insurance Carrier: _____

Vehicle Insurance Policy #: _____ Effective Dates: _____ - _____

Limits of Insurance: Bodily Injury: _____

Property Damage: _____

Medical Payments: _____

I understand that my own automobile insurance is primary coverage and the Union School District does not provide any additional coverage for me or my vehicle. The information provided above is accurate and correct.

Signature: _____ Date: _____

Signature: _____ Date: _____

ATTACH COPIES OF DRIVER'S LICENSE, INSURANCE DECLARATION SHOWING PROOF OF INSURANCE MINIMUMS AND CURRENT INSURANCE CARD.