

Falls City School District #57

Proof of Auto Liability Insurance and Valid Driver's License

In order to utilize your private vehicle for business purposes or to transport students of the district on a field trip or other school-related function in a private vehicle, parents, employees, and other designated adults must have a valid Oregon Driver's License and provide proof of automobile liability insurance that meets or exceeds the current minimum requirements as established by the State of Oregon and as set by Falls City School District.

Please be aware that in the event of an accident, **your insurance will be primary coverage.**

You are required to provide proof of automobile liability insurance to Falls City School District annually or when information has changed. Please attach a copy of your current "Proof of Insurance Card", and provide information requested. SIGN and RETURN to the District office.

Current minimum limits are: \$25,000 per person/\$50,000 per accident for bodily injury; \$10,000 per accident for property damage; \$25,000 per person/\$50,000 per accident for uninsured motorist coverage; \$10,000 per accident for personal injury protection. Falls City School District recommends the employee to carry a minimum of \$100,000 per person/\$300,000 per occurrence liability coverage.

Are you over 21 years of age? YES NO

Oregon Driver License No.: _____ Expiration Date: _____

Insurance Company Name: _____ Policy Dates: _____
(not agent's name)

Policy Number: _____ Policy Limits: _____

I agree to notify Falls City School District immediately in the event of a lapse or change in the above referenced insurance coverage and attest to the accuracy of the information provided on this form.

I hereby certify that I have a valid Oregon Driver's License and have automobile liability insurance that meets or exceeds the policy limits listed above.

I understand that my driver's license and driving record may be verified by the district. Should I fail to maintain a valid Oregon Driver's License and/or to maintain automobile liability insurance coverage that meets or exceeds the policy limits listed above, I understand that I am to notify the district and cease driving for any school related business and this may result in the withholding of mileage reimbursement payments and/or disciplinary action.

Name (please print as it appears on your driver's license): _____

Address: _____ Daytime Phone: _____

Signature: _____ Date: _____