FILE: EEA-AF2 Critical

STUDENT TRANSPORTATION SERVICES (Proof of Vehicle Liability Insurance)

Dear,
You have agreed to transport students of the district to a field trip function or for some other school-approved purpose. Please be aware that in the event of an accident, your insurance will provide primary coverage. In order to serve as a driver, you will be required to provide proof of insurance. Your insurance must meet or exceed minimum requirements as established by the state of Missouri and as set by the district.
Please COMPLETE the following information. SIGN where indicated and RETURN to the school office four (4) working days PRIOR TO THE DATE OF THE EVENT.
Insurance Company's Name (not agent's name):
Policy Number: Expiration Date:
Policy Limits:
Please attach a copy of driver's license and proof of insurance to this form
Date of Birth: Missouri Driver's License No.:
Expiration Date for License: Motor Vehicle License No.:
Number of Persons Manufacturer Suggests as Appropriate for Vehicle or the Number of Operative Seat Belts in Vehicle:
I agree to obey all local and state laws while operating a vehicle carrying district students and/or employees. I agree that my vehicle meets and I will abide by the requirements of state and federal law including, but not limited to 5 C.S.R. 30-261.045. All persons will be properly secured with the appropriate seat restraints before I will operate the vehicle. By my signature I am verifying that I own the above-referenced vehicle, that my vehicle is licensed according to law, displays a current state safety inspection sticker and is insured in accordance with state law.
Driver Name (as it appears on driver's license):
Signature: Date:

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Return form to transportation director. If you do not have required coverage, you will not be allowed to transport students.

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Note: The reader is encouraged to review policies and/or procedures for related information in this administrative area.

Implemented: 03/10/2003

Revised: 09/14/2005

Clinton School District #124, Clinton, Missouri