

EMPLOYEE DRIVER APPLICATION (Part 2)

Required for employees using their private vehicle for business purposes.

For School Year 2021/2022

Site/Department: _____ Driver Name _____

VEHICLE INFORMATION:

Name of Owner: _____	Description of Auto
Address: _____	Year: _____
Telephone: _____	Make: _____
	Number of Seatbelts: _____
	License Plate No. _____
	Registration Expiration _____
	Number of Booster/Child Restraint Seats, if applicable _____

INSURANCE INFORMATION:

Driver must have an automobile liability insurance policy and assume all responsibility for all physical damage to the vehicle. When driving a personal vehicle while on Yreka Union School District business and involved in an accident, by law your liability insurance policy is used first. The Yreka Union School District liability policy would be used only after your policy limits have been exceeded. The Yreka Union School District does not cover, nor is it responsible for comprehensive and/or collision coverage to your vehicle.

Minimum Personal Automobile Liability Limits Required:

Bodily Injury \$100,000 each person OR Combined Single Limit \$300,000 each occurrence
\$300,000 each occurrence
Property Damage \$ 50,000 each occurrence

Auto Insurance Company: _____ Policy No.: _____
Expiration Date of Policy: _____

Liability Limits: Bodily Injury: \$ _____ each person
\$ _____ each occurrence
Property Damage: \$ _____ each occurrence

~OR~

Bodily Injury and Property Damage Liability, Combined Single Limit
\$ _____ each occurrence

As the registered owner, I certify the above insurance information is correct. I understand I must have liability insurance coverage in force and agree to advise the Yreka Union School District, in writing, of any changes in the above information. I further certify that to the best of my knowledge, the above vehicle is mechanically safe. If an accident occurs, my auto liability policy is primary and used first for losses or claims for damage. The Yreka Union School District does not cover, nor is it responsible for, comprehensive and collision (physical damage) coverage to my vehicle.

Signature: _____

Name (Print): _____ Date: _____

For District Use Only:

Approved Driver and Vehicle: _____	(Designated District Official)
Date: _____	

Retain original signed form in school file after approval.