

OKALOOSA COUNTY SCHOOL DISTRICT
OFFICE OF RISK MANAGEMENT AND INSURANCE

AGREEMENT GOVERNING THE USE OF PRIVATE AUTOS FOR SCHOOL BUSINESS

Complete the following for **each privately owned vehicle** to be used for transporting students to and from related activities.

TO BE COMPLETED BY VEHICLE OWNER

Model of Vehicle _____ Name of Owner (Print) _____
Year of Vehicle _____ Name of Driver (Print) _____
Make of Vehicle _____ Vehicle Tag Number _____

I certify that the above described vehicle, which is to be used only for the approved transportation purposes set forth below, is covered by bodily injury liability insurance equaling or exceeding \$200,000 per person / \$300,000 per occurrence and personal injury protection ("No-Fault") coverage equaling or exceeding \$10,000 per person and that I will maintain the required insurance coverages at all times while my vehicle is used for student transportation. In the event of an accident while the vehicle is operated on school business, I will report all details of the accident to the school principal or his/her designee as soon as possible but in no event any later than 24 hours after the accident and understand that the financial loss for damage to my vehicle shall NOT be reimbursable by the District or the District Self-Insurance Fund.

This coverage is with _____ Insurance Company and expires on _____
Month/Day/Year

This vehicle complies with the Federal Motor Vehicle Safety Standards. (Verification of compliance is normally reflected by a sticker located in the door well of the driver's door.) Yes ___ No ___ **NOTE: If No, the vehicle is NOT to be used for transporting students.**

Signature of Owner _____ Date _____

Address _____ City _____ State _____

Zip Code _____ Home Phone (_____) _____ Cell Phone (_____) _____

TO BE COMPLETED BY VEHICLE DRIVER

Driver's License: State _____ Number _____

I understand that I am authorized to use only the aforementioned vehicle for transportation of students, and that I am only authorized to transport students for the purpose of _____ (e.g. field trip, illness, recreational outing, interscholastic competition, etc.) to the following location and back _____ and that I am not to deviate from the authorized transportation destinations. This authorization to transport students must be granted by the school principal or his/her designee and is required for each event or activity for which I provide transportation. I understand that I cannot provide transportation to pupils until my driving record has been checked by the school district and it is confirmed that I **have not had more than three driving infractions in the past three years or a DUI in the past ten years.**

I understand that all passengers will be seated in designated seating positions and shall be required to use the occupant crash protection system provided by the vehicle manufacturer.

Signature of Driver _____ Date _____

Address _____ City _____ State _____

Zip Code _____ Home Phone (_____) _____ Cell Phone (_____) _____

TO BE COMPLETED BY THE SCHOOL PRINCIPAL OR DESIGNEE

School _____ Teacher / Sponsor _____

The above driver and vehicle is approved to transport students on _____ (Date).

Signature of Principal or Designee _____ Date _____