

DRIVER AUTHORIZATION FORM

Shadow Mountain Baptist School



All drivers transporting students at the request of Shadow Mountain Baptist School must:

- 1 Complete and file this form with the school office once each school year.
- 2 Maintain minimum liability insurance coverage of \$100,000/\$300,000.
- 3 Immediately notify the school office of a change in insurance carrier or coverage.
- 4 Supply a copy of their current driver's license.
- 5 Supply a copy of their current insurance. (Declarations page showing amount of coverage.)

DRIVER INFORMATION:

NAME: _____ CA DL# _____ EXP DATE: _____

PHONE (HOME): _____ PHONE (WORK): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

MAKE OF VEHICLE (1) _____ (2) _____

INSURANCE CARRIER: _____

POLICY #: _____ EXP DATE: _____

LIABILITY COVERAGE AMOUNTS: _____

CERTIFICATION:

I certify that for the _____ school year:

- 1 I will continuously maintain insurance coverage for the vehicle(s) listed above, with minimum liability coverage of \$100,000/\$300,000. My proof of coverage accompanies this form.
- 2 I am a licensed driver, with a valid license issued by the State of California.
- 3 My vehicle(s) are in safe operating condition and every student that I transport will have adequate seating and a seat belt, in accordance with the law.
- 4 I will immediately notify the school office of a change in the status of my drivers' license or insurance coverage.
- 5 I accept financial responsibility for any damage occurring to my vehicle(s) while transporting students.

I have read the above and I agree to comply with these requirements.

SIGNATURE: _____ DATE: _____