

VOLUNTEER TRANSPORTATION & INSURANCE VERIFICATION AGREEMENT FORM for PERSONAL VEHICLE

Please complete the following information completely and with no blanks. The following items must be attached to this document:

- Copy of Valid Driver's License
- Copy of Insurance ID Card with effective dates of coverage
- Copy of Insurance Declaration Page. Please see acceptable limits of coverage below.
- There can be no exceptions to coverage.

Minimum acceptable Limits

Bodily Injury	\$100,000 per person/ \$300,000 per accident
Property	\$100, 00 per accident
Combined	\$300,000
Medical	\$5,000
Uninsured Motorist	\$30,000 per person/\$60,000 per accident

Additionally, I agree to the following:

I will be responsible for any comprehensive or collision losses or damage suffered by my automobile during the above referenced time period. I shall obey the traffic laws, including the requirement that all passengers use the lap belt and shoulder harness while the vehicle is in transit.

Children under the age of 8 must be secured in a car seat or booster seat in the back seat. Children under the age of 8 who are 4' 9" or taller may be secured by a safety belt in the back seat. I am not aware of any defect or mechanical problem with the vehicle that might pose a safety problem.

- ❖ Before signing, please note that in accordance with California State Law, the insurance provided by the registered owner of the vehicle is primary. Any insurance carried by organization that may be applicable is secondary.

I have read the above and I understand and agree with the above listed requirements.

Signature

Date

Printed Name

Vehicle Description 9/2016