

**REDEEMER LUTHERAN SCHOOL**  
**Volunteer and Employee Auto Usage Information**

Employees of Redeemer Lutheran School and volunteer drivers operating their own vehicles to transport students other than their own children on officially authorized school business or related school activities including field trips should be aware of the following:

1. The individual's own automobile liability insurance will always be considered the primary coverage.
2. All travel by private car requires prior approval by the school's administrator or his designee in order to establish that the activity is part of the school's program.
3. The school does not provide collision, comprehensive, etc., insurance coverage to cover damage or loss to an employee's or volunteer's vehicle.

**The following requirements must be met by the employee or volunteer:**

1. I certify that the insurance coverage on my vehicle includes the following minimum coverages and I have supplied proof of insurance that shows my liability limits.
  - a. \$100,000/\$300,000 Bodily Injury Liability
  - b. \$25,000 Property Damage Liability
2. I certify that my vehicle is equipped with working seat belts for all occupants (no double seat belting and no children under 85 pounds in front seat if there is a passenger-side airbag).
3. I certify that the vehicle listed below is maintained and kept in safe operating order.
4. I have supplied a copy of my driver's license.
5. I certify that I am 25 years of age or older (employees 18 or older).

**\*\*\*Please attach copy of drivers license(s) and proof of insurance showing liability limits.\*\*\***

**NAME as shown on California Drivers License**

Name of driver #1: \_\_\_\_\_ Date of birth: \_\_\_\_\_

CA DL# driver #1: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Make of vehicle: \_\_\_\_\_ Year/Model: \_\_\_\_\_

Vehicle license number: \_\_\_\_\_ Capacity including driver: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Cell phone number: \_\_\_\_\_

Name of driver #2: \_\_\_\_\_ Date of birth: \_\_\_\_\_

CA DL# driver #2: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Make of vehicle: \_\_\_\_\_ Year/Model: \_\_\_\_\_

Vehicle license number: \_\_\_\_\_ Capacity including driver: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Cell phone number: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone number: \_\_\_\_\_

**Driver #1 Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Driver #2 Signature** \_\_\_\_\_ **Date** \_\_\_\_\_