

Our Savior's Lutheran School
200 East Avenida San Pablo
San Clemente, CA 92672
(949) 492-6165

Vehicle & Insurance Coverage Data Card for Volunteer Drivers
(Any private vehicle transporting students)

Date: _____

Name: _____ Over 18 Under 18

Address: _____

City: _____ Telephone: _____

Make of Vehicle: _____ Model: _____ Year: _____

Drivers License #: _____ State: _____ Expiration Date: _____

Insurance Carrier (local agent & firm name): _____

Policy #: _____ Expiration Date: _____

Liability Coverage: <input type="checkbox"/> Yes <input type="checkbox"/> No	Recommended Minimum Primary Liability Coverage	Your Personal Primary Liability Coverage
Bodily Injury	\$100,000/\$300,000	_____
Single Limit	\$300,000	_____
Property Damage	\$25,000	_____
Medical	\$5,000	_____

Please answer the following questions:

1. Have you received any citations for moving violations during the past two (2) years? Yes No
If you answered "Yes," please explain giving the date, nature and disposition of each citation.

2. Is your vehicle in good mechanical condition? Yes No If you answered "No," please explain.

3. Has your drivers license ever been suspended or revoked? Yes No If you answered "Yes,"
please give complete details of each suspension or revocation, including the date upon which your driving
privileges were restored. (uSE BACK)
4. Certificate of Insurance provided to school? Yes No

FOR SCHOOL USE ONLY: _____ SCHOOL NAME _____ ADMINISTRATOR
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