

Murrieta Valley Unified School District

Employee / Volunteer / Student Personal Vehicle Use Form

Purpose of trip(s): _____

Driver Name: _____

Driver's License # : _____ State: _____ Exp. Date: _____

Driving Restrictions (if any): _____

Insurance Company: _____ Policy # : _____

Insurance Agent: _____ Phone # : _____

Policy Expiration Date: _____

Note: The above insurance information can be found on the proof of insurance card, which should be available in each insured vehicle. Alternately, you may attach a copy of same.

I certify that the above information is correct and that the insurance coverage is in force. I understand I must have liability insurance coverage in force and agree to advise the District, in writing, of any changes in the above information. I further certify that the above vehicle is mechanically safe.

Name of Vehicle Driver Signature of Vehicle Driver Date

Name of Vehicle Owner

NOTE: If you drive your personal vehicle while on District business and you are involved in an accident, by law your liability insurance policy is used first. The District liability policy would be used only after your policy limits have been exceeded. The District does no cover, nor is it responsible for, comprehensive and collision coverage to you vehicle.

Department Administrator Approval:

Name of Dept. Administrator Signature Date