LIVE OAK CHARTER SCHOOL

Transportation of Students in Privately Owned Vehicles*
Statement of Insurance Coverage

Owner’s/Driver’s Name: ________________________________________________

Make of Car: ___________________________ Year/Model: ___________________________

License #: _____________________________

Name of Auto Carrier: ______________________________________________

Policy #: ___________________________________________________________

Coverage Limits (Please initial all items below that reflect your policy)

___ Bodily Injury at $100,000 or more for one person and $300,000 or more for more than one person
OR combined single limit Bodily Injury at $300,000 or more

___ Coverage for Property Damage at $50,000 or more

___ Coverage for Uninsured Motorists

___ Medical Payments Coverage for passengers at $5,000 or more

Date of Expiration of this Policy: __________

CERTIFICATION:

I certify that the facts, as completed above, are true and correct. I further agree to provide a current driver’s license, vehicle registration, and Insurance Policy Declaration Page. I affirm that I have not been convicted of reckless driving or driving under influence of drugs or alcohol within the past five years. I agree to immediately notify the School Secretary of any changes in the facts above, including any cancellations of coverage or changes in limits as initiated by the carrier.

Owner/Driver Signature ___________________________ Date __________

Acknowledgment that the above information has been reviewed and validated

School Secretary Signature ___________________________ Date __________