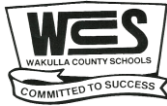


*Attach copy to each Field Trip Request with a list of students to be transported. *Facility Should Maintain Original



THE SCHOOL DISTRICT OF WAKULLA COUNTY, FLORIDA - STATEMENT OF INSURANCE ON PRIVATE VEHICLES

This form is be used when school buses, public transportation or charter buses **are not** being used.

SCHOOL _____ DATE _____

The School Board Risk Management authorizes the use of privately owned vehicles for school-sponsored activities when the use of buses is not feasible, i.e., buses are not available, funding is inadequate, or too few students are traveling. It is the principal's/designee's responsibility to verify, prior to trip approval, the required information listed below.

This form is to be completed for each private vehicle used for the transportation of school sponsored groups. It is valid for the school year in which it is filed. If the insurance policy expires or is canceled during the school year, a new statement must be submitted.

DRIVER INFORMATION [Attached a copy of Driver's License.]

Driver's Name _____ Age _____

Address _____ Telephone _____

Florida Driver's License Number _____ Type _____

VEHICLE INFORMATION

The use of vans for student transportation is prohibited unless the vehicles meet all safety standards for passenger cars, under FMVSS 214. This exclusion includes multipurpose passenger vehicles (MPV's). The definition of MPV's includes the various types of vans, minivans, trucks and utility vehicles built on a light duty truck chassis.

Vehicle Make _____ Year _____ Model _____ License Tag _____

INSURANCE INFORMATION [Attach a copy of insurance ID card.]

Drivers of vehicles are required to show proof of insurance coverage at the minimum limited required by Florida Statutes and at other limits required by PAEC Risk Management (\$10,000/person and minimum \$100,000/person \$300,000/accident liability and \$25,000/property damage coverage limits).

Name of Insured(s) _____ Policy Number _____

Insurance Company _____ Policy Period: From _____ To _____

Insurance Agent _____ Address _____ Telephone _____

DRIVER CERTIFICATION

I certify that the above reference automobile insurance coverage, which includes Personal Injury Protection Benefits, Bodily Injury Liability, and Property Damage, is currently in effect and I will immediately notify the program sponsor if such coverage is canceled or non-renewed. I agree to report to the program sponsor any accident or traffic violation incurred/occurring while driving on a school related activity as soon as possible. I certificate that I do not have any major violations or series of other violations that would cause me to be classified as an unacceptable driver.

Signature of Driver _____ Date _____

The above information has been verified. Signature of Principal/Designee _____ Date _____