



**AUTO INSURANCE
VERIFICATION 2019-20**

When parents volunteer to transport students on a field trip in a private vehicle, Coburg Community Charter School requires the following:

Please read and initial each statement indicating you have read and understand the requirements for transporting students in private vehicles.

- _____ The driver must be 21 years of age or older.
- _____ The driver must have a valid driver's license and proof of current insurance.
- _____ The vehicle must have a valid and current registration and license plates.
- _____ All passengers must wear seat belts at all times.
- _____ Parents need to provide proper car seats for their children in order for the driver to comply with Oregon law.
Current law requires children weighing more than 40 pounds but who are 4' 9" or less or under age 8 must be in a booster seat.
- _____ Obey Oregon's distracted driving law ORS 811.507
- _____ **Chaperones and drivers must have completed all volunteer requirements and hold an approved background check (background checks require at least 7 days to process)**
- _____ All private vehicles must operate as a caravan with no unauthorized stops.
- _____ A State of Oregon minimum liability coverage of:
 - \$25,000 for **bodily injury, per person**.....**\$100,000 CCCS recommendation**
 - \$50,000 for **total bodily injury to others, per accident**....**\$300,000 CCCS recommendation**
 - \$20,000 for **property damage, per accident**.....**\$100,000 CCCS recommendation**
 - **CCCS provides no insurance coverage**
- _____ No gas/monetary reimbursement will be given to persons providing cars for school activities

_____ **IF AN ACCIDENT OCCURS, REPORT IT IMMEDIATELY TO: Lisa Jager 541-344-4113**

NAME OF DRIVER/INSURED: _____

ADDRESS: _____

PHONE # (HOME): _____ (CELL): _____

DRIVERS LICENSE # _____ EXPIRATION: _____

CAR MAKE: _____ MODEL: _____ YEAR: _____ COLOR: _____

LICENSE PLATE # _____ EXPIRATION: _____ OWNER OF CAR: _____

INSURANCE COMPANY: _____

INSURANCE COMPANY ADDRESS: _____

AGENT NAME: _____ PHONE #: _____

POLICY #: _____ EXPIRATION: _____

I acknowledge that I have read the above information and that my auto carries the minimum insurance specified above. I am fully aware my automobile coverage is primary for myself and all passengers I transport to and from specified locations. I hereby certify that all of the information listed is valid and true at this time.

_____ Date

Driver's Signature

Please bring insurance card and license to office for verification. Verified by: _____ Date: _____