



Newberg School District 29J
714 East Sixth Street
Newberg, OR 97132

**Proof of Automobile
Liability Insurance**
PARENTS / PATRONS / VOLUNTEERS / STAFF

You have agreed to transport students of the Newberg School District to a field trip, function, or for some other school approved purpose. Please be aware that in the event of an accident your insurance will be the primary coverage. **In order to serve as a volunteer driver you will be required to provide proof of coverage of no less than \$300,000 combined single limit bodily injury and property damage liability.** Your driving record will be checked.

Please complete the following, providing all information requested, sign where indicated and return to the business office **ten (10) working days** prior to the date of the event.

Drivers Name (as it appears on your driver’s license) : _____

Address : _____ City : _____ State : _____ Zip : _____

Day Time Phone : _____ Date of Birth : _____ License # : _____ State : _____

Insurance Company : _____ Effective Date : _____

Policy # : _____ Expiration Date : _____

Policy Limits : _____ (must be \$300,000) Type of Vehicle : _____

School Event : _____ Date of Event : _____

Location of Event : _____ Number of Students Traveling With You : _____

**** PROOF OF INSURANCE COVERAGE FROM YOUR INSURANCE PROVIDER MUST BE ATTACHED****

SIGNATURE

DATE

Return to the Business Office. If you do not have the required coverage, you will **not** be allowed to transport students. Insurance companies will usually increase coverage for specific dates.