

DIXIE SCHOOL DISTRICT

EMPLOYEE/VOLUNTEER PERSONAL AUTOMOBILE USE PERMISSION FORM

(This form must be **COMPLETELY** filled out, otherwise approval will be denied.)

NAME: _____ BIRTH DATE: _____

DRIVERS LICENSE NUMBER: _____ EXPIRATION DATE: _____

YEAR AND MAKE OF AUTOMOBILE: _____

VEHICLE LICENSE NUMBER: _____

INSURANCE CARRIER/AGENT: _____

AGENT'S PHONE NUMBER: _____ LIABILITY LIMITS: _____
(District requires 100,000/\$300,000)

POLICY NUMBER: _____ EXPIRATION DATE: _____

DRIVING RESTRICTIONS: _____

I certify the above information is correct and 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 attest that, to the best of my knowledge, my car is in excellent working order.

Signature of the Owner of Vehicle

Date

Signature of Driver

Date

Note: If you drive your personal automobile 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 not cover, nor is it responsible for comprehensive and collision coverage to your vehicle.

I have reviewed the above for the appropriate completed information for the purpose stated.

Principal

Date

Business Manager

Date

*Please do not keep copy - Return to school Principal.
White copy - Business Office retains copy after approval of Principal and Business
Manager
Yellow copy - Business Office returns copy back to school after approval of Principal
and Business Manager*