



## Eugene School District 4J Staff & Volunteer Private Auto Insurance Information

When parents volunteer to transport students on a field trip,  
School District 4J requires the following rules to be followed.

- Drivers must be parents/guardians or others over 21 years of age and approved by the principal.
- A State of Oregon minimum liability coverage of \$25,000/\$50,000 bodily injury liability, \$50,000 uninsured bodily injury, \$10,000 personal protection, and \$10,000 property damage liability coverage must be carried on any private car used for school trips. The principal or his/her designee must inform parents and other non-staff members who drive private cars that the District provides no insurance coverage for them.
- No gas/monetary reimbursement will be given to persons providing cars for school activities.
- A booster seat for all children who are under the age of six or who weigh less than 60 pounds.
- Seat belts for all children over six or over 60 pounds.
- If an accident occurs, report it immediately to Risk Mgmt. Services (687-3335).
- The District carries excess auto insurance coverage for employees and approved volunteers while driving personal automobiles on approved school business. This coverage is for damages above the limits of the driver's own personal insurance policy.

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 the below insurance information is valid and true at this time.

\_\_\_\_\_  
Driver's signature and date

Name of Driver and/or Insured \_\_\_\_\_

Address \_\_\_\_\_

Phone Number(s) (work) \_\_\_\_\_ (home) \_\_\_\_\_

Drivers License # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Year of Car \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

License Plate # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Owner of Car \_\_\_\_\_

Name of Automobile Insurance Company \_\_\_\_\_

Auto Insurance Address \_\_\_\_\_

Agent's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Policy # \_\_\_\_\_ Expiration Date \_\_\_\_\_

<b>For School Use Only</b>	
Names of Children in Vehicle _____	
_____	
Date of Event _____	Teacher's Name _____
Destination _____	