

ORANGE UNIFIED SCHOOL DISTRICT SCHOOL DRIVER CERTIFICATION FORM

TO: EMPLOYEES and/or VOLUNTEERS WHO TRANSPORT STUDENTS

SUBJECT: USE OF PRIVATE VEHICLES

When a district employee or volunteer is using a personal automobile for the school district, the liability coverage on the personal automobile is primary and this district's auto coverage is excess (as a second source) the district's liability program will not cover the personal automobile for comprehensive or collision damages.

The normal California Automobile Insurance Policy covers any additional person the driver may be transporting for an occasional (not commercial) basis. Therefore, there is no need for the district to be named as an "additional insured" on the employee's auto policy.

The number of passengers (including driver) may not exceed the number of permanently attached seats and seat belts. The number of passengers in any one vehicle shall not be more than ten persons including the driver. (Ed. Code 39830)

At least two weeks before employees/volunteers drive students, they must have on file at the Risk Management Office:

- A copy of their California Driver's License
- A current copy of their auto insurance policy. (Must be for the vehicle they plan to transport students in and show policy limits, the insurance card is not sufficient)
- Coverage requirements per accident:
 - Bodily Injury: \$100,000/300,000
 - Property Damage 25,000
 - Medical Payments 2,000
- This form completed and signed by the Principal

As a volunteer driver, the District expects:

- Only District authorized passengers allowed in your vehicle.
- Follow the safest, most direct route giving consideration to the weather and road conditions.
- Avoid unnecessary stops.
- All passengers must be in passenger compartment and wear a seat belt.
- The "rules of the road" including speed limits, must be followed.

Two weeks are necessary to obtain driver status from the DMV in Sacramento. Drivers falling short of this deadline can get their own driving record from the DMV and submit it with the above required information.

Driver's name	Date of Birth	Driver's License No.
Driving restrictions		Cell Phone Number
Insurance Company	Policy Number	Broker's Phone

I certify that the above information is correct and the insurance coverage is in force. I understand that I must have liability insurance coverage in force and I agree to advise the district in writing, of any changes and to provide a copy of a revised insurance policy. I further certify that I am over 21 years of age and that my vehicle is mechanically safe.

Signature	Date	School/Dept.
Principal's Signature	Date	

December 1, 2010