



A *love* for God.
A desire to *learn*.
A commitment to *serve*.

Insurance Verification Form

School Year _____

Vehicle #1 (Make/Model/Year) _____

Vehicle #2 (if applicable) _____

Please note that according to California state law, the insurance provided by the registered vehicle owner is considered primary. Any insurance carried by the organization that may be applicable is secondary

Please Read & Initial the following:

- _____ I volunteer to drive my personal vehicle to provide transportation for San Jose Christian School.
- _____ I am 25 years old or older.
- _____ I will be responsible for any comprehensive or collision losses or damage suffered by my automobile during the above-referenced school year.
- _____ I will obey the traffic laws, including the requirement that all passengers use the lap belt and shoulder harness while the vehicle is in transit. Children MUST be secured in an appropriate child safety seat/booster seat in the BACK of a vehicle until they are at least 8 years old or 4'9" in height.
- _____ I am not aware of any defect or mechanical problem with my vehicle that might pose a safety problem.
- _____ I will provide a copy of my current valid drivers license
- _____ I will provide a copy of my current insurance ID card showing effective dates of insurance coverage.

I have read the above and I understand and agree with the above listed requirements.

Parent #1 Signature

Printed Name & Date

Parent #2 Signature (if applicable)

Printed Name & Date