

**North Wasco County  
School District 21**

Code: **EEAE-AR**  
Adopted: 11/20/97  
Revised/Reviewed: 7/22/10; 2/11/16; 6/14/18  
Orig. Code(s): EEAE-AR

**Proof of Vehicle Liability Insurance**

You have agreed to transport students of the 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 provide primary coverage. In order to serve as a volunteer driver you will be **required to provide proof of vehicle liability insurance**. Your insurance must meet or exceed minimum requirements as established by the state of Oregon and as set by the district. Your OLD number and signature below is giving the district the right to check your driving record and insurance company acceptability.

Please COMPLETE the following information, providing information requested. SIGN where indicated and RETURN to the school office four working days PRIOR TO THE DATE OF THE EVENT.

Insurance Company Name: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
*(not agent's name)*

Policy Number: \_\_\_\_\_ Policy Limits: \_\_\_\_\_

*(Check one, either transporting students or district business only)*

Transporting Students

Current minimum limits are: \$100,000 per person and \$300,000 per accident for bodily injury; \$10,000 per accident for property damage; \$100,000 per person and \$300,000 per accident for uninsured motorist coverage; and \$15,000 per accident for personal injury protection.

District Business Only

Current minimum limits are: \$50,000 per person and \$100,000 per accident for bodily injury; \$10,000 per accident for property damage; \$50,000 per person and \$100,000 per accident for uninsured motorist coverage; and \$10,000 per accident for personal injury protection.

Date of Birth: \_\_\_\_\_ Oregon Driver License No.: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (as it appears on your driver license): \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

*Return form and proof of insurance to the NWCSO #21 Business Office at 3632 W. 10th Street, The Dalles, OR 97058 or FAX to (541) 506-3422.*

*If you do not have required coverage, you will not be allowed to transport students. (Insurance companies usually increase coverage for specific dates.)*