

# LOS ANGELES UNIFIED SCHOOL DISTRICT



BULLETIN NO. 5310.0

ATTACHMENT C

## PRIVATE AUTOMOBILE DRIVER CERTIFICATION OF LIABILITY INSURANCE

I hereby certify that I have automobile liability insurance which covers the driver and all passengers in the automobile, and I have ascertained that my policy will cover me and all passengers riding in the automobile in connection with the transport of students, other employees or tangible goods for the following LAUSD authorized employment duties or school activity: \_\_\_\_\_

\_\_\_\_\_  
Covered Auto

Make: \_\_\_\_\_

Model: \_\_\_\_\_

My insurance company is: \_\_\_\_\_

(Policy#) \_\_\_\_\_

My insurance agent/broker is: \_\_\_\_\_

(Telephone) \_\_\_\_\_

My driver's license number is: \_\_\_\_\_ Issue State: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Age: \_\_\_ (18-25) \_\_\_ over 25

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

Printed Name: \_\_\_\_\_

Work Site Address: \_\_\_\_\_

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

Reviewed By: \_\_\_\_\_ Title: \_\_\_\_\_

(Site Administrator/Supervisor)

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