## Contra Costa Christian Schools Drivers Insurance Registration 2023-2024

Driver(s) Name

Student(s) Name and Grade(s)

If you plan to drive <u>other students</u> for school activities (field trips, sports, etc.), please fill out the form below, attach the following items, and return to the school office:

Copy of your INSURANCE DECLARATION
Your declaration page is a detailed summary of your auto insurance policy coverage and not your ID card.
Copy of your DRIVER'S RECORD

This can be obtained **by using the QR code to the right** or by going to <u>www.dmv.ca.gov</u>. Click on **Online Services**, click **Driver's Record** (under Pay/Order), then **Start driver's record request** to obtain a copy of your Driver's Record. There is a \$2 fee for this record.



## List Vehicles and License Plate Numbers\*

| 1  |      | _ 2  |      |      |
|----|------|------|------|------|
| 3. |      | 4.   |      |      |
|    | <br> | <br> | <br> | <br> |

\* Only those vehicles carrying all required coverage below may be used to transport studentS.

| Insurance Name    | e |  |
|-------------------|---|--|
| Policy Number _   |   |  |
| Expiration Date _ |   |  |

## Please list required coverage:

Your totals <u>must meet or exceed</u> the amounts listed in the parenthesis; which are required by our insurance.

| Bodily Injury:      | (\$100,000 per person/\$300,000 per accident)                           |
|---------------------|---|
| Property Damage:    | (\$50,000 per accident or combined single limit \$300,000 per accident) |
| Medical:            | (\$5,000 per person)  |
| Uninsured Motorist: | (\$30,000 per person/\$60,000 per accident)                             |

## Additionally, *l agree that:*

- I will be responsible for any comprehensive or collision damages suffered by my automobile during the above referenced activity.
- \* I shall obey all traffic laws and operate my vehicle in a safe manner.
- \* I am not aware of any defect or mechanical problem with the vehicle that might pose a safety problem.
- I am not taking any drugs, prescription or other that have a warning about operating a vehicle or are known to impair mental alertness or cause physical impairment including but not limited to drowsiness and dizziness.

| CA Drivers License No<br>Driver's signature | CA Drivers License No<br>Driver's signature |
|---|---|
|   | CA Drivers License No.                      |
| Driver's signature                          | Driver's signature                          |

This form, declaration, and driver's record report must be updated **each year**!