

# Samueli Academy Driver Application

School Name: \_\_\_\_\_

## DRIVER INFORMATION

Driver Name	Birth Date
Home Address	Cell Phone #
Driver License #	Expiration Date
Driving Restrictions	

## VEHICLE INFORMATION

Year/Make 1)	Model 1)	Vehicle License Plate # 1)
2)	2)	2)
Insurance Carrier	Agent	Telephone #
Policy Number	Policy Expiration Date	Driver is owner of vehicle(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No
Automobile Liability (Each Person) \$	Automobile Liability (Each Accident) \$	Property Damage \$

**NOTE:** *If you are driving your personal automobile for approved Samueli Academy purposes and is involved in an accident, by law your liability insurance policy is used first (California Vehicle Code section 17150). Samueli Academy's liability policy would be used only after your policy limits have been exceeded. Samueli Academy's insurance does not cover damage to personal vehicles.*

I am the registered owner of the vehicle(s) listed on this form and I authorize the driver whose name appears above to use this vehicle to transport him/her and students. I certify that the information provided above is correct and I agree to keep the policy current during the school year. In addition, I certify that my car is current in its maintenance according to manufacturer guidelines, that the car is in safe working condition, and that all safety related features of the car are operable. I understand that my insurance, as described above, provides primary coverage and the school is not responsible for comprehensive or collision damage to my vehicle.

\_\_\_\_\_  
Driver's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Car-Owner's Signature/ Printed Name (If different from Driver)

\_\_\_\_\_  
Date

Please attach a copy of (1) **Policy Declaration Page** (showing amounts of coverage); (2) **California Drivers License**; (3) **Current copy of MVR**

Documentation approved by school administrator: \_\_\_\_\_ Date: \_\_\_\_\_

**Approved 1/28/20**