



**Ceres Unified School District**

**Insurance Information Required on  
Privately Owned Automobile**

This information is only required if you use your automobile for Ceres Unified School District business.

**NAME** \_\_\_\_\_

**DOB:** \_\_\_\_\_

**SCHOOL SITE:** \_\_\_\_\_

**DRIVER'S LICENSE #:** \_\_\_\_\_

**EXP. DATE:** \_\_\_\_\_

**INSURANCE CARRIER:** \_\_\_\_\_

**DRIVING RESTRICTIONS:** \_\_\_\_\_

I certify the above information is correct and the insurance coverage is in force. I understand I must have liability insurance coverage in force.

I further certify that the automobile to be used is adequate for the work to be performed, is equipped with seatbelts, and is in safe mechanical condition.

I will notify my supervisor and the Business Office immediately if the above insurance is terminated, or if my driver's license is suspended or revoked.

\_\_\_\_\_  
Employees Signature

\_\_\_\_\_  
Date

**NOTE:** If you drive your personal automobile while on school business and you are involved in an accident, by law your own insurance policy is used first. The District liability policy would be used only after your liability policy limits have exceeded. The District does not cover, nor is it liable for, comprehensive and collision coverage to your vehicle. The District will however maintain insurance for District property transported in the vehicle.