

**Bronson Community Schools
Certification Vehicle Insurance**

This form is to be completed by the owner of any non-school vehicle that will be used to transport students to a school sponsored event(s) at the request of a school staff member. The form must be completed and approved prior to the event(s). The original must be retained by the Business Office. A copy will be sent to the school staff member in charge of the activity.

School Event(s) & Location(s) _____

Date of Event(s) _____

Vehicle Description _____

Insurance Carrier _____

Vehicle Liability Insurance Limits _____

(A minimum of \$100,000/\$300,000 is recommended)

Owner of Vehicle: Name _____

Address _____

Driver(s) of Vehicle: Name _____

Driver's License # _____

Address _____

Signature of Driver _____

(if different than owner)

Additional Driver Name _____

Driver's License # _____

Address _____

Signature of Driver _____

(if different than owner)

***All drivers must be 25 years of age, or a staff member of Bronson Community Schools.**

I certify that I am the owner of the aforementioned vehicle which I agreed to have used to transport students to a school sponsored event(s). The vehicle is currently insured as indicated above.

Date _____ Owner's Signature _____

Approved

Date _____ Administrator's Signature _____