

Attach a copy of your Insurance Declaration Page - we cannot process the form without it. Please ensure that the documentation from your insurance company shows the following:

- Insurance information for the correct vehicle
- Coverage dates of your automobile insurance.
- Liability Insurance for the following minimum: \$100,000 / \$300,000 / \$25,000
- Uninsured / Underinsured motorist coverage

Please submit the form to the DCS Montessori Front Office, or send it in via your child's Friday Folder. You will be notified when you are approved. **Allow a minimum of 5 business days** for processing.

Thank you for volunteering!

Questions? Email office@dcsmontessori.org



AUTHORIZATION TO USE PRIVATELY OWNED VEHICLE ON SCHOOL DISTRICT BUSINESS

Please print and complete all boxes.

I. Driver Information

Driver's Name	School/Dept	Purpose(s)
Driver's Address	Phone	Relationship with District
Date (s) of Driving	# of Passengers	Vehicle description

II. CERTIFICATION

In accordance with District Policy, approval is requested to use a privately owned automobile on official school district business.

1. I certify that my privately owned vehicle, while used for District business, will always be:
 - a. Covered by liability insurance for the minimum amount prescribed by the District: \$300,000 single limit or \$100,000/\$300,000/\$25,000 automobile liability insurance with Uninsured/Underinsured coverage.
 - b. Equipped with one fully functional seat belt for every passenger.
 - c. To the best of my knowledge, in safe mechanical condition and adequate for passenger transportation and/or work performed.
2. I further certify that while using a privately owned vehicle on official District business, all motor vehicle laws will be obeyed, including all passengers' use of seat belts and use of booster seats for any child less than 40 pounds or under 6 years of age (per Colorado State Law).
Note: Any traffic accidents, no matter how minor, will be reported immediately to Risk Management at 303-387-0035.

3. I further certify that I am at least 21 years old, and that I possess a valid Colorado Driver's license as follows:

License Number	Date of Birth	Expiration Year
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4. I further certify that I have not been convicted of Driving Under the Influence, Driving While Impaired or Reckless Driving in the past five years.

Individual's Signature

Date

III. PROOF OF INSURANCE

Insurance Company	Policy No.	Expiration Date
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Attached is a copy of my current policy declarations page (or insurance card) stating my coverage limits, policy effective dates, and covered vehicle information.

IV. RECOMMENDATION

Use of privately owned vehicle on School District business is recommended.

Site administrator's signature

Date

V. Approval

Risk Management

Date

INSTRUCTIONS

1. This form should be submitted to the Principal's secretary so it can be received by Risk Management a minimum of two weeks prior to the event to ensure adequate time for the approval process.
2. A copy of Proof-of insurance must be attached as described and the form signed by the site administrator before approval will be given.