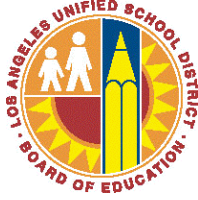


# LOS ANGELES UNIFIED SCHOOL DISTRICT



BULLETIN NO. 5310.0

ATTACHMENT C

## PRIVATE AUTOMOBILE DRIVER CERTIFICATION OF LIABILITY INSURANCE

I hereby certify that I have automobile liability insurance which covers the driver and all passengers in the automobile, and I have ascertained that my policy will cover me and all passengers riding in the automobile in connection with the transport of students, other employees or tangible goods for the following LAUSD authorized employment duties or school activity: Eagle Rock High School Volleyball Team

Covered Auto \_\_\_\_\_

Make: \_\_\_\_\_

Model: \_\_\_\_\_

My insurance company is: \_\_\_\_\_

(Policy#) \_\_\_\_\_

My insurance agent/broker is: \_\_\_\_\_

(Telephone) \_\_\_\_\_

My driver's license number is: \_\_\_\_\_ Issue State: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Age: \_\_\_ (18-25) \_\_\_ over 25

**Signature:** \_\_\_\_\_

Printed Name: \_\_\_\_\_

Work Site Address: i1750 Yosemite Drive, Los Angeles, CA 90041

Home Address: \_\_\_\_\_

Reviewed By: \_\_\_\_\_ Title: \_\_\_\_\_

(Site Administrator/Supervisor)

Date: \_\_\_\_\_