

Contra Costa Christian Schools

Drivers Insurance Registration 2021-2022

_____ Driver(s) Name

_____ Student(s) Name

_____ Grade(s)

Please fill out the form below, **attach** the following items, and return to the school office:

■ **Copy of your INSURANCE DECLARATION**

Your declaration page is a detailed summary of your auto insurance policy and not your ID card.

■ **Copy of your DRIVER'S RECORD.**

This can be obtained by going to www.dmv.ca.gov. Click on **Online Services**, click **Request Your Driver's Record**, then **Start** to obtain a copy of your Driver Record. There is a \$2 fee for this record.

List Vehicles and License Plate Numbers*

1. _____ 2. _____
3. _____ 4. _____

*Only those vehicles carrying the required coverage may be used to transport students

Insurance Name _____

Policy Number _____

Expiration Date _____

Please list coverage:

Your totals must meet or exceed the amounts listed in the parenthesis; which are required by our insurance.

Bodily Injury: _____ (\$100,000 per person/\$300,000 per accident)

Property Damage: _____ (\$50,000 per accident or combined single limit
\$300,000 per accident)

Medical: _____ (\$5,000 per person)

Uninsured Motorist: _____ (\$30,000 per person/\$60,000 per accident)

Additionally, **I agree that:**

- * I will be responsible for any comprehensive or collision damages suffered by my automobile during the above referenced activity.
- * I shall obey all traffic laws and operate my vehicle in a safe manner.
- * I am not aware of any defect or mechanical problem with the vehicle that might pose a safety problem.
- * I am not taking any drugs, prescription or other that have a warning about operating a vehicle or are known to impair mental alertness or cause physical impairment including but not limited to drowsiness and dizziness.

CA Drivers License No. _____

Driver's signature _____

This form, declaration, and driver record report must be updated **each year!**