



PRIVATE AUTO – CERTIFICATE OF INSURANCE

This form needs to be updated annually for SALEM-KEIZER PUBLIC SCHOOLS Risk Management

Name and address of Driver or Insured Phone Number(s): (w) _____ (h) _____	Name and Address of Automobile Insurance Company
Name and Address of Insurance Agency Phone Number: _____ Agent's Name: _____	Please Note: This certificate must be filled out by: 1) the owner of any privately owned automobile that is used to transport students or staff from your school or location; or 2) any staff member who is claiming mileage reimbursement from the District for travel expenses (District Policy GAP-R).
This is to certify that policies of insurance listed below have been issued to the insured names above and are in force at this time.	
Policy #: _____ Expiration Date: _____ Drivers License #: _____ Expiration Date: _____ License Plate #: _____ Expiration Date: _____ Year of Car: _____ Make: _____ Model: _____ Owner of Car: _____	Limits of Liability: Bodily Injury _____ Property Damage _____ Personal Injury Protection _____
Have you had any traffic citations in the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, of what nature? _____ Date _____ I am fully aware my automobile insurance coverage is primary for myself and all passengers I transport to and from specified locations. I hereby certify that all the above mentioned information is valid and true at this time: Insured or Driver's Signature: _____ Date: _____ Principal / Administrator Signature: _____ Date: _____ School or Location Name: _____	

PLEASE MAKE SURE THE CERTIFICATE OF INSURANCE HAS CURRENT INFORMATION LISTED.

If the answer to question #1 is NO, please be sure to complete a new “Private Auto – Certificate of Insurance” form.

Student Transportation Information

1. Is certificate information current? Yes No
2. Transport from: _____
To: _____
3. Date: _____ Time: _____

Student Transportation Information

1. Is certificate information current? Yes No
2. Transport from: _____
To: _____
3. Date: _____ Time: _____

Student Transportation Information

1. Is certificate information current? Yes No
2. Transport from: _____
To: _____
3. Date: _____ Time: _____

Student Transportation Information

1. Is certificate information current? Yes No
2. Transport from: _____
To: _____
3. Date: _____ Time: _____

Student Transportation Information

1. Is certificate information current? Yes No
2. Transport from: _____
To: _____
3. Date: _____ Time: _____

Student Transportation Information

1. Is certificate information current? Yes No
2. Transport from: _____
To: _____
3. Date: _____ Time: _____