

**MILPITAS UNIFIED SCHOOL DISTRICT
STATEMENT OF FACT TO EMPLOYEES AND VOLUNTEER PERSONNEL
USING NON-DISTRICT OWNED VEHICLES**

District employees and volunteer personnel on authorized school district business approved by an administrator accept a degree of liability when using non-district owned vehicles. The following example may help to illustrate the coverage by the school district's liability insurance policy:

If an employee is involved in an automobile accident with a non-district owned automobile while in the performance of authorized school district duties or activities, any damage to the employee's automobile would not be covered by school district insurance. A lawsuit by an injured party against the employee would be defended by the employee's insurance carrier; however, the employee may request the school district to defend him in a case of civil action and may also request defense in the case of a criminal action. A lawsuit against the employee and the school district would be defended by both insurance companies, with the employee's insurance primary and the school district's "excess."

LIABILITY CLAIMS RESULTING FROM UNAUTHORIZED ACTIVITIES WOULD NOT BE COVERED UNDER THE DISTRICT'S LIABILITY INSURANCE POLICY. The District's insurance carrier has not and will not endorse the accuracy or content of this paper, fearing that to do so might result in a claim in court utilizing this paper as an extension of the existing insurance policy.

**DISTRICT EMPLOYEE/VOLUNTEER INFORMATION REQUIRED PRIOR TO USE
OF A NON-DISTRICT OWNED VEHICLE ON AUTHORIZED SCHOOL DISTRICT BUSINESS**

DRIVER NAME _____ DRIVER'S LICENSE NO. _____
 VEHICLE (MAKE AND YEAR) _____ # OF SEATBELTS (INC.DRIVER) _____
 INSURANCE COMPANY _____ POLICY NUMBER _____
 POLICY DATES: START _____ EXPIRATION _____
 CA DRIVER'S LICENSE # _____ EXPIRATION _____

**Attach a copy of your driver's license and your insurance policy coverage information page.
Copy of Insurance card acceptable – must be attached to current declaration page.**

Minimum Requirements: Bodily Injury - \$100,000 per person/\$300,000 per occurrence
 Property Damage - \$50,000

I hereby certify that my driver's license is valid and I will notify the school if my license is no longer valid,
 I hereby certify that I am at least 21 years of age,
 I hereby certify that I carry the minimum amount of insurance listed above,
 I hereby certify that my vehicle is in good, safe mechanical condition, and
 I hereby consent that this shall serve as a release and assumption of risk to the MILPITAS UNIFIED SCHOOL DISTRICT.

SITE: _____

EMPLOYEE/VOLUNTEER SIGNATURE: _____ DATE _____

ADMINISTRATOR APPROVAL: _____ DATE _____

ORIGINAL TO BE KEPT ON SITE
 COPY TO PURCHASING/CONTRACTS