



Moraga School District

1540 School Street
Moraga, CA 94556

Julie C. Parks, D. Ed., Superintendent

MORAGA SCHOOL DISTRICT **USE OF PRIVATE CARS FOR TRANSPORTING STUDENTS** **ON SCHOOL CONNECTED TRIPS**

Child's Name: _____ Teacher: _____

I hereby offer to provide transportation for students of _____ School for one or more school connected trips during the school year. I am aware and understand the following conditions concerning the transportation of students: that the Moraga School District carries liability insurance on all school connected activities which would cover any student I may be transporting; that the owner of a vehicle has prime responsibility; and that the District has imposed an insurance standard for the owner/driver of the automobile used in the following minimum amounts:

Bodily Injury	\$100,000/\$300,000
Uninsured Motorist Bodily Injury	\$100,000/\$300,000
Property Damage	\$100,000
Medical Payment	\$ 5,000

My vehicle has a passenger side air bag. I WILL NOT ALLOW children to ride in the front seat.

I am able to transport the following number of passengers, *with seat belts, car seats or booster seats*, in my car:

Number of students: _____ (Do not include front passenger seat if it is equipped with an air bag.)

Number of adults: _____

Total passengers: _____

I hereby certify that my insurance coverage meets or exceeds the stated minimum coverage, and that I am aware that either the School District or I could be judged liable in case of accident or injury.

Name of Driver #1: _____ Phone Number: _____

Driver's License # _____ Expiration Date: _____

Name of Driver #2: _____ Phone Number: _____

Driver's License # _____ Expiration Date: _____

Vehicle Information

Name of Owner: _____ Address: _____

Make/Model: _____ Year: _____ License Plate #: _____

Registration Expiration Date: _____

Insurance Information

Insurance Company: _____ Phone Number: _____

Policy Number: _____ Expiration Date: _____

COPY OF PROOF OF INSURANCE ATTACHED- *MUST BE A COPY OF THE INSURANCE DECLARATION PAGE - SEE EXHIBIT 3*

Driver Statement

I certify that I have not been convicted of reckless driving or driving under the influence of drugs or alcohol within the past five years, nor have I been arrested or convicted for an offense or crime involving moral turpitude and that the information given above is true and correct. I understand that if an accident occurs, my insurance coverage shall bear primary responsibility for any losses or claims for damages.

I certify that I have received and will abide by the driver instruction (Exhibit 2) provided by the District.

Signature: _____ Date: _____

Exhibit 2 - DRIVER INSTRUCTIONS

When using your vehicle to transport students on field trips or other school activity trips:

1. Be sure that you have registered with the district for such purposes and have a valid driver's license and current liability insurance at or above the minimum amount required by law for each occurrence.
2. Check the safety of your vehicle: tires, brakes, lights, horn, suspension, etc.
3. Carry only the number of passengers for which your vehicle was designed. If you have a pickup truck, carry only as many as can safely sit in the passenger compartment.
4. Require each passenger to use an appropriate child passenger restraint system (child car seat or booster seat) or safety belt in accordance with law.
5. Do not smoke a pipe, cigar or cigarette while there are minors in the vehicle, as required by law.
6. Obey all traffic laws.
7. Take the most direct route to the destination or event without unnecessary stops.

In case of emergency, keep all students together and call 911, the district office (925)376-5943, or the school site office.

EXHIBIT 3 - CAR INSURANCE DECLARATION

A car insurance declarations page is the first page of your auto policy, and it explains all the basic details of your policy, like how much your car insurance premiums are and the type of coverage your policy contains. You can think of the declarations page as a summary of your auto insurance policy.

If you don't have your declarations page, you can call your car insurance company to request a copy. You may also be able to access it online through your insurance company's website or app. When you make a change to your coverage or renew your policy, your insurer should send you a new declarations page.

Samples of a Car Insurance Declaration are below.



Tel 1-800-641-3000
geico.com

GEICO General Insurance Company
One GEICO Boulevard
Fredericksburg, VA 22402-0003

Declaration Page

This is a description of your coverage. Please retain for your records.

Policy Number: 4234325-237-472-485-3854
Coverage Period: 07-25-2023 through 01-20-2024

Date Issued: July 25, 2023

JOHN B. WICK
445 PRIORITY DR
AUSTIN TX 78742-2482
Email Address: johwick@badass.com

Named Insured	Additional Drivers		
JOHN B. WICK	None		

Vehicle	VIN	Vehicle Location	Finance Company/Lienholder
1 2023 Alfa Romeo Stelvio	39T3A9VNDFF4G5302	BROOKLIN, NEW YORK	

* Supplementary Uninsured/Underinsured Motorist Coverage includes out-of-state Uninsured/Underinsured Motorist Coverage. The maximum amount payable under SOB Coverage shall be the policy's SOB limits reduced and then offset by Motor Vehicle Bodily Injury Liability Insurance Policy or bond payments received from, or on behalf of, any negligent party involved in the accident, as specified in the SOB Endorsement.

Coverages*	Limits and/or Deductibles	Vehicle 1
Bodily Injury Liability Each Person/Each Occurrence	\$25,000/\$50,000	\$188.30
Property Damage Liability	\$10,000	\$76.80
Basic Personal Injury Protection Please Refer To The New York No-Fault Benefits Section	Opt-A/\$50,000/2000 WL	\$215.90
Supplementary Uninsured/ Underinsured Motorist (SUM) + Each Person/Each Occurrence	\$25,000/\$50,000	\$24.90
Total Six Month Premium		\$505.90

*Coverage applies where a premium of \$0.00 is shown for a vehicle.

Tier 8
DEC-PAGE 11 12 | Page 1 of 4

Continue on Back
Revised Page 6 of 48

Policygenius

Policy Number 12345-67-89

Auto Insurance Declaration Page

\$798.48

Policy Premium and Fees



Policy Information

Policy Number: 12345-67-89
Effective: 01/01/2019 12:01 AM
Expiration: 06/01/2019 12:01 AM
Named Insured(s): Jack Smith
Jane Smith
Address: 1234 Main St
Brooklyn, NY 11211
Underwritten by: Farmers Insurance
6201 Owensmouth Ave.
Woodland Hills, CA 91367

Premium/Fees

Policy Premium: \$797.60
Fees: \$0.88
Policy Premium + Fees: \$798.48

THIS IS NOT A BILL.
Your bill with the amount due will be mailed separately.

Household Drivers

All persons who drive or will occasionally be driving any of the cars on the policy should be listed below. If anyone is missing or needs to be added, such as a newly licensed driver, you should contact your agent or the company to add that person before they begin to drive any of the cars covered on the policy.

Name	Driver Status	Name	Driver Status
Jack Smith	Covered	Jane Smith	Covered
Jack Smith Jr.	Covered		

Vehicle Information

Veh. #	Year/Make/Model/VIN	Coverage	Deductible	Limit
1	2019 Porsche Macan 4D 4WD WPA1A19S45G7890	Comprehensive Collision Additional Equipment	\$500 \$1,000 ACV	\$30,500 \$17,000 \$66.50 \$44.50

Coverage Information

Coverage	Limits	Vehicle 1
Bodily Injury	\$25K each person/\$50K each incident	\$30,500
Property Damage	\$10K each incident	Included
Permissive User Limit of Liability	Full	\$17,000
Medical Coverage	\$5,000 each person	\$66.50
Uninsured Motorist Bodily Injury	\$25K each person/\$50K each incident	\$44.50