

STATEMENT OF INSURANCE ON PRIVATE VEHICLES
Required by F.S. 234.03 (4)

School Year _____

School _____ Date _____

The School Board of Brevard County, Florida requires proof of insurance coverage in force on all private vehicles used for the transportation of school sponsored groups on all in-county and out-of-county trips. The groups that may be transported include, but are not limited to, students, coaches, sponsors, faculty, and chaperones. This form is to be completed for each private vehicle used for the transportation of school sponsored groups. It is valid for the school year in which it is filed. If the insurance policy expires or is cancelled during the school year, a new statement must be submitted.

DRIVER INFORMATION

Driver's Name _____ Age _____

Address _____ Phone (____) _____ - _____

Florida Driver's License: *Type* _____ *Number* _____

VEHICLE INFORMATION

Vehicle Make _____ Year _____ Model _____

License Tag _____ Expiration Month / Year _____ / _____

INSURANCE INFORMATION: THE SCHOOL BOARD OF BREVARD COUNTY RECOMMENDS THE VEHICLE OWNER CARRY A LIMIT OF \$200,000 COMBINED SINGLE LIMIT OR \$100,000/\$300,000 BODILY INJURY LIMIT.

Name of Insured(s) _____ Policy Number _____

Insurance Company _____

Policy period: From _____ To _____

The vehicle owner's policy provides the recommended limits of liability coverage. **Yes** **No**

Insurance Agent _____

Address _____ Telephone (____) _____ - _____

I certify that insurance policies, subject to their terms, conditions, and exclusions are at present in force with the company indicated and that the information above is correct.

Signature of Owner/Insured

Date

This information above has been verified.

Signature of Principal or Designee

Date